

**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Notes**

**This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Chippewa County.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 42 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 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Facility Information**

**Facility Name:** HOME AGAIN ADULT FAMILY HOME INC (0014022)

**Address:** 9044 125TH AVENUE, BLOOMER, WI 54724

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/01/2012

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

**Survey History**

**Survey ID:** 0109779      **End Date:** 12/28/2011      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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***This is Page 2 of 42 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 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Facility Information**

**Facility Name:** PARADISE LIVING LLC (0010576)  
**Address:** 435 WEBSTER STREET, BOYD, WI 54726  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/07/2004  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0105416    **End Date:** 12/16/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #0BJP11    Served 12/19/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Facility Information**

**Facility Name:** PARADISE LIVING (0009019)  
**Address:** 125 WEBSTER STREET, BOYD, WI 54726  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/10/2001  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0105423    **End Date:** 12/16/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #YW3S11    Served 12/29/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Facility Information**

**Facility Name:** REM WISCONSIN III INC (0010848)  
**Address:** 13924 - 300TH ST, BOYD, WI 54726  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/01/2005  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0105830    **End Date:** 03/04/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Facility Information**

**Facility Name:** COUNTRY WOODS LIVING INC (0012448)  
**Address:** 10194 - 190TH STREET, CADOTT, WI 54727  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/20/2008  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0108274    **End Date:** 03/31/2011    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0108110    **End Date:** 02/23/2011    **Type:** OTHER    **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104956    **End Date:** 09/30/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Complaint History (COUNTRY WOODS LIVING INC)**

**Date Complaint Received: 08/14/2009**

**Date Investigation Completed: 09/30/2009**

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Facility Information**

**Facility Name:** HOPES & DREAMS II (0013988)  
**Address:** 123 N MAIN ST, CADOTT, WI 54727  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/13/2012  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

No survey activity during the period 01/01/2009 through 12/31/2011.

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Facility Information**

**Facility Name:** HOPES & DREAMS (0013167)  
**Address:** 121 N PINE, CADOTT, WI 54727  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/04/2010  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0107389    **End Date:** 11/01/2010    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Facility Information**

**Facility Name:** REM WISCONSIN III INC - BIRCH ST (0013763)  
**Address:** 456 BIRCH ST, CADOTT, WI 54727  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/21/2011  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0108771    **End Date:** 06/21/2011    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Facility Information**

**Facility Name:** REM WISCONSIN III INC - CADOTT B-2 (0013440)

**Address:** 234 E OAK ST, CADOTT, WI 54727

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/22/2010

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

**Survey History**

**Survey ID:** 0109146      **End Date:** 09/06/2011      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106655      **End Date:** 06/22/2010      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Facility Information**

**Facility Name:** REM WISCONSIN III INC - OAK STREET A (0010846)

**Address:** 232 E OAK STREET, CADOTT, WI 54727

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/18/2005

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

**Survey History**

**Survey ID:** 0109144    **End Date:** 09/06/2011    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0105175    **End Date:** 11/16/2009    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0105191    **End Date:** 11/05/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #NY4W11    Served 11/16/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Facility Information**

**Facility Name:** REM WISCONSIN III, INC - CADOTT B-1 (0010847)

**Address:** 236 E OAK ST, CADOTT, WI 54727

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2005

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

**Survey History**

**Survey ID:** 0109142    **End Date:** 09/06/2011    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0105177    **End Date:** 11/16/2009    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0105154    **End Date:** 11/05/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Facility Information**

**Facility Name:** REM WISCONSIN INC - CADOTT D (0013989)  
**Address:** 1602 BOUNDARY RD, CADOTT, WI 54727  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/06/2011  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0109669    **End Date:** 12/06/2011    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Facility Information**

**Facility Name:** RIVERVIEW MANOR I (590058)  
**Address:** 630 NORTH MAIN STREET, CADOTT, WI 54727  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/01/1995  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0105309    **End Date:** 12/07/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Facility Information**

