

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

COUNTY: DUNN

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 49 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: DUNN

Facility Information

Facility Name: ABOVE AND BEYOND ELDERLY CARE (0013273)
Address: N8653 CTY RD J, BOYCEVILLE, WI 54725
License Status: REGULAR
Licensed/Certified/Registered 05/01/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106229 **End Date:** 04/29/2010 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 2 of 49 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: DUNN

Facility Information

Facility Name: ANGEL CARE ADULT DAY CARE (0013632)
Address: 1120-11 ST E, MENOMONIE, WI 54751
License Status: REGULAR
Licensed/Certified/Registered 02/09/2011
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107957 **End Date:** 02/09/2011 **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: DUNN

Facility Information

Facility Name: LAMBS CREEK WEST ADULT FAMILY HOME (0012895)

Address: N8855 - 464TH ST, BOYCEVILLE, WI 54725

License Status: REGULAR

Licensed/Certified/Registered 09/16/2009

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

Survey History

Survey ID: 0104866 **End Date:** 09/15/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: TANTER ADULT FAMILY HOME (0011757)
Address: N9637 - 560TH STREET, COLFAX, WI 54730
License Status: REGULAR
Licensed/Certified/Registered 02/15/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104109 **End Date:** 05/28/2009 **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: DUNN

Facility Information

Facility Name: TRIPLE SPRINGS COUNTRY HOME (590065)
Address: N9650 150TH STREET, DOWNING, WI 54734
License Status: REGULAR
Licensed/Certified/Registered 12/01/1995
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0108166 **End Date:** 03/14/2011 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104370 **End Date:** 07/09/2009 **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
Adult Family Home
COUNTY: DUNN

Facility Information

Facility Name: JOURNEY HOME I (0013579)
Address: N5668-884 ST, ELK MOUND, WI 54739
License Status: REGULAR
Licensed/Certified/Registered 03/15/2011
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0108210 **End Date:** 03/15/2011 **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: DUNN

Facility Information

Facility Name: PINWOODS TWO (0013092)
Address: N4298-970TH ST, ELK MOUND, WI 54739
License Status: REGULAR
Licensed/Certified/Registered 01/06/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105471 **End Date:** 01/06/2010 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: AGAPE ADULT FAMILY HOME (0010112)
Address: E5534 - 700TH AVE, MENOMONIE, WI 54751
License Status: REGULAR
Licensed/Certified/Registered 04/11/2003
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107304 **End Date:** 10/13/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102953 **End Date:** 10/15/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UGQ711 Served 11/21/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	10/16/2008	Yes
88.04(2)(h)	COMPLY WITH OSHA	11/01/2008	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	01/05/2009	Yes
88.09(2)(a)8	TRAINING DOCUMENTATION	01/05/2009	Yes

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

Enforcement History (AGAPE ADULT FAMILY HOME)

Date: 11/18/2008 **SOD #UGQ711**

Enforcement Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

--Facility Compliant 10/13/2010 12:00:00AM

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

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 074 (0008913)
Address: 814 28TH AVENUE N E, MENOMONIE, WI 54751
License Status: REGULAR
Licensed/Certified/Registered 01/31/2000
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105987 **End Date:** 03/18/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104405 **End Date:** 07/15/2009 **Type:** ABBREVIATED **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: DUNN

Complaint History (AURORA RES ALTERNATIVES INC 074)

Date Complaint Received: 02/25/2010

Date Investigation Completed: 03/18/2010

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

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

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 119 (0009106)
Address: 3226 INGALLS ROAD, MENOMONIE, WI 54751
License Status: REGULAR
Licensed/Certified/Registered 10/01/2000
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104621 **End Date:** 08/12/2009 **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
Adult Family Home
COUNTY: DUNN

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC 008 (0010157)

Address: 1505 EIGHTH STREET, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 07/24/2003

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

Survey History

Survey ID: 0104128 **End Date:** 06/02/2009 **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
Adult Family Home
COUNTY: DUNN

