

**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Community Based Residential Facility  
COUNTY: EAU CLAIRE

**Notes**

**This report includes Provider Inspection Summaries (Facility Profiles) for Community Based Residential Facilities 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 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  
Community Based Residential Facility--CLASS AA (AMBULATORY)  
COUNTY: EAU CLAIRE

**Facility Information**

**Facility Name:** AFFINITY HOUSE (510031)  
**Address:** 3042 KILBOURNE AVENUE, EAU CLAIRE, WI 54703  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/01/1988  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0105780    **End Date:** 02/01/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #W6B711    Served 02/23/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		

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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: EAU CLAIRE

### Facility Information

**Facility Name:** APPLE TREE COTTAGE CBRF (0013306)

**Address:** 1306 KEITH ST, EAU CLAIRE, WI 54701

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/01/2011

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

### Survey History

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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: EAU CLAIRE

**Survey ID: 0108216**      **End Date: 03/11/2011**      **Type: STANDARD**      **Purpose: SURVEY**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #3LFG11**      Served 03/25/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	03/30/2011	Yes
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	03/18/2011	Yes
83.15(3)(b)	ADMINISTRATOR RESPONSIBLE FOR STAFF TRAINING	03/25/2011	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	03/30/2011	Yes
83.18(2)	EMPLOYEE RECORDS AVAILABLE UPON REQUEST	03/29/2011	Yes
83.20(2)(a)	CONDITIONS-INITIATED BY RESIDENT	03/17/2011	Yes
83.20(2)(b)	TRAINING IN FIRE SAFETY	03/23/2011	Yes
83.20(2)(c)	PROHIBITIONS AND EXCEPTIONS	03/17/2011	Yes
83.20(2)(d)	TRAINING IN MEDICATION ADMINISTRATION	03/11/2011	Yes
83.26(1)	DOCUMENTATION OF REQUIRED EMPLOYEE TRAINING	03/27/2011	Yes
83.27(2)(c)	ADMISSIONS COMPATIBLE WITH PROGRAM STATEMENT	03/25/2011	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	03/18/2011	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	03/15/2011	Yes
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS	03/25/2011	Yes
83.35(2)	MODIFIED OR SPECIAL DIETS	03/25/2011	Yes
83.35(5)(a)	FOOD STORAGE	03/11/2011	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	03/23/2011	Yes
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS	03/25/2011	Yes
83.37(1)(d)	DOCUMENTATION	03/25/2011	Yes
83.37(2)(c)	MEDICATION ADMINISTRATION NOT SUPERVISED	03/01/2011	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	03/25/2011	Yes
83.41(2)(a)	BEDDING AND LAUNDRY	03/05/2011	Yes

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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: EAU CLAIRE

83.42(1)	RESIDENT RECORD MAINTAINED	03/29/2011	Yes
83.47(2)(d)	FIRE DRILLS	03/21/2011	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	03/21/2011	Yes

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**Survey ID: 0106358**    **End Date: 05/21/2010**    **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 AS (SEMIAMBULATORY)

COUNTY: EAU CLAIRE

#### Enforcement History (APPLE TREE COTTAGE CBRF)

**Date:** 03/22/2011

**SOD #**3LFG11

**Enforcement Appealed:** Yes

Sanctions

COMPLY WITH REQUIREMENT

--Facility Compliant 04/15/2011 12:00:00AM

NO NEW ADMISSIONS

--Facility Compliant 04/15/2011 12:00:00AM

FORFEITURE---83.14(2)(j)

FORFEITURE---83.15(3)(b)

FORFEITURE---83.18(2)

FORFEITURE---83.20(2)(a)

FORFEITURE---83.20(2)(b)

FORFEITURE---83.20(2)(c)

FORFEITURE---83.20(2)(d)

FORFEITURE---83.26(1)

FORFEITURE---83.27(2)(c)

FORFEITURE---83.32(3)(n)

FORFEITURE---83.35(1)(a)

FORFEITURE---83.35(2)

FORFEITURE---83.35(5)(a)

FORFEITURE---83.36(1)(b)

FORFEITURE---83.37(1)(a)

