

**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Notes**

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

**The report includes only facilities located within the City of Lacrosse. 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 41 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 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Facility Information**

**Facility Name:** COULEE VISIONS-COPPER FAMILY TREAT SERV INC (0013349)

**Address:** 1502-29TH ST, LACROSSE, WI 54601

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/04/2010

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

**Survey History**

**Survey ID:** 0108902    **End Date:** 07/15/2011    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID:** 0107968    **End Date:** 02/03/2011    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #NDKF11    Served 02/15/2011

Deficiencies Cited  
88.03(2)(b)2

Subject Area  
PROGRAM STATEMENT

Compliance  
Verified  
07/13/2011

Corrected  
Yes

-----  
**Survey ID:** 0106477    **End Date:** 06/03/2010    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

**This is Page 2 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Complaint History (COULEE VISIONS-COPPER FAMILY TREAT SERV INC)**

**Date Complaint Received: 11/08/2010**

**Date Investigation Completed: 02/03/2011**

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE  
ADMISSION, TRANSFER & DISCHARGE

Result

NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #

NDFK11

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Facility Information**

**Facility Name:** CREATIVE COMMUNITY LIVING SERVICES I (0010737)

**Address:** 719 N LOSEY BLVD, LACROSSE, WI 54601

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/13/2004

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

**Survey History**

**Survey ID:** 0108470    **End Date:** 04/29/2011    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Facility Information**

**Facility Name:** CREATIVE COMMUNITY LIVING SERVICES INC (0009914)

**Address:** 2160 JACKSON STREET, LACROSSE, WI 54601

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/13/2002

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

**Survey History**

No survey activity during the period 01/01/2009 through 12/31/2011.

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Facility Information**

**Facility Name:** CREATIVE COMMUNITY LIVING SERVICES INC (0010133)

**Address:** 1318 KANE ST, LACROSSE, WI 54603

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/22/2003

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

**Survey History**

**Survey ID:** 0109398    **End Date:** 10/20/2011    **Type:** OTHER    **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0108468    **End Date:** 04/29/2011    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104214    **End Date:** 06/21/2009    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Facility Information**

**Facility Name:** CREATIVE COMMUNITY LIVING SERVICES INC (0010175)

**Address:** 1051 SHOREWOOD DRIVE, LACROSSE, WI 54601

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/25/2003

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

**Survey History**

**Survey ID:** 0105602    **End Date:** 01/12/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Facility Information**

**Facility Name:** CREATIVE COMMUNITY LIVING SERVICES INC (0010706)

**Address:** 2610 FARNAM, LACROSSE, WI 54601

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/02/2004

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

**Survey History**

No survey activity during the period 01/01/2009 through 12/31/2011.

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Facility Information**

**Facility Name: CREATIVE COMMUNITY LIVING SERVICES INC (0010732)**

**Address: N2074 IRISH COURT, LACROSSE, WI 54601**

**License Status: REGULAR**

**Licensed/Certified/Registered 10/25/2004**

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

**Survey History**

**No survey activity during the period 01/01/2009 through 12/31/2011.**

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Facility Information**

**Facility Name:** CREATIVE COMMUNITY LIVING SERVICES INC (0011063)

**Address:** 2725 E BURR OAK, LACROSSE, WI 54601

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/2005

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

**Survey History**

No survey activity during the period 01/01/2009 through 12/31/2011.

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Facility Information**

**Facility Name: CREATIVE COMMUNITY LIVING SERVICES INC (0011234)**

**Address: 3235 ELM DR, LACROSSE, WI 54601**

**License Status: REGULAR**

**Licensed/Certified/Registered 12/19/2005**

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

**Survey History**

**No survey activity during the period 01/01/2009 through 12/31/2011.**

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Facility Information**

**Facility Name:** CREATIVE COMMUNITY LIVING SERVICES INC (0011986)

**Address:** 1940 STATE RD, LACROSSE, WI 54601

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/12/2007

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

**Survey History**

**Survey ID:** 0104775