

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

COUNTY: CLARK

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 52 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: CLARK

Facility Information

Facility Name: WILLOW RIDGE ADULT DAY CARE CENTER III (0012863)

Address: 1025 E DIVISION ST, NEILLSVILLE, WI 54456

License Status: REGULAR

Licensed/Certified/Registered 06/23/2009

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

Survey History

Survey ID: 0104307 **End Date:** 06/23/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 2 of 52 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Day Care Facility
COUNTY: CLARK

Facility Information

Facility Name: WILLOW RIDGE ADULT DAY CARE I (500004)
Address: W4266 STATE ROAD 29, OWEN, WI 54460
License Status: REGULAR
Licensed/Certified/Registered 12/21/1989
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105916 **End Date:** 03/16/2010 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Day Care Facility
COUNTY: CLARK

Facility Information

Facility Name: WILLOW RIDGE ADULT DAY CENTER II (500011)

Address: W4266 STATE ROAD 29, OWEN, WI 54460

License Status: REGULAR

Licensed/Certified/Registered 01/01/1998

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

Survey History

Survey ID: 0105917 **End Date:** 03/16/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 056 (0009944)
Address: 600 N THIRD ST APT 2&3, ABBOTSFORD, WI 54405
License Status: REGULAR
Licensed/Certified/Registered 12/18/2002
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107055 **End Date:** 08/27/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #RVKW11 Served 09/09/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS		

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

Facility Information

Facility Name: KOURTLAND HOUSE (0011255)
Address: 308 S EATON AVE, GREENWOOD, WI 54437
License Status: REGULAR
Licensed/Certified/Registered 03/08/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104061 **End Date:** 04/22/2009 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: ROCQUE ADULT FAMILY TREATMENT SERVICES INC (0010160)

Address: 307 S EATON AVENUE, GREENWOOD, WI 54437

License Status: REGULAR

Licensed/Certified/Registered 08/25/2003

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

Survey History

Survey ID: 0104288 **End Date:** 06/24/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101764 **End Date:** 05/04/2008 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: STERLING ADULT FAMILY HOME (0011372)
Address: N12843 STERLING AVE, GREENWOOD, WI 54437
License Status: REGULAR
Licensed/Certified/Registered 05/08/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102154 **End Date:** 06/25/2008 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: BARRETT FAMILY CARE HOME (0013551)
Address: 205 N GWINN ST, LOYAL, WI 54446
License Status: REGULAR
Licensed/Certified/Registered 03/28/2011
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0108236 **End Date:** 03/11/2011 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: MALMHUS ADULT FAMILY LIVING LLC (0012231)

Address: 300 W SPRING ST, LOYAL, WI 54446

License Status: REGULAR

Licensed/Certified/Registered 03/07/2008

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

Survey History

Survey ID: 0107589 **End Date:** 11/05/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G6WQ11 Served 12/10/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(d)	MAINTAIN BACKGROUND INFORMATION	12/20/2010	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	12/20/2010	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	12/20/2010	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	12/20/2010	Yes
88.09(2)(a)	SERVICE PROVIDER RECORD	12/20/2010	Yes

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

Enforcement History (MALMHUS ADULT FAMILY LIVING LLC)

Date: 12/07/2010 **SOD #G6WQ11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

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

Facility Information

Facility Name: SALLYS ADULT FAMILY HOME (0013640)
Address: 300 NORTH WEST ST, LOYAL, WI 54446
License Status: REGULAR
Licensed/Certified/Registered 05/04/2011
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 12 of 52 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Facility Information

Facility Name: WHISPERING PINES MANOR (0009462)
Address: 920 W 5TH ST, NEILLSVILLE, WI 54456
License Status: REGULAR
Licensed/Certified/Registered 12/07/2001
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104623 **End Date:** 07/17/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3SHY12 Served 08/18/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		
88.09(2)(a)8	TRAINING DOCUMENTATION		

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

Enforcement History (WHISPERING PINES MANOR)