**Facility Name:** RIVERVIEW MANOR II (590085)  
**Address:** 825 NORTH MAIN STREET, CADOTT, WI 54727  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/01/1996  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0105755      **End Date:** 02/19/2010      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104533      **End Date:** 07/28/2009      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Complaint History (RIVERVIEW MANOR II)**

**Date Complaint Received: 06/30/2009**

**Date Investigation Completed: 07/06/2009**

Subject Area(s)  
RESIDENT RIGHTS  
ABUSE

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Facility Information**

**Facility Name:** RIVERVIEW MANOR III (590153)  
**Address:** 754 NORTH MAIN STREET, CADOTT, WI 54727  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/11/1997  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0105308    **End Date:** 12/04/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Facility Information**

**Facility Name:** RIVERVIEW MANOR IV (0008910)  
**Address:** 621 EAST CHIPPEWA STREET, CADOTT, WI 54727  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/14/2000  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0106900    **End Date:** 08/12/2010    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0105304    **End Date:** 12/07/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Facility Information**

**Facility Name:** RIVERVIEW MANOR V (0010396)  
**Address:** 649 E CHIPPEWA ST, CADOTT, WI 54727  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/2004  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0106902    **End Date:** 08/12/2010    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104955    **End Date:** 09/30/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104498    **End Date:** 07/06/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Complaint History (RIVERVIEW MANOR V)**

**Date Complaint Received: 09/17/2009**

**Date Investigation Completed: 09/30/2009**

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED

**Date Complaint Received: 06/30/2009**

**Date Investigation Completed: 07/06/2009**

Subject Area(s)

Result

SOD #

RESTRAINTS

NOT SUBSTANTIATED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Facility Information**

**Facility Name:** RIVERVIEW MANOR VI (0011248)  
**Address:** 621A E CHIPPEWA ST, CADOTT, WI 54727  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/12/2006  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0106177    **End Date:** 04/26/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Facility Information**

**Facility Name:** CARRELL'S COUNTRY LIVING (TOWN HOUSE) (0013721)

**Address:** 500 OSBORNE ST, CORNELL, WI 54732

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/10/2011

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

**Survey History**

**Survey ID:** 0108526      **End Date:** 05/10/2011      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Facility Information**

**Facility Name:** CARRELLS COUNTRY LIVING I (0011598)

**Address:** 23495 STATE HWY 64, CORNELL, WI 54732

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/19/2006

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

**Survey History**

**Survey ID:** 0109011    **End Date:** 08/10/2011    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106299    **End Date:** 05/06/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Facility Information**

**Facility Name:** CARRELLS COUNTRY LIVING II (0012389)  
**Address:** 23495 STATE HWY 64, CORNELL, WI 54732  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/11/2008  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0106263    **End Date:** 05/06/2010    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104262    **End Date:** 06/19/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Complaint History (CARRELLS COUNTRY LIVING II)**

**Date Complaint Received: 05/13/2009**

**Date Investigation Completed: 06/19/2009**

Subject Area(s)

Result

SOD #

PHYSICAL PLANTS & SAFETY HAZARDS

NOT SUBSTANTIATED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Facility Information**

**Facility Name:** EZ VIEW ADULT FAMILY HOME #2 INC (0011161)

**Address:** 20977 CTY HWY Z, CORNELL, WI 54732

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/23/2005

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

**Survey History**

**Survey ID:** 0104667    **End Date:** 08/06/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Complaint History (EZ VIEW ADULT FAMILY HOME #2 INC)**

**Date Complaint Received: 07/20/2009**

**Date Investigation Completed: 08/06/2009**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Facility Information**

**Facility Name:** EZ VIEW GROUP HOME LLC (0010412)  
**Address:** 20977 CTY TRK Z, CORNELL, WI 54732  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/13/2003  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0104666    **End Date:** 08/06/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Facility Information**