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES OP#007 (0012327)

Address: 221-24TH AVE W, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 03/17/2008

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

Survey History

Survey ID: 0105738 **End Date:** 02/11/2010 **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: DUNN

Facility Information

Facility Name: BROADWAY HOME (590125)
Address: 2411 SOUTH BROADWAY, MENOMONIE, WI 54751
License Status: REGULAR
Licensed/Certified/Registered 12/17/1996
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104406 **End Date:** 07/15/2009 **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
Adult Family Home
COUNTY: DUNN

Facility Information

Facility Name: CEDAR WOODS ADULT FAMILY HOME (0013277)
Address: N6975-556TH ST, MENOMONIE, WI 54751
License Status: REGULAR
Licensed/Certified/Registered 07/15/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106703 **End Date:** 07/15/2010 **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: DUNN

Facility Information

Facility Name: CREATIVE COMMUNITY LIVING SERV-SOUTHRIDGE (0013450)

Address: 1902 SOUTHRIDGE AV APTS 1&2, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 08/06/2010

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

Survey History

Survey ID: 0106967 **End Date:** 08/24/2010 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106873 **End Date:** 08/06/2010 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: DEERFIELD ADULT FAMILY HOME (0013638)
Address: E5556-700TH A, MENOMONIE, WI 54751
License Status: REGULAR
Licensed/Certified/Registered 02/23/2011
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0108036 **End Date:** 02/09/2011 **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: DUNN

Facility Information

Facility Name: FUTURES HOUSE (0013536)
Address: 1702-9TH ST, MENOMONIE, WI 54751
License Status: REGULAR
Licensed/Certified/Registered 12/09/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107715 **End Date:** 12/09/2010 **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: DUNN

Facility Information

Facility Name: GYPSY HILL COUNTRY HOME AFH (0012989)
Address: E2602 470TH AVENUE, MENOMONIE, WI 54751
License Status: REGULAR
Licensed/Certified/Registered 11/20/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105199 **End Date:** 11/12/2009 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: HALVERSON ADULT FAMILY HOME (0011639)
Address: E6155 COUNTY ROAD J, MENOMONIE, WI 54751
License Status: REGULAR
Licensed/Certified/Registered 11/07/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107679 **End Date:** 12/01/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103446 **End Date:** 01/29/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #D0OP11 Served 02/11/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	04/15/2009	Yes
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	04/15/2009	Yes
88.05(3)(e)2.d	INSPECTIONS-WOODBURNING STOVE	04/15/2009	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	04/15/2009	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	04/15/2009	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	04/15/2009	Yes

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

Facility Information

Facility Name: HELPING HANDS OF DUNN COUNTY (0013191)
Address: 1103 EVANS LANE, MENOMONIE, WI 54751
License Status: REGULAR
Licensed/Certified/Registered 03/17/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105925 **End Date:** 03/11/2010 **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: DUNN

Facility Information

Facility Name: LIFESTYLES ADULT FAMILY HOMES INC (590086)
Address: 2103 DAIRYLAND ROAD, MENOMONIE, WI 54751
License Status: REGULAR
Licensed/Certified/Registered 07/02/1996
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104407 **End Date:** 07/15/2009 **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
Adult Family Home
COUNTY: DUNN

Facility Information

Facility Name: NORTHWEST PATHWAYS TO IND INC 5 (0008958)

Address: N4554 440TH STREET, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 05/04/2000

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

Survey History

Survey ID: 0106020 **End Date:** 03/01/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9OPE11 Served 03/23/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.11(1)	REPORTING OF ABUSE AND NEGLECT		

Survey ID: 0104618 **End Date:** 08/05/2009 **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
Adult Family Home
COUNTY: DUNN

Complaint History (NORTHWEST PATHWAYS TO IND INC 5)

