

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

Notes

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

The report includes only facilities located within the City of Eau Claire. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.

The report is a PDF (Adobe Acrobat) document and includes a total of 62 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 Family Home
COUNTY: EAU CLAIRE

Facility Information

Facility Name: ABBEY WOODS (0010738)
Address: 3705 S VALLEY VIEW PLACE, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered: 10/01/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107792 **End Date:** 01/13/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107054 **End Date:** 08/27/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FJWV11 Served 09/15/2010

<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	10/08/2010	Yes
88.10(3)(a)	FAIR TREATMENT	10/08/2010	Yes
88.11(1)	REPORTING OF ABUSE AND NEGLECT	10/08/2010	Yes

Survey ID: 0104699 **End Date:** 08/17/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #J7ES11 Served 08/24/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		

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

Enforcement History (ABBEY WOODS)

Date: 09/10/2010	SOD #FJWV11	Enforcement Appealed: No
<u>Sanctions</u>		
COMPLY WITH DEPARTMENT PLAN OF CORRECTION	--Facility Compliant 10/08/2010 12:00:00AM	
COMPLY WITH REQUIREMENT	--Facility Compliant 10/08/2010 12:00:00AM	

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

Complaint History (ABBEY WOODS)

Date Complaint Received: 06/24/2010

Date Investigation Completed: 08/27/2010

Subject Area(s)
ABUSE

Result
SUBSTANTIATED

SOD #
FJWV11

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

Facility Information

Facility Name: APPLE VALLEY HOME (0012299)
Address: 6700 HWY 53, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 03/01/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105791 **End Date:** 02/24/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101853 **End Date:** 06/02/2008 **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: EAU CLAIRE

Facility Information

Facility Name: ASPEN RIDGE (0013107)
Address: 1025-71ST APT 1-2, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 12/15/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105514 **End Date:** 12/15/2009 **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: EAU CLAIRE

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 083 (0009007)
Address: 7736 NINE MILE CREEK ROAD, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 05/26/2000
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106459 **End Date:** 06/08/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101852 **End Date:** 06/05/2008 **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: EAU CLAIRE

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 110 (0009008)
Address: 1211 E HAMILTON AVENUE, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 05/04/2000
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106060 **End Date:** 04/07/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105652 **End Date:** 01/26/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8ZBP12 Served 02/02/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	04/01/2010	Yes
88.05(3)(a)	HOME ENVIRONMENT	02/01/2010	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	02/01/2010	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	02/01/2010	Yes

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

Enforcement History (AURORA RES ALTERNATIVES INC 110)

Date: 02/01/2010	SOD #8ZBP12	Enforcement Appealed: No
<u>Sanctions</u>		
COMPLY WITH DEPARTMENT PLAN OF CORRECTION		--Facility Compliant 02/01/2010 12:00:00AM
COMPLY WITH REQUIREMENT		--Facility Compliant 02/01/2010 12:00:00AM

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

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 026 (590174)
Address: 2505 HENRY AVE, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 09/14/1998
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106458 **End Date:** 06/08/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101713 **End Date:** 05/12/2008 **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: EAU CLAIRE

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 078 (590072)
Address: 2543 SUNRIDGE STREET, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 01/29/1996
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105717 **End Date:** 02/11/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #2FLI11 Served 02/16/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR		

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

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 098 (590149)
Address: 7730 NINE MILE CREEK ROAD, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 08/29/1997
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105287 **End Date:** 12/03/2009 **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: EAU CLAIRE

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 115 (0008987)
Address: 1522 HOWARD AVENUE, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 05/30/2000
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106175 **End Date:** 04/23/2010 **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: EAU CLAIRE

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVE #071 (0012733)

Address: 912/914 W SHOREWOOD DR, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 03/06/2009

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

Survey History

Survey ID: 0103553 **End Date:** 03/06/2009 **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: EAU CLAIRE

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES #109 (0013393)

Address: 2902/2904 NORTHLAND DR, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 07/13/2010

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

Survey History

Survey ID: 0106679 **End Date:** 07/12/2010 **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: EAU CLAIRE

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC #069 (0009972)

Address: 630/632 FERRY ST, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 02/04/2003

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

Survey History

Survey ID: 0103538 **End Date:** 03/03/2009 **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: EAU CLAIRE

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC #070 (0010559)

Address: 3633 & 3635 LIVINGSTON ST, EAU CLAIRE, WI 54701

License Status: REGULAR

Licensed/Certified/Registered 04/23/2004

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

Survey History

Survey ID: 0105127 **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 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: EAU CLAIRE

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC #116 (0010687)

Address: 1616 FOLSOM STREET, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 10/19/2004

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

Survey History

Survey ID: 0104182 **End Date:** 06/11/2009 **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: EAU CLAIRE