Date: 08/17/2009 SOD #3SHY12 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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

Complaint History (WHISPERING PINES MANOR)

Date Complaint Received: 06/05/2009

Date Investigation Completed: 07/15/2009

Subject Area(s)

RESIDENT RIGHTS
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: ANGEL CARE PALACE (0013098)
Address: W10911 CTY N, STANLEY, WI 54768
License Status: REGULAR
Licensed/Certified/Registered 11/05/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107454 **End Date:** 10/18/2010 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC #025 (590164)

Address: 208 E KRYCH STREET, THORP, WI 54771

License Status: REGULAR

Licensed/Certified/Registered 02/09/1998

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

Survey History

Survey ID: 0103938 **End Date:** 04/29/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Complaint History (AURORA RESIDENTIAL ALTERNATIVES INC #025)

Date Complaint Received: 04/03/2009

Date Investigation Completed: 04/20/2009

Subject Area(s)

RESIDENT RIGHTS
ABUSE
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 18 of 52 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Facility Information

Facility Name: COHO - ELM (0010850)
Address: 309 W ELM, THORP, WI 54771
License Status: REGULAR
Licensed/Certified/Registered 03/17/2005
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107142 **End Date:** 09/10/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #4JHG11 Served 09/16/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(b)	PRIVACY		

Survey ID: 0104757 **End Date:** 07/23/2009 **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
Adult Family Home
COUNTY: CLARK

Complaint History (COHO - ELM)

Date Complaint Received: 05/11/2009

Date Investigation Completed: 07/23/2009

Subject Area(s)
RESIDENT RIGHTS
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 20 of 52 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Facility Information

Facility Name: COUNTRY CORNER ADULT HOME (0010873)
Address: W8894 CENTER RD, THORP, WI 54771
License Status: REGULAR
Licensed/Certified/Registered 06/01/2005
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106664 **End Date:** 06/24/2010 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Complaint History (COUNTRY CORNER ADULT HOME)

Date Complaint Received: 05/15/2010

Date Investigation Completed: 06/24/2010

Subject Area(s)
SUPERVISION

Result
NOT SUBSTANTIATED

SOD #

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Facility Information

Facility Name: K&D COUNTRY LIVING HOME (0010202)
Address: W9498 KINGTON ROAD, THORP, WI 54771
License Status: REGULAR
Licensed/Certified/Registered 10/20/2003
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107763 **End Date:** 12/30/2010 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107100 **End Date:** 09/15/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106085 **End Date:** 03/30/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QY3U11 Served 04/13/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS	04/10/2010	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	04/10/2010	Yes
88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS	04/10/2010	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	04/10/2010	Yes

Survey ID: 0103177 **End Date:** 12/29/2008 **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
Adult Family Home
COUNTY: CLARK

Survey ID: 0102145 End Date: 07/17/2008 Type: OTHER Purpose: VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #GW9V11 Served 07/21/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(d)	MEDICATION- WRITTEN ORDER	08/14/2008	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	07/18/2008	Yes

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

Enforcement History (K&D COUNTRY LIVING HOME)

Date: 04/07/2010	SOD #QY3U11	Enforcement Appealed: No
<u>Sanctions</u>		
COMPLY WITH DEPARTMENT PLAN OF CORRECTION	--Facility Compliant 04/10/2010 12:00:00AM	
COMPLY WITH REQUIREMENT	--Facility Compliant 04/10/2010 12:00:00AM	

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

Facility Information

Facility Name: LAVINWOOD HILLS ADULT FAMILY HOME (0010914)

Address: N14347 FISHER AVE, THORP, WI 54771

License Status: REGULAR

Licensed/Certified/Registered 05/10/2005

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

Survey History

Survey ID: 0106658 **End Date:** 07/19/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106082 **End Date:** 03/25/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I5KY12 Served 04/07/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(d)	COPY OF RULES AVAILABLE	07/19/2010	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	07/19/2010	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	07/19/2010	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	07/19/2010	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	07/19/2010	Yes
88.09(2)(a)	SERVICE PROVIDER RECORD	07/19/2010	Yes