FORFEITURE---83.37(2)(c)

FORFEITURE---83.42(1)

FORFEITURE---83.47(2)(d)

FORFEITURE---83.47(2)(e)

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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: EAU CLAIRE

Facility Information

Facility Name: CARE PARTNERS ASSISTD LIVING LINDEMANN HOUSE (0009881)

Address: 2320 FRANK STREET, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 12/01/2003

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

Survey History

Survey ID: 0105550 End Date: 01/21/2010 Type: STANDARD Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105121 End Date: 11/03/2009 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103647 End Date: 03/19/2009 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102217 End Date: 07/16/2008 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #C7GX11 Served 07/30/2008

Deficiencies Cited	Subject Area	Compliance	
		Verified	Corrected
83.33(2)(c)	LEISURE TIME ACTIVITIES	03/19/2009	Yes
83.33(2)(d)	COMMUNITY ACTIVITIES	03/19/2009	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: EAU CLAIRE

**Enforcement History (CARE PARTNERS ASSISTD LIVING LINDEMANN HOUSE)**

**Date: 07/28/2008      SOD #C7GX11      Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 03/19/2009 12:00:00AM  
FORFEITURE---83.33(2)(c)  
FORFEITURE---83.33(2)(d)

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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: EAU CLAIRE

#### Complaint History (CARE PARTNERS ASSISTD LIVING LINDEMANN HOUSE)

**Date Complaint Received: 09/29/2009**

**Date Investigation Completed: 11/03/2009**

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS  
PROGRAM SERVICES  
QUALITY OF LIFE

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: EAU CLAIRE

Facility Information

Facility Name: CARE PARTNERS ASSISTED LIVING LLC (0009047)

Address: 2306 FRANK STREET, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 06/01/2001

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

Survey History

Survey ID: 0105545 End Date: 01/21/2010 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105170 End Date: 11/03/2009 Type: OTHER Purpose: OTHER

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #C1EM11 Served 11/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.59(1)(c)	EXIT DOORS, PASSAGEWAYS 32 INCHES CLEAR	11/03/2009	Yes

Survey ID: 0104861 End Date: 09/15/2009 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103966 End Date: 05/05/2009 Type: STANDARD 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: EAU CLAIRE

**Survey ID: 0102099**      **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: EAU CLAIRE

#### Complaint History (CARE PARTNERS ASSISTED LIVING LLC)

**Date Complaint Received: 09/03/2009**

**Date Investigation Completed: 09/15/2009**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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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: EAU CLAIRE

**Facility Information**

**Facility Name:** FAHRMAN CENTER (510019)  
**Address:** 3136 CRAIG ROAD, EAU CLAIRE, WI 54701  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/1988  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0104700    **End Date:** 08/24/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #Z6KN11    Served 08/25/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		

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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: EAU CLAIRE

#### Facility Information

**Facility Name:** FAMILY TREE (510296)

**Address:** 2005 AGNES STREET, EAU CLAIRE, WI 54701

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/1996

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

#### Survey History

**Survey ID:** 0106671    **End Date:** 05/07/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0101695    **End Date:** 05/05/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #1GYL11    Served 05/08/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(1)	ACCESSIBILITY	04/01/2009	Yes
83.53(1)(e)1	EXIT SIZE	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: EAU CLAIRE

#### Facility Information

**Facility Name:** GRACE WOODLANDS (0012384)

**Address:** 3214 GALA ST, EAU CLAIRE, WI 54703

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2009

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

#### Survey History

**Survey ID:** 0107899    **End Date:** 01/24/2011    **Type:** OTHER    **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0105562    **End Date:** 01/13/2010    **Type:** OTHER    **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104906    **End Date:** 09/14/2009    **Type:** OTHER    **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104497    **End Date:** 07/24/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103724    **End Date:** 03/30/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102731    **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: EAU CLAIRE