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC #85 (0010596)

Address: 1500 S EDGEWATER DRIVE, EAU CLAIRE, WI 54701

License Status: REGULAR

Licensed/Certified/Registered 05/28/2004

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

Survey History

Survey ID: 0105128 **End Date:** 11/02/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #RHQE11 Served 11/03/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS		

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

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC 046 (0010476)

Address: 1715 - 19TH STREET, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 03/18/2004

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

Survey History

Survey ID: 0106176 **End Date:** 04/23/2010 **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: EAU CLAIRE

Facility Information

Facility Name: BRIDGE TO INDEPENDENCE LLC (0013285)
Address: 3436 MCIVOR, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 05/25/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107327 **End Date:** 10/26/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106354 **End Date:** 05/25/2010 **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: EAU CLAIRE

Complaint History (BRIDGE TO INDEPENDENCE LLC)

Date Complaint Received: 09/20/2010

Date Investigation Completed: 10/19/2010

Subject Area(s)

SUPERVISION
RESIDENT BEHAVIOR/FACILITY PRACTICE
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: CLARK PLACE (0013274)
Address: 2807 CLARK PLACE, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 04/07/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106065 **End Date:** 04/07/2010 **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
Adult Family Home
COUNTY: EAU CLAIRE

Facility Information

Facility Name: CREATIVE COMMUNITY LIVING SERV INC-ABBE HILL (0013358)

Address: 2119 ABBE HILL DR, EAU CLAIRE, WI 54701

License Status: REGULAR

Licensed/Certified/Registered 06/16/2010

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

Survey History

Survey ID: 0107895 **End Date:** 02/02/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107426 **End Date:** 10/26/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LGOR11 Served 11/15/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(l)	BEDROOMS-PRIVACY	11/24/2010	Yes
88.09(1)(a)	RESIDENT RECORDS	11/15/2010	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	11/10/2010	Yes
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	11/22/2010	Yes

Survey ID: 0106754 **End Date:** 07/22/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106483 **End Date:** 06/16/2010 **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: EAU CLAIRE

Enforcement History (CREATIVE COMMUNITY LIVING SERV INC-ABBE HILL)

Date: 11/12/2010 **SOD #LGOR11**

Enforcement Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

--Facility Compliant 11/24/2010 12:00:00AM

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

Complaint History (CREATIVE COMMUNITY LIVING SERV INC-ABBE HILL)

Date Complaint Received: 08/01/2010

Date Investigation Completed: 10/26/2010

Subject Area(s)

PROGRAM SERVICES
PROGRAM SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

LGOR11
LGOR11

Date Complaint Received: 07/19/2010

Date Investigation Completed: 07/22/2010

Subject Area(s)

OTHER

Result

NOT SUBSTANTIATED

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

Facility Information

Facility Name: CURT RANDY JANE & SHARON (590138)
Address: 4014 4016 LONDON ROAD, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 08/26/1997
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105293 **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 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: EAU CLAIRE

Facility Information

Facility Name: DEARWOOD LLC (0011643)
Address: 2011 N 60TH AVE, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 10/24/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105714 **End Date:** 02/10/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ELE311 Served 02/12/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	02/08/2010	Yes

Survey ID: 0103193 **End Date:** 12/23/2008 **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
Adult Family Home
COUNTY: EAU CLAIRE

Complaint History (DEARWOOD LLC)

Date Complaint Received: 01/28/2010

Date Investigation Completed: 02/10/2010

Subject Area(s)

Result

SOD #

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: EAU CLAIRE

Facility Information

Facility Name: GCBK GROUP HOME INC (0011061)
Address: 2821 BEVERLY HILLS DR, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 09/07/2005
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106174 **End Date:** 04/23/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101530 **End Date:** 04/16/2008 **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
Adult Family Home
COUNTY: EAU CLAIRE

Facility Information

Facility Name: HALLIE (0013108)
Address: 2724/2726 HALLIE LANE, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 12/15/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105515 **End Date:** 12/15/2009 **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: EAU CLAIRE

Facility Information

Facility Name: LEXINGTON PALACE-NWPTI (0012764)
Address: 710 LEXINGTON BLVD, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 03/20/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0108212 **End Date:** 03/21/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #X83G11 Served 03/23/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

Survey ID: 0103626 **End Date:** 03/20/2009 **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: EAU CLAIRE

Facility Information

Facility Name: MCMAHON HOME (590091)
Address: 3555 CURVUE ROAD, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 09/01/1996
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106766 **End Date:** 08/03/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102399 **End Date:** 08/28/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102350 **End Date:** 08/05/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #U5YJ11 Served 08/20/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	08/27/2008	Yes
88.09(2)(a)	SERVICE PROVIDER RECORD	08/27/2008	Yes