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

Enforcement History (LAVINWOOD HILLS ADULT FAMILY HOME)

Date: 04/06/2010	SOD #I5KY12	Enforcement Appealed: No
<u>Sanctions</u>		
COMPLY WITH DEPARTMENT PLAN OF CORRECTION	--Facility Compliant 07/19/2010 12:00:00AM	
COMPLY WITH REQUIREMENT	--Facility Compliant 07/19/2010 12:00:00AM	

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

Facility Information

Facility Name: STERLING ADULT FAMILY HOME (0011795)
Address: 100 N WILSON ST, THORP, WI 54771
License Status: REGULAR
Licensed/Certified/Registered 02/01/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104475 **End Date:** 07/17/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J66011 Served 07/28/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		
88.07(1)(e)	OVERNIGHT SUPERVISION		

Survey ID: 0103863 **End Date:** 03/31/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Enforcement History (STERLING ADULT FAMILY HOME)

Date: 07/27/2009 SOD #J66011 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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

Complaint History (STERLING ADULT FAMILY HOME)

Date Complaint Received: 06/05/2009

Date Investigation Completed: 07/17/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	J66011
RESIDENT RIGHTS	NOT SUBSTANTIATED	
ADMINISTRATION	SUBSTANTIATED	J66011

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

Facility Information

Facility Name: WILDERNESS ADULT HOME LLC (0012754)
Address: N11453 WILDERNESS AVE, THORP, WI 54771
License Status: REGULAR
Licensed/Certified/Registered 06/17/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104201 **End Date:** 06/17/2009 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CLARK

Facility Information

Facility Name: INNCARE OF ABBOTSFORD (0009252)

Address: 100 SOUTH FOURTH AVE, ABBOTSFORD, WI 54405

License Status: REGULAR

Licensed/Certified/Registered 06/01/2002

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

Survey History

Survey ID: 0107634 End Date: 11/10/2010 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2VNM11 Served 12/15/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW		
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS		
83.44(2)(b)	LIVING UNITS SHALL BE SEPARATE ENTITIES		
83.48(6)(a)	INTEGRATED HEAT DETECTOR IN KITCHEN		
83.48(6)(d)	INTEGRATED HEAT DETECTOR IN FURNACE ROOM		
83.48(6)(e)	INTEGRATED HEAT DETECTOR IN LAUNDRY ROOM		

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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: CLARK

Survey ID: 0104413 **End Date: 07/14/2009** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9BHS11 Served 07/24/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	11/10/2010	Yes
83.15(1)(d)	ADMINISTRATOR QUALIFIED: EXPERIENCE, TRAINING	11/10/2010	Yes

Survey ID: 0103747 **End Date: 03/18/2009** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #0KOT11 Served 03/31/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(d)	NOTIFICATION OF CHANGE IN ADMINISTRATOR	04/01/2009	Yes

Survey ID: 0101686 **End Date: 05/07/2008** **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: CLARK

Enforcement History (INNCARE OF ABBOTSFORD)

Date: 12/13/2010 **SOD #2VNM11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.37(1)(e)

Date: 07/22/2009 **SOD #9BHS11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT --Facility Compliant 11/10/2010 12:00:00AM
FORFEITURE---83.14(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: CLARK

Complaint History (INNCARE OF ABBOTSFORD)

Date Complaint Received: 03/16/2009

Date Investigation Completed: 03/18/2009

Subject Area(s)

RESIDENT RIGHTS
MEDICATIONS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

0KOT11

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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: CLARK

Facility Information

Facility Name: COHO LLC (0009438)

Address: 502 W ADAMS ST, COLBY, WI 54421

License Status: REGULAR

Licensed/Certified/Registered 10/01/2002

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

Survey History

Survey ID: 0108277 **End Date:** 03/28/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VW3612 Served 04/04/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM	04/26/2011	Yes
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	04/26/2011	No

