

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 is a PDF (Adobe Acrobat) document and includes a total of 11 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 CNA (NONAMBULATORY)

COUNTY: EAU CLAIRE

Facility Information

Facility Name: COUNTRY TERRACE-ALTOONA (0011743)

Address: 1511 DEVNEY DR, ALTOONA, WI 54720

License Status: REGULAR

Licensed/Certified/Registered 06/01/2007

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

Survey History

Survey ID: 0107959 **End Date:** 02/07/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #PZ9M11 Served 02/16/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(e)	OTHER EVACUATION DRILLS	03/02/2011	Yes

Survey ID: 0105513 **End Date:** 01/12/2010 **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: 0104510 **End Date: 07/22/2009** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XNGI11 Served 07/23/2009

<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	01/12/2010	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	01/12/2010	Yes
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS	01/12/2010	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	01/12/2010	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	01/12/2010	Yes
83.35(3)(b)	MENU DATED AND KEPT ON FILE	01/12/2010	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	01/12/2010	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	01/12/2010	Yes

Survey ID: 0103539 **End Date: 03/02/2009** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103231 **End Date: 01/09/2009** **Type: STANDARD** **Purpose: SURVEY**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: EAU CLAIRE

Enforcement History (COUNTRY TERRACE-ALTOONA)

Date: 07/22/2009 SOD #XNGI11 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 01/12/2010 12:00:00AM

FORFEITURE---83.32(3)(h)

FORFEITURE---83.32(3)(i)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.35(I)(a)

FORFEITURE---83.35(1)(c)

FORFEITURE---83.37(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 (COUNTRY TERRACE-ALTOONA)

Date Complaint Received: 04/23/2009

Date Investigation Completed: 07/22/2009

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

XNGI11

Date Complaint Received: 02/16/2009

Date Investigation Completed: 03/02/2009

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED

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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 EDGEWOOD (510138)

Address: 2512 SPOONER AVE, ALTOONA, WI 54720

License Status: REGULAR

Licensed/Certified/Registered 08/14/1986

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

Survey History

Survey ID: 0105171 **End Date:** 11/03/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #UM2M11 Served 11/10/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(4)	RESIDENT SATISFACTION EVALUATION		

Survey ID: 0102348 **End Date:** 08/20/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: MORNING VIEW II (510164)
Address: 440 SUNDAY DRIVE, ALTOONA, WI 54720
License Status: REGULAR
Licensed/Certified/Registered 06/09/1989
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0108176 **End Date:** 02/28/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Survey ID: 0106828 **End Date:** 07/26/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FT8L12 Served 08/17/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	09/16/2010	Yes
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	09/16/2010	Yes
83.20(2)(b)	TRAINING IN FIRE SAFETY	08/10/2010	Yes
83.20(2)(c)	PROHIBITIONS AND EXCEPTIONS	08/10/2010	Yes
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED	08/10/2010	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

Survey ID: 0106414 **End Date: 05/12/2010** **Type: OTHER** **Purpose: SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FT8L11 Served 05/25/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	07/02/2010	Yes

Survey ID: 0104410 **End Date: 07/21/2009** **Type: OTHER** **Purpose: DESK REVIEW**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102258 **End Date: 07/24/2008** **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 (MORNING VIEW II)

Date: 03/15/2011 **SOD #FT8L13** **Enforcement Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---83.32(3)(i)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37(1)(k)

FORFEITURE---83.38(1)(g)

FORFEITURE---83.38(1)(i)

Date: 08/13/2010 **SOD #FT8L12** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.20(2)(b)

FORFEITURE---83.20(2)(c)

Date: 05/24/2010 **SOD #FT8L11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 07/23/2010 12:00:00AM

FORFEITURE---83.37(I)(i)

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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

Complaint History (MORNING VIEW II)

Date Complaint Received: 01/31/2011

Date Investigation Completed: 03/01/2011

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
FT8L13

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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: OAK VIEW II (510040)
Address: S10580 CO HWY B PO BOX 115, ELEVA, WI 54738
License Status: REGULAR
Licensed/Certified/Registered 11/08/1984
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104140 **End Date:** 06/03/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #HI0F11 Served 06/08/2009

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

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