Date Complaint Received: 01/29/2010

Date Investigation Completed: 03/01/2010

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ABUSE STAFF TRAINING AND PROFICIENCY PROGRAM SERVICES	SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED	9OPE11
ABUSE STAFF TRAINING AND PROFICIENCY PROGRAM SERVICES	SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED	9OPE11

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

Facility Information

Facility Name: NORTHWOODS (0010725)
Address: 2379 RIDGEWOOD ST #1 & 2, MENOMONIE, WI 54751
License Status: REGULAR
Licensed/Certified/Registered 11/05/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104631 **End Date:** 08/05/2009 **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: DUNN

Facility Information

Facility Name: OPTIONS PLACE LLC (0012850)
Address: 1314 - 11TH ST, MENOMONIE, WI 54751
License Status: REGULAR
Licensed/Certified/Registered 07/20/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104463 **End Date:** 07/20/2009 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: SOLOMON HILL ADULT FAMILY HOME (0012680)
Address: N5903 - 238TH ST, MENOMONIE, WI 54751
License Status: REGULAR
Licensed/Certified/Registered 02/02/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107712 **End Date:** 01/06/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106700 **End Date:** 07/15/2010 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103346 **End Date:** 02/02/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: WOODRIDGE COURT HOME (0013192)
Address: 538 WOODRIDGE COURT, MENOMONIE, WI 54751
License Status: REGULAR
Licensed/Certified/Registered 02/08/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105623 **End Date:** 02/02/2010 **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: DUNN

Facility Information

Facility Name: COUNTRY LIVING AFH (0012954)
Address: E8795 CTY RD O, MONDOVI, WI 54755
License Status: REGULAR
Licensed/Certified/Registered 09/22/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104868 **End Date:** 09/18/2009 **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 AA (AMBULATORY)
COUNTY: DUNN

Facility Information

Facility Name: CLEAR VIEW (510015)
Address: N5017 970TH STREET, ELK MOUND, WI 547399365
License Status: REGULAR
Licensed/Certified/Registered 05/06/1987
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104374 **End Date:** 06/18/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #X05711 Served 07/13/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(3)	FIRE INSPECTION		

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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: DUNN

Facility Information

Facility Name: TARA PLACE (510292)
Address: N5160 970TH STREET, ELK MOUND, WI 54739
License Status: REGULAR
Licensed/Certified/Registered 08/20/1996
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104694 **End Date:** 08/19/2009 **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: DUNN

Facility Information

Facility Name: ARBOR PLACE INC (510113)
Address: 320 21ST ST NE, MENOMONIE, WI 54751
License Status: REGULAR
Licensed/Certified/Registered 01/01/1981
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104695 **End Date:** 08/17/2009 **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 CNA (NONAMBULATORY)

COUNTY: DUNN

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 011 (0009573)

Address: 1306 12TH AVENUE SE, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 09/01/2002

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

Survey History

Survey ID: 0104620 **End Date:** 08/12/2009 **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 CNA (NONAMBULATORY)

COUNTY: DUNN

Facility Information

Facility Name: AURORA RESIDENTIAL ALT INC #010 (0011477)

Address: 2412 THIRD ST E, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 01/01/2007

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

Survey History

Survey ID: 0104129 **End Date:** 06/03/2009 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DUNN

Facility Information

Facility Name: CARE PARTNERS ASSTD LIVING MENOMONIE (0009882)

Address: 1902 TALEN ST, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 05/01/2003

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

Survey History

Survey ID: 0106969 **End Date:** 08/26/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106075 **End Date:** 04/08/2010 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103840 **End Date:** 03/12/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101463 **End Date:** 04/03/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DUNN

Complaint History (CARE PARTNERS ASSTD LIVING MENOMONIE)

Date Complaint Received: 07/06/2010

Date Investigation Completed: 08/26/2010

Subject Area(s)

NUTRITION & FOOD SERVICES
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/23/2010

Date Investigation Completed: 04/08/2010

Subject Area(s)