**Facility Name:** AURORA RESIDENTIAL ALTERNATIVES INC 102 (0009328)

**Address:** E2360 CTY RD HH, ELEVA, WI 54738

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/11/2001

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

**Survey History**

**Survey ID:** 0105129    **End Date:** 10/19/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #Z6LB11    Served 11/03/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Facility Information**

**Facility Name:** CUMMINGS ADULT FAMILY HOME 2 (0012847)  
**Address:** 25810 CTY HWY M, HOLCOMBE, WI 54745  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/19/2009  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0109174    **End Date:** 09/12/2011    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104230    **End Date:** 06/19/2009    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Facility Information**

**Facility Name:** CLIENTS CHOICE (0012413)  
**Address:** 805 EMERY STREET, STANLEY, WI 54768  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/08/2008  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0108198    **End Date:** 03/09/2011    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #GPPL11    Served 03/19/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Facility Information**

**Facility Name:** COUNTRY VIEW ADULT FAMILY HOME (0010064)

**Address:** 34905-100TH AVENUE, STANLEY, WI 54768

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/06/2003

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

**Survey History**

**Survey ID:** 0104914    **End Date:** 09/29/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Facility Information**

**Facility Name:** HERITAGE HOUSE OF STANLEY (0011949)  
**Address:** 247 E THIRD AVE, STANLEY, WI 54768  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/01/2008  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0104402    **End Date:** 07/02/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Facility Information**

**Facility Name:** JLH PARKVIEW MANOR (0012755)  
**Address:** 121 W 8TH AVE, STANLEY, WI 54768  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/22/2009  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0109127    **End Date:** 08/01/2011    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #G4IX11    Served 09/01/2201

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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**Survey ID:** 0108571    **End Date:** 05/17/2011    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104118    **End Date:** 05/20/2009    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Enforcement History (JLH PARKVIEW MANOR)**

**Date: 08/31/2011**

**SOD #G4IX11**

**Enforcement Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Complaint History (JLH PARKVIEW MANOR)**

**Date Complaint Received: 06/23/2011**

**Date Investigation Completed: 08/01/2011**

Subject Area(s)  
RESIDENT RIGHTS

Result  
SUBSTANTIATED

SOD #  
G4IX11

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Facility Information**

**Facility Name:** MAPLE STREET ADULT FAMILY HOME (0013447)

**Address:** 207 W MAPLE ST, STANLEY, WI 54768

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/27/2010

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

**Survey History**

**Survey ID:** 0107155    **End Date:** 09/23/2010    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Facility Information**

**Facility Name:** STEWART ADULT FAMILY HOME (0010658)  
**Address:** 719 N FRANKLIN, STANLEY, WI 54768  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/15/2004  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0105422    **End Date:** 12/16/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #S1G511    Served 12/18/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Facility Information**

**Facility Name:** THUNDER CREEK ADULT FAMILY HOME (0012156)

**Address:** 36510 - 165TH AVENUE, STANLEY, WI 54768

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2008

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

**Survey History**

**Survey ID:** 0105588    **End Date:** 01/11/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #PEHX11    Served 01/19/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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**Survey ID:** 0103453    **End Date:** 02/02/2009    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Facility Information**

**Facility Name:** TREASURED TIMES ADULT FAMILY HOME (0013276)

**Address:** 726 N FRANKLIN ST, STANLEY, WI 54768

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/26/2010

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

**Survey History**

**Survey ID:** 0106178      **End Date:** 04/26/2010      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: CHIPPEWA

**Facility Information**

**Facility Name:** WOLF RIVER COUNTRY ADULT HOME (0011370)

**Address:** 13231 CTY HWY H, STANLEY, WI 54768

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/01/2006

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

**Survey History**

**Survey ID:** 0108587    **End Date:** 05/17/2011    **Type:** OTHER    **Purpose:** CHOW--DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0108273    **End Date:** 03/31/2011    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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