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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: CLARK

Survey ID: 0107866 **End Date: 01/21/2011** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VW3611 Served 02/02/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM	03/28/2011	No
83.18(2)	EMPLOYEE RECORDS AVAILABLE UPON REQUEST	03/28/2011	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	03/28/2011	Yes
83.35(3)(b)	MENU DATED AND KEPT ON FILE	03/28/2011	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	03/28/2011	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	03/28/2011	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	03/28/2011	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	03/28/2011	Yes

Survey ID: 0105402 **End Date: 11/04/2009** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #R35011 Served 12/23/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.27(2)(c)	ADMISSIONS COMPATIBLE WITH PROGRAM STATEMENT	12/28/2009	Yes

Survey ID: 0103823 **End Date: 03/18/2009** **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: CLARK

Survey ID: 0103056 **End Date: 11/12/2008** **Type: STANDARD** **Purpose: SURVEY**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OJRT11 Served 12/05/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(4)(f)	FOOD STORED IN SANITARY CONDITIONS	03/18/2009	Yes

Survey ID: 0102543 **End Date: 09/05/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #638911 Served 09/22/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	09/20/2008	Yes
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	10/01/2008	Yes
83.14(8)	DOCUMENTATION	10/03/2008	Yes
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	10/03/2008	Yes
83.32(2)(a)1	PHYSICAL HEALTH	10/09/2008	Yes
83.33(2)(e)	FAMILY CONTACTS	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: CLARK

Enforcement History (COHO LLC)

Date: 03/31/2011 **SOD #VW3612** **Enforcement Appealed: No**

Sanctions

FORFEITURE---50.065(4m)(c)
FORFEITURE---83.32(3)(b)

Date: 01/31/2011 **SOD #VW3611** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.32(3)(h)
FORFEITURE---83.47(2)(e)

Date: 09/18/2008 **SOD #638911** **Enforcement Appealed: No**

Sanctions

NO NEW ADMISSIONS --Facility Compliant 11/12/2008 12:00:00AM
OTHER SANCTION --Facility Compliant 10/15/2008 12:00:00AM
FORFEITURE---83.11(3)(a)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CLARK

Complaint History (COHO LLC)

Date Complaint Received: 07/10/2009

Date Investigation Completed: 09/18/2009

Subject Area(s)

RESIDENT RIGHTS
MEDICATIONS
ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/18/2008

Date Investigation Completed: 09/05/2008

Subject Area(s)

ABUSE
NUTRITION & FOOD SERVICES
MEDICATIONS
STAFF TRAINING AND PROFICIENCY

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: CLARK

Facility Information

Facility Name: HOMEPLACE OF DORCHESTER LLC - CBRF (0013040)

Address: 155 N 3RD ST, DORCHESTER, WI 54425

License Status: REGULAR

Licensed/Certified/Registered 05/07/2010

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

Survey History

Survey ID: 0106837 **End Date:** 08/10/2010 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106231 **End Date:** 05/07/2010 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: AURORA RES ALT CENTURY HOUSE 051 (510265)

Address: W5574 CENTURY ROAD, GREENWOOD, WI 54437

License Status: REGULAR

Licensed/Certified/Registered 04/28/1995

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

Survey History

Survey ID: 0104290 **End Date:** 06/24/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: PABICHS RESIDENTIAL FACILITY INC (510067)
Address: 311 W HUNT ST, GREENWOOD, WI 54437
License Status: REGULAR
Licensed/Certified/Registered 03/01/1981
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104377 **End Date:** 07/07/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #O0QN11 Served 07/21/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.26(1)	DOCUMENTATION OF REQUIRED EMPLOYEE TRAINING		
83.26(2)	ORIENTATION, CONTINUING EDUCATION DOCUMENTED		
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS		
83.45(4)	PEST CONTROL		

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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: CLARK

Enforcement History (PABICHS RESIDENTIAL FACILITY INC)