ABUSE

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/26/2009

Date Investigation Completed: 03/12/2009

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
NUTRITION & FOOD SERVICES
MEDICATIONS
ADMINISTRATION
PROGRAM SERVICES
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
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: DUNN

Facility Information

Facility Name: COMFORTS OF HOME - MENOMONIE CBRF (0013677)

Address: 2211 WHITE PINE LANE, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 04/01/2011

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

Survey History

Survey ID: 0108237 **End Date:** 03/24/2011 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DUNN

Enforcement History (COMFORTS OF HOME - MENOMONIE CBRF)

Date: 03/05/2009

SOD #86HU11

Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 08/18/2009 12:00:00AM

COMPLY WITH REQUIREMENT --Facility Compliant 08/18/2009 12:00:00AM

FORFEITURE---83.15(1)(a)

FORFEITURE---83.15(1)(d)

FORFEITURE---83.19(3)(e)

FORFEITURE---83.21(4)(p)

FORFEITURE---83.33(3)(e)2.b

FORFEITURE---83.42(3)(f)

FORFEITURE---83.43(3)(b)2

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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: DUNN

Facility Information

Facility Name: COUNTRY TERRACE MENOMONIE (0009880)

Address: 1916 TALEN ST, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 02/01/2004

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

Survey History

Survey ID: 0106465 **End Date:** 06/09/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105198 **End Date:** 11/09/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103843 **End Date:** 03/12/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DUNN

Complaint History (COUNTRY TERRACE MENOMONIE)

Date Complaint Received: 05/08/2010

Date Investigation Completed: 06/09/2010

Subject Area(s)

RESIDENT RIGHTS
MEDICATIONS
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/26/2009

Date Investigation Completed: 03/12/2009

Subject Area(s)

MEDICATIONS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
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 CS (SEMIAMBULATORY)

COUNTY: DUNN

Facility Information

Facility Name: NOREEN FAMILY HOME (0010740)

Address: 2913 INGALLS RD, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 12/06/2004

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

Survey History

Survey ID: 0104715 **End Date:** 08/24/2009 **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 CNA (NONAMBULATORY)

COUNTY: DUNN

Facility Information

Facility Name: OUR HOUSE ASSISTED CARE (0013428)

Address: 820-17TH AVENUE, MENOMONIE, WI 54751

License Status: PROBATIONARY

Licensed/Certified/Registered 09/30/2010

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

Survey History

Survey ID: 0107160 **End Date:** 09/24/2010 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

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 AS (SEMIAMBULATORY)

COUNTY: DUNN

Facility Information

Facility Name: POTTERS COUNTRY HOME (0010954)

Address: N3430 STATE RD 25, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 02/01/2006

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

Survey History

Survey ID: 0105539 **End Date:** 01/12/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101804 **End Date:** 05/20/2008 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: DUNN

Facility Information

Facility Name: AUTUMN VILLAGE (0013043)
Address: 915 ELM AVENUE E, MENOMONIE, WI 54751
License Status: REGULAR
Licensed/Certified/Registered 11/19/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105278 **End Date:** 11/19/2009 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: DUNN

Complaint History (AUTUMN VILLAGE)

Date Complaint Received: 03/22/2011

Date Investigation Completed: 05/05/2011

Subject Area(s)
MEDICATIONS
STAFF ADEQUACY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: COMFORTS OF HOME - MENOMONIE RCAC (0012102)

Address: 917 22ND AVE NE, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 09/24/2007

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

Survey History

Survey ID: 0107132 **End Date:** 09/14/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104619 **End Date:** 08/11/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102844 **End Date:** 10/14/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Complaint History (COMFORTS OF HOME - MENOMONIE RCAC)

Date Complaint Received: 08/30/2010

Date Investigation Completed: 09/14/2010

Subject Area(s)
ABUSE

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/23/2008

Date Investigation Completed: 10/14/2008

Subject Area(s)
NUTRITION & FOOD SERVICES

Result
NOT SUBSTANTIATED

SOD #

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