**Survey ID: 0101635**      **End Date: 05/01/2008**      **Type: INITIAL**      **Purpose: CHOW--LICENSURE**

**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: EAU CLAIRE

#### Complaint History (GRACE WOODLANDS)

**Date Complaint Received: 06/23/2009**

**Date Investigation Completed: 07/24/2009**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 10/06/2008**

**Date Investigation Completed: 10/14/2008**

Subject Area(s)  
STAFF ADEQUACY

Result  
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: EAU CLAIRE

### Facility Information

**Facility Name:** HARBOR HOUSE MEMORY CARE (0009389)

**Address:** 3712 DAMON STREET, EAU CLAIRE, WI 54701

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/2002

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

### Survey History

**Survey ID:** 0107858    **End Date:** 01/25/2011    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106104    **End Date:** 04/19/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0101507    **End Date:** 04/15/2008    **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: EAU CLAIRE

#### Complaint History (HARBOR HOUSE MEMORY CARE)

**Date Complaint Received: 11/25/2010**

**Date Investigation Completed: 01/25/2011**

Subject Area(s)

RESIDENT RIGHTS  
ADMISSION, TRANSFER & DISCHARGE  
QUALITY OF LIFE

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: EAU CLAIRE

### Facility Information

**Facility Name:** HERITAGE COURT (0011976)

**Address:** 3515 E HAMILTON AVE, EAU CLAIRE, WI 54701

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/01/2008

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

### Survey History

**Survey ID:** 0107900      **End Date:** 01/24/2011      **Type:** OTHER      **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0105997      **End Date:** 03/15/2010      **Type:** STANDARD      **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104202      **End Date:** 06/17/2009      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0101763      **End Date:** 05/06/2008      **Type:** OTHER      **Purpose:** DESK REVIEW

**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: EAU CLAIRE

#### Complaint History (HERITAGE COURT)

**Date Complaint Received: 05/01/2009**

**Date Investigation Completed: 06/17/2009**

Subject Area(s)  
RESIDENT RIGHTS

Result  
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 AA (AMBULATORY)  
COUNTY: EAU CLAIRE

**Facility Information**

**Facility Name:** LIBERTY VIEW (510042)  
**Address:** 611 MAIN ST, EAU CLAIRE, WI 54701  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/1985  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0104616    **End Date:** 08/11/2009    **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  
Community Based Residential Facility--CLASS AA (AMBULATORY)  
COUNTY: EAU CLAIRE

**Facility Information**

**Facility Name:** MARSTON GROUP HOME (0008905)  
**Address:** 403 MARSTON STREET, EAU CLAIRE, WI 54701  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/01/2001  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0104795    **End Date:** 08/27/2009    **Type:** OTHER    **Purpose:** OTHER

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #6M9311    Served 09/05/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.63(2)(a)	CONSTRUCTION, ADDITION, REMODELING PLANS		

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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: EAU CLAIRE

**Survey ID: 0104093    End Date: 04/30/2009    Type: ABBREVIATED    Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #6K9L11    Served 05/29/2009**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.20(1)(a)	DISCHARGE OR TRANSFER OF RESIDENT		
83.20(2)(a)	CONDITIONS-INITIATED BY RESIDENT		
83.20(2)(b)	TRAINING IN FIRE SAFETY		
83.20(2)(c)	PROHIBITIONS AND EXCEPTIONS		
83.20(2)(d)	TRAINING IN MEDICATION ADMINISTRATION		
83.21(1)	TRAINING IN RESIDENT RIGHTS		
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE		
83.45(1)(e)	ELECTRICAL, MECHANICAL, WATER SUPPLY		
83.54(3)(a)	BEDROOMS: NO MORE THAN 2 RESIDENTS		

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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: EAU CLAIRE

**Enforcement History (MARSTON GROUP HOME)**

**Date: 09/03/2009      SOD #6M9311      Enforcement Appealed: Yes      Decision: DISMISSED**

Sanctions

FORFEITURE---83.63(2)(a)

**Date: 05/27/2009      SOD #6K9L11      Enforcement Appealed: Yes      Decision: STIPULATION**

Sanctions

FORFEITURE---83.20(1)(a)  
FORFEITURE---83.20(2)(a)  
FORFEITURE---83.20(2)(b)  
FORFEITURE---83.20(2)(c)  
FORFEITURE---83.20(2)(d)  
FORFEITURE---83.21(1)  
FORFEITURE---83.36(1)(b)