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

Facility Information

Facility Name: MIKE WILSON HOUSE (THE) (590061)
Address: 2409 RUDOLPH ROAD, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 12/19/1995
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107669 **End Date:** 12/09/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BR4U11 Served 12/24/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(3)	FINANCIAL SECURITY		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT		
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.09(2)(a)8	TRAINING DOCUMENTATION		

Survey ID: 0103783 **End Date:** 03/03/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103784 **End Date:** 01/22/2009 **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: EAU CLAIRE

Enforcement History (MIKE WILSON HOUSE (THE))

Date: 12/23/2010 SOD #BR4U11 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: EAU CLAIRE

Complaint History (MIKE WILSON HOUSE (THE))

Date Complaint Received: 12/09/2010

Date Investigation Completed: 12/23/2010

Subject Area(s)

Result

SOD #

MEDICATIONS
ADMINISTRATION
PROGRAM SERVICES

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

BR4U11
BR4U11
BR4U11

Date Complaint Received: 11/29/2010

Date Investigation Completed: 12/23/2010

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
SUBSTANTIATED

BR4U11

Date Complaint Received: 01/16/2009

Date Investigation Completed: 01/22/2009

Subject Area(s)

Result

SOD #

OTHER

NOT SUBSTANTIATED

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

Facility Information

Facility Name: NORTHWEST PATHWAYS TO IND INC 6 (0009207)

Address: 2610 MONT CLAIRE ROAD, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 04/26/2001

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

Survey History

Survey ID: 0103827 **End Date:** 04/09/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #3VW311 Served 04/10/2009

<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: EAU CLAIRE

Facility Information

Facility Name: NORTHWEST PATHWAYS TO INDEPENDENCE INC #9 (0011423)

Address: 2617 HAANSTAD ROAD, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 05/22/2006

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

Survey History

Survey ID: 0105881 **End Date:** 03/05/2010 **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: EAU CLAIRE

Facility Information

Facility Name: NORTHWEST PATHWAYS TO INDEPENDENCE INC (0012831)

Address: 505 DEMOE LANE, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 07/30/2009

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

Survey History

Survey ID: 0104512 **End Date:** 07/30/2009 **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: EAU CLAIRE

Facility Information

Facility Name: NPI #14-CALUMET (0010915)
Address: 2511 CALUMET RD, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 04/11/2005
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104183 **End Date:** 06/11/2009 **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: EAU CLAIRE

Facility Information

Facility Name: PAM JOANN JILL JANET (590139)
Address: 4020 4022 LONDON ROAD, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 08/13/1997
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104548 **End Date:** 07/30/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #LFIU12 Served 08/03/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		

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

Facility Information

Facility Name: PINE GROVE (0010461)
Address: 3220/3218 MCELROY ST, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 04/01/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104511 **End Date:** 07/29/2009 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104068 **End Date:** 05/11/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #1TWH12 Served 05/28/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	07/10/2009	Yes
88.05(3)(b)	FREE OF HAZARDS	07/10/2009	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	07/10/2009	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	07/10/2009	Yes

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

Facility Information

Facility Name: POPLAR PLACE (590118)
Address: 3012 MILTON ROAD, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 08/19/1996
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107714 **End Date:** 12/27/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DS3W11 Served 01/18/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Survey ID: 0102849 **End Date:** 11/06/2008 **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: EAU CLAIRE

Enforcement History (POPLAR PLACE)

Date: 01/11/2011 SOD #DS3W11 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: EAU CLAIRE

Facility Information

Facility Name: PRESTON HOUSE (590015)
Address: 2222 PRESTON ROAD, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 04/30/1993
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106089 **End Date:** 04/14/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102745 **End Date:** 10/14/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101643 **End Date:** 04/23/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CGT211 Served 05/01/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	05/30/2008	Yes
88.10(3)(b)	PRIVACY	05/12/2008	Yes
88.10(3)(e)	SELF-DIRECTION	06/04/2008	Yes

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

Enforcement History (PRESTON HOUSE)

Date: 04/29/2008	SOD #CGT211	Enforcement Appealed: No
<u>Sanctions</u>		
COMPLY WITH DEPARTMENT PLAN OF CORRECTION	--Facility Compliant 06/04/2008 12:00:00AM	
COMPLY WITH REQUIREMENT	--Facility Compliant 06/04/2008 12:00:00AM	
PROVIDE TRAINING	--Facility Compliant 06/04/2008 12:00:00AM	

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

Facility Information

Facility Name: REM WISCONSIN III INC - DEBLENE (0013337)
Address: 1801 DEBLENE LANE, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 06/04/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107865 **End Date:** 01/25/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106394 **End Date:** 06/04/2010 **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: EAU CLAIRE