Date: 07/15/2009 SOD #O0QN11 Enforcement Appealed: No

Sanctions

FORFEITURE---83.17(2)(a)
FORFEITURE---83.26(1)
FORFEITURE---83.26(2)
FORFEITURE---83.37(1)(h)
FORFEITURE---83.45(4)

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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: CLARK

Facility Information

Facility Name: MEMORIAL MEDICAL CENTER SUNSET GARDENS (0013488)

Address: 216 SUNSET PLACE, NEILLSVILLE, WI 54456

License Status: PROBATIONARY

Licensed/Certified/Registered 10/13/2010

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

Survey History

Survey ID: 0107286 **End Date:** 10/13/2010 **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 CNA (NONAMBULATORY)

COUNTY: CLARK

Facility Information

Facility Name: MILLER ALTERNATIVE CARE OF THORP LLC (0011755)

Address: 104 SODERBERG DR, THORP, WI 54771

License Status: REGULAR

Licensed/Certified/Registered 08/01/2007

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

Survey History

Survey ID: 0107848 End Date: 12/02/2010 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #XE1711 Served 01/11/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	ADMINISTRATOR QUALIFICATIONS		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.38(1)(g)	HEALTH MONITORING		

Survey ID: 0106903 End Date: 08/09/2010 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #YCQG11 Served 08/18/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.06(1)(a)	LIMITATIONS ON ADMISSIONS AND RETENTION		

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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: CLARK

Survey ID: 0106098 **End Date: 04/13/2010** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #52QQ11 Served 04/19/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	08/09/2010	Yes

Survey ID: 0102326 **End Date: 08/07/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NOZL11 Served 08/12/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(1)(e)1	NOTIFICATION OF ALLEGED ABUSE OR MISAPPROPRIATION OF PROPERTY	04/01/2009	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	04/01/2009	Yes
83.32(2)(a)1	PHYSICAL HEALTH	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: CLARK

Enforcement History (MILLER ALTERNATIVE CARE OF THORP LLC)

Date: 08/11/2008

SOD #NOZL11

Enforcement Appealed: No

Sanctions

FORFEITURE---83.21(4)(p)

FORFEITURE---83.32(2)(a)1

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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: CLARK

Complaint History (MILLER ALTERNATIVE CARE OF THORP LLC)

Date Complaint Received: 10/29/2010

Date Investigation Completed: 12/02/2010

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
MEDICATIONS	SUBSTANTIATED	XE1711
ADMINISTRATION	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	XE1711

Date Complaint Received: 07/09/2010

Date Investigation Completed: 08/09/2010

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
RESIDENT RIGHTS	SUBSTANTIATED	YCQG11
ABUSE	NOT SUBSTANTIATED	
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	

Date Complaint Received: 02/23/2010

Date Investigation Completed: 04/08/2010

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

Date Complaint Received: 07/08/2008

Date Investigation Completed: 08/04/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	NOZL11

This is Page 49 of 52 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: CLARK

Facility Information

Facility Name: COLBY RETIREMENT COMMUNITY (0011896)
Address: 510 W WAUSAU ST, COLBY, WI 54421
License Status: REGULAR
Licensed/Certified/Registered 03/22/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

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

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

Facility Information

Facility Name: NEILLSVILLE RETIREMENT COMMUNITY (0011895)

Address: 1211 LLOYD ST, NEILLSVILLE, WI 54456

License Status: REGULAR

Licensed/Certified/Registered 03/22/2007

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

Survey History

Survey ID: 0104041 **End Date:** 04/22/2009 **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
Residential Care Apartment Complex (REGISTERED)
COUNTY: CLARK

Facility Information

Facility Name: TRADITIONS ASSISTED LIVING (0013002)
Address: 418 E STANLEY STREET, THORP, WI 54771
License Status: REGULAR
Licensed/Certified/Registered 01/20/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105547 **End Date:** 01/12/2010 **Type:** INITIAL **Purpose:** DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

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