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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: EAU CLAIRE

**Facility Information**

**Facility Name:** MCCORMICK FAMILY CIRCLE (0010592)  
**Address:** 1018 GRAHAM AVE, EAU CLAIRE, WI 54701  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/01/2004  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0106650    **End Date:** 07/02/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #3R0111    Served 07/03/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT		

**Survey ID:** 0104550    **End Date:** 08/04/2009    **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 AA (AMBULATORY)

COUNTY: EAU CLAIRE

**Survey ID: 0102542**    **End Date: 08/18/2008**    **Type: OTHER**    **Purpose: VERIFICATION VISIT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #03WM12**    Served 09/05/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(4m)(b)intro	CAREGIVER HIRING AND CONTRACTING PROCESS	04/01/2009	Yes
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	Yes
83.11(3)(h)	NOT PERMIT A CONDITION OF RISK	04/01/2009	Yes
83.14(7)(b)	CONTINUING EDUCATION	04/01/2009	Yes
83.21(4)(u)	LEAST RESTRICTIVE CONDITIONS	04/01/2009	Yes
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	04/01/2009	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	04/01/2009	Yes

**Survey ID: 0101845**    **End Date: 05/14/2008**    **Type: STANDARD**    **Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #03WM11**    Served 06/03/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(d)	MAINTAIN BACKGROUND INFORMATION	08/07/2008	Yes
83.14(7)(b)	CONTINUING EDUCATION	04/01/2009	Yes
83.17(3)(a)2	ACCURATE ACCOUNTING OF RESIDENT FUNDS	06/01/2008	Yes
83.17(3)(a)3	WRITTEN REPORT OF RESIDENT'S ACCOUNT	06/01/2008	Yes
83.21(4)(u)	LEAST RESTRICTIVE CONDITIONS	04/01/2009	Yes
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	04/01/2009	Yes
83.32(2)(d)	REVIEW OF PROGRESS	06/18/2008	Yes
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	Yes
83.41(10)(d)	FURNITURE IN GOOD REPAIR	08/07/2008	Yes
83.42(6)(a)1	ANNUAL INSPECTION BY FIRE DEPARTMENT	07/09/2008	Yes

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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: EAU CLAIRE

**Enforcement History (MCCORMICK FAMILY CIRCLE)**

**Date: 09/03/2008**      **SOD #03WM12**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION	--Facility Compliant 04/01/2009 12:00:00AM
COMPLY WITH REQUIREMENT	--Facility Compliant 04/01/2009 12:00:00AM
COMPLY WITH FACILITY PLAN OF CORRECTION	--Facility Compliant 04/01/2009 12:00:00AM
NO NEW ADMISSIONS	--Facility Compliant 04/01/2009 12:00:00AM
PROVIDE TRAINING	--Facility Compliant 04/01/2009 12:00:00AM
FORFEITURE---50.065(4m)(b)	
FORFEITURE---83.11(3)(h)	
FORFEITURE---83.14(7)(b)	
FORFEITURE---83.21(4)(u)	
FORFEITURE---83.32(2)(c)1	
FORFEITURE---83.42(3)(e)	
FORFEITURE---Accruing	
FORFEITURE---accruing 83.11(3)(a)	

**Date: 05/30/2008**      **SOD #O3WM11**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION	--Facility Compliant 04/01/2009 12:00:00AM
PROVIDE TRAINING	--Facility Compliant 04/01/2009 12:00:00AM
FORFEITURE---83.14(7)(b)	
FORFEITURE---83.17(3)(a)2	
FORFEITURE---83.17(3)(a)3	
FORFEITURE---83.21(4)(u)	
FORFEITURE---83.32(2)(d)	
FORFEITURE---83.42(3)(e)	

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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: EAU CLAIRE

**Facility Information**

**Facility Name:** MILESTONE SENIOR LIVING MEMORY CARE (0012569)

**Address:** 5510 RENEE DRIVE, EAU CLAIRE, WI 54703

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2009

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

**Survey History**

**Survey ID:** 0105335    **End Date:** 11/24/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #QIX911    Served 12/07/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE		
83.39(1)	INFECTION CONTROL PROGRAM		