Complaint History (REM WISCONSIN III INC - DEBLENE)

Date Complaint Received: 01/06/2011

Date Investigation Completed: 01/25/2011

Subject Area(s)

Result

SOD #

PHYSICAL PLANTS & SAFETY HAZARDS

SUBSTANTIATED

2G6011

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

Facility Information

Facility Name: REM WISCONSIN III INC - KENORA (0013338)
Address: 2549 KENORA PARKWAY, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 08/12/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106863 **End Date:** 08/12/2010 **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: EAU CLAIRE

Facility Information

Facility Name: REM WISCONSIN III INC - SHOREWOOD #2 (0013235)

Address: 908 SHOREWOOD DR, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 04/19/2010

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

Survey History

Survey ID: 0106145 **End Date:** 04/19/2010 **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: EAU CLAIRE

Facility Information

Facility Name: REM WISCONSIN III INC - SHOREWOOD#1 (0013240)

Address: 906 SHOREWOOD DR, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 04/19/2010

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

Survey History

Survey ID: 0106143 **End Date:** 04/19/2010 **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: EAU CLAIRE

Facility Information

Facility Name: REM WISCONSIN III INC - WINGET (0012501)
Address: 5502 WINGET DRIVE, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 09/11/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106840 **End Date:** 08/04/2010 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #L9TP11 Served 08/19/2010

<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		
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR		

Survey ID: 0102504 **End Date:** 09/11/2008 **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: EAU CLAIRE

Facility Information

Facility Name: SARAH ANNA LUISA SARA AFH (590115)
Address: 3359 MIDWAY STREET, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 02/01/1997
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103649 **End Date:** 03/23/2009 **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: EAU CLAIRE

Complaint History (SARAH ANNA LUISA SARA AFH)

Date Complaint Received: 02/28/2011

Date Investigation Completed: 03/29/2011

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

CYTH11

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

Facility Information

Facility Name: SHADY GROVE (0013160)
Address: 2914/2916 SHADY GROVE, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 01/05/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105458 **End Date:** 01/05/2010 **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: EAU CLAIRE

Facility Information

Facility Name: TIM PAUL STEVE & JEFF AFH (590132)
Address: 1024 1026 PERSHING STREET, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 07/29/1997
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107148 **End Date:** 09/21/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104643 **End Date:** 08/07/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #BP8Y11 Served 08/10/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)1	FIRE SAFETY EVACUATION PLAN	10/01/2009	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	10/01/2009	Yes

Survey ID: 0102100 **End Date:** 07/11/2008 **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: EAU CLAIRE

Facility Information

Facility Name: UP NORTH (0010681)
Address: 3041 KILBOURNE AVE, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered: 10/05/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107563 **End Date:** 12/01/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LVFM13 Served 12/10/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	12/27/2010	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	04/04/2011	Yes

Survey ID: 0103047 **End Date:** 12/03/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #LVFM12 Served 12/06/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	12/19/2008	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	12/19/2008	Yes

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

Enforcement History (UP NORTH)

Date: 12/07/2010 SOD #LVFM13 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: EAU CLAIRE

Facility Information

Facility Name: VIOLET ADULT FAMILY HOME (590047)
Address: 824 826 VIOLET AVENUE, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 03/06/1995
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106517 **End Date:** 06/21/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101646 **End Date:** 04/29/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #T3CQ11 Served 05/01/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	07/23/2008	Yes
88.05(3)(a)	HOME ENVIRONMENT	07/23/2008	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	07/23/2008	Yes

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

Facility Information

Facility Name: WILLOW BLUFF (0013200)
Address: 2604/2606 SHADY GROVE RD, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 08/24/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105745 **End Date:** 02/17/2010 **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: EAU CLAIRE

Facility Information

Facility Name: ZEPHYR HILL (590066)
Address: 813 815 ZEPHYR HILL AVE, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 07/15/1996
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107364 End Date: 10/29/2010 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107066 End Date: 09/08/2010 Type: ABBREVIATED Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4Q2U12 Served 09/17/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	10/29/2010	Yes
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS	10/29/2010	Yes

Survey ID: 0102509 End Date: 09/10/2008 Type: ABBREVIATED Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #4Q2U11 Served 09/15/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	10/29/2010	Yes

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

Enforcement History (ZEPHYR HILL)

Date: 09/15/2010	SOD #4Q2U12	Enforcement Appealed: No
<u>Sanctions</u>		
COMPLY WITH DEPARTMENT PLAN OF CORRECTION	--Facility Compliant 10/29/2010 12:00:00AM	
COMPLY WITH REQUIREMENT	--Facility Compliant 10/29/2010 12:00:00AM	

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