

**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 is a PDF (Adobe Acrobat) document and includes a total of 14 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:** AURORA RESIDENTIAL ALTERNATIVES INC #041 (590166)

**Address:** 3404 HOOVER AVENUE, ALTOONA, WI 54720

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/27/1998

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

**Survey History**

**Survey ID:** 0106058      **End Date:** 04/07/2010      **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:** OAKS A (0013491)  
**Address:** 401/403 TWIN OAK DR, ALTOONA, WI 54720  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/15/2010  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0107088      **End Date:** 09/15/2010      **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: EAU CLAIRE

**Facility Information**

**Facility Name:** OAKS B (0013492)  
**Address:** 405/407 TWIN OAK DR, ALTOONA, WI 54720  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/15/2010  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0107098    **End Date:** 09/15/2010    **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: EAU CLAIRE

**Facility Information**

**Facility Name:** SHERWOOD FOREST HOUSE OF HOPE (0011768)  
**Address:** 1712 SHERWOOD FOREST DR, ALTOONA, WI 54720  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/15/2007  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0107839    **End Date:** 01/25/2011    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106881    **End Date:** 08/05/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #5QNQ12    Served 08/21/2010

<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	10/30/2010	Yes
88.06(3)(f)	REVIEW OF ISP	10/30/2010	Yes
88.10(3)(q)	MEDICATIONS	10/30/2010	Yes

**Survey ID:** 0102618    **End Date:** 09/19/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #3J5R11    Served 09/30/2008

<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	08/05/2010	Yes

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

**Survey ID: 0102407    End Date: 08/20/2008    Type: STANDARD    Purpose: SURVEY/COMPLAINT**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #5QNQ11    Served 08/27/2008**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	09/19/2008	Yes
88.04(2)(a)	RESPONSIBILITIES	09/19/2008	Yes
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	09/19/2008	Yes
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(a)	PRESCRIPTION MEDICATIONS	09/23/2008	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	09/19/2008	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	09/19/2008	Yes
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS	09/19/2008	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 (SHERWOOD FOREST HOUSE OF HOPE)**

<b>Date: 08/18/2010</b>	<b>SOD #5QNQ12</b>	<b>Enforcement Appealed: No</b>
<u>Sanctions</u>		
COMPLY WITH DEPARTMENT PLAN OF CORRECTION	--Facility Compliant 10/30/2010 12:00:00AM	
COMPLY WITH REQUIREMENT	--Facility Compliant 10/30/2010 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 (SHERWOOD FOREST HOUSE OF HOPE)**

**Date Complaint Received: 09/04/2008**

**Date Investigation Completed: 09/29/2008**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	3J5R11
STAFF ADEQUACY	SUBSTANTIATED	3J5R11

**Date Complaint Received: 07/11/2008**

**Date Investigation Completed: 08/27/2008**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
RESIDENT RIGHTS	SUBSTANTIATED	5QNQ11
ABUSE	NOT SUBSTANTIATED	
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
MEDICATIONS	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: EAU CLAIRE

**Facility Information**

**Facility Name:** GENUINE CARE ADULT FAMILY HOME (0011015)

**Address:** 711 ANDERSON, AUGUSTA, WI 54722

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2006

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

**Survey History**

**Survey ID:** 0105980    **End Date:** 03/17/2010    **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 RES ALTERNATIVES INC 038 (590185)  
**Address:** 426 SOUTH VICTORY, FALL CREEK, WI 54742  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/16/1998  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0105291    **End Date:** 11/09/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Facility Information**

**Facility Name:** REM WISCONSIN III INC - FALL CREEK (0012500)  
**Address:** E10785 US HWY 12, FALL CREEK, WI 54742  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/11/2008  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0108114    **End Date:** 02/23/2011    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #8ZES11    Served 03/11/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(a)	SERVICES	04/08/2011	Yes
88.07(2)(b)6	NOTIFICATION OF CHANGES	04/08/2011	Yes
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS	04/08/2011	Yes

**Survey ID:** 0107028    **End Date:** 09/08/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #OPU811    Served 09/14/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	02/16/2011	Yes

**Survey ID:** 0102502    **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

**Enforcement History (REM WISCONSIN III INC - FALL CREEK)**

**Date: 03/09/2011      SOD #8ZES11      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 (REM WISCONSIN III INC - FALL CREEK)**

**Date Complaint Received: 01/28/2011**

**Date Investigation Completed: 03/09/2011**

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY  
STAFF ADEQUACY

NOT SUBSTANTIATED  
SUBSTANTIATED

8ZES11

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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 - LANGDELL ROAD (0010565)

**Address:** 7740 W LANGDELL RD, MONDOVI, WI 54755

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/2004

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

**Survey History**

**Survey ID:** 0107671    **End Date:** 12/23/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #EV0B13    Served 01/05/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		

**Survey ID:** 0103352    **End Date:** 01/08/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #EV0B12    Served 02/02/2009

<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	03/01/2009	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	03/01/2009	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	03/01/2009	Yes

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