**Survey ID:** 0103000    **End Date:** 11/24/2008    **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: EAU CLAIRE

**Enforcement History (MILESTONE SENIOR LIVING MEMORY CARE)**

**Date: 12/02/2009      SOD #QIX911      Enforcement Appealed: No**

Sanctions

FORFEITURE---83.36(1)(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: EAU CLAIRE

### Facility Information

**Facility Name:** MT WASHINGTON RESIDENCE (510142)

**Address:** 1930 CLEVELAND ST, EAU CLAIRE, WI 54703

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/1989

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

### Survey History

**Survey ID:** 0105373      **End Date:** 12/17/2009      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0105015      **End Date:** 10/13/2009      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0101553      **End Date:** 04/22/2008      **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: EAU CLAIRE

#### Complaint History (MT WASHINGTON RESIDENCE)

**Date Complaint Received: 04/08/2008**

**Date Investigation Completed: 04/22/2008**

Subject Area(s)

RESIDENT RIGHTS  
PROGRAM SERVICES

Result

SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

NOT RECORDED

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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: EAU CLAIRE

Facility Information

Facility Name: ORCHARD HILLS (510381)

Address: 1403 TRUAX BLVD, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 10/01/1999

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

Survey History

Survey ID: 0107209 End Date: 09/27/2010 Type: STANDARD Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106841 End Date: 07/02/2010 Type: OTHER Purpose: SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KG6311 Served 08/18/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	09/16/2010	Yes

Survey ID: 0106334 End Date: 05/14/2010 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: EAU CLAIRE

**Survey ID: 0105797    End Date: 02/03/2010    Type: OTHER    Purpose: SELF REPORT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #N7T511    Served 02/25/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	03/16/2010	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	03/16/2010	Yes

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**Survey ID: 0102071    End Date: 07/02/2008    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: EAU CLAIRE

**Enforcement History (ORCHARD HILLS)**

**Date: 08/17/2010**      **SOD #KG6311**      **Enforcement Appealed: No**

Sanctions  
FORFEITURE---83.32(3)(h)

**Date: 02/24/2010**      **SOD #N7T511**      **Enforcement Appealed: No**

Sanctions  
FORFEITURE---83.32(3)(i)  
FORFEITURE---83.35(3)(d)

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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: EAU CLAIRE

#### Complaint History (ORCHARD HILLS)

**Date Complaint Received: 03/17/2010**

**Date Investigation Completed: 05/14/2010**

Subject Area(s)  
RESIDENT RIGHTS  
OTHER

Result  
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: EAU CLAIRE

#### Facility Information

**Facility Name:** OUR HOUSE MEMORY CARE (0013430)

**Address:** 733 W HAMILTON AVE, EAU CLAIRE, WI 54701

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 09/30/2010

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

#### Survey History

**Survey ID:** 0108233      **End Date:** 03/24/2011      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0107846      **End Date:** 01/03/2011      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #2J7W11      Served 01/25/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	03/24/2011	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	03/24/2011	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	03/24/2011	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	03/24/2011	Yes
83.38(1)(g)	HEALTH MONITORING	03/24/2011	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	03/24/2011	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: EAU CLAIRE

**Survey ID: 0107175      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 CNA (NONAMBULATORY)  
COUNTY: EAU CLAIRE

**Enforcement History (OUR HOUSE MEMORY CARE)**

**Date: 01/21/2011      SOD #2J7W11**

**Enforcement Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

--Facility Compliant 03/24/2011 12:00:00AM

NO NEW ADMISSIONS

--Facility Compliant 03/24/2011 12:00:00AM

FORFEITURE---83.32(3)(i)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.36(1)(a)

FORFEITURE---83.37(1)(i)

FORFEITURE---83.38(1)(g)

FORFEITURE---83.38(1)(i)

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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: EAU CLAIRE

#### Complaint History (OUR HOUSE MEMORY CARE)

**Date Complaint Received: 11/12/2010**

**Date Investigation Completed: 01/03/2011**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	2J7W11
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
STAFF ADEQUACY	SUBSTANTIATED	2J7W11

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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: EAU CLAIRE

**Facility Information**

**Facility Name:** PRAIRIE VIEW (510043)  
**Address:** 6808 W CAMERON ST, EAU CLAIRE, WI 54703  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/27/1983  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0106415    **End Date:** 05/18/2010    **Type:** OTHER    **Purpose:** SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #43UL11    Served 05/27/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE		

**Survey ID:** 0104293    **End Date:** 06/30/2009    **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: EAU CLAIRE

#### Facility Information

**Facility Name:** ROSE VIEW (510209)

**Address:** 2710 NORTH TOWN HALL ROAD, EAU CLAIRE, WI 54703

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/14/1992

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

#### Survey History

**Survey ID:** 0107838    **End Date:** 01/04/2011    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #BU8I11    Served 01/28/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.27(2)(c)	ADMISSIONS COMPATIBLE WITH PROGRAM STATEMENT	02/08/2011	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	02/08/2011	Yes
83.35(2)	MODIFIED OR SPECIAL DIETS	02/08/2011	Yes

**Survey ID:** 0107011    **End Date:** 08/31/2010    **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: EAU CLAIRE

**Survey ID: 0106680    End Date: 06/30/2010    Type: OTHER    Purpose: SELF REPORT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #U5PN11    Served 07/19/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	08/12/2010	Yes
83.32(3)(g)	RIGHTS OF RESIDENTS: FREE OF PHYSICAL RESTRAINTS	08/12/2010	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	08/12/2010	Yes
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE	08/12/2010	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	08/12/2010	Yes

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**Survey ID: 0103402    End Date: 02/09/2009    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: EAU CLAIRE

**Enforcement History (ROSE VIEW)**

**Date: 01/27/2011      SOD #BU8I11      Enforcement Appealed: No**

Sanctions

FORFEITURE---83.27(2)(c)  
FORFEITURE---83.32(3)(i)  
FORFEITURE---83.35(2)

**Date: 07/14/2010      SOD #U5PN11      Enforcement Appealed: No**

Sanctions

FORFEITURE---83.12(4)(c)  
FORFEITURE---83.32(3)(g)  
FORFEITURE---83.32(3)(i)  
FORFEITURE---83.32(3)(l)  
FORFEITURE---83.35(3)(a)

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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: EAU CLAIRE

**Facility Information**

**Facility Name:** TIMBER VIEW (510256)  
**Address:** S8560 BALSAM ROAD, EAU CLAIRE, WI 54701  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/13/1994  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0104334    **End Date:** 06/25/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #IRJR11    Served 07/06/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW		
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: EAU CLAIRE

**Enforcement History (TIMBER VIEW)**

**Date: 07/02/2009**      **SOD #IRJR11**      **Enforcement Appealed: No**  
Sanctions  
FORFEITURE---83.47(3)

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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: EAU CLAIRE

**Facility Information**

**Facility Name:** TRINITEAM HALFWAY HOUSE (510062)  
**Address:** 628 N BARSTOW ST, EAU CLAIRE, WI 54703  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/01/1986  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0104378      **End Date:** 07/14/2009      **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 AA (AMBULATORY)  
COUNTY: EAU CLAIRE

**Facility Information**

**Facility Name:** VALLEY VIEW (510064)  
**Address:** 2720 NORTH TOWNHALL RD, EAU CLAIRE, WI 54703  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/31/1986  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0107363    **End Date:** 10/29/2010    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106621    **End Date:** 06/25/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #EN4G11    Served 07/01/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	08/31/2010	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	07/27/2010	Yes
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED	09/30/2010	Yes

**Survey ID:** 0101928    **End Date:** 06/20/2008    **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  
Community Based Residential Facility--CLASS AA (AMBULATORY)  
COUNTY: EAU CLAIRE

**Enforcement History (VALLEY VIEW)**

**Date: 06/30/2010**      **SOD #EN4G11**      **Enforcement Appealed: No**  
Sanctions  
FORFEITURE---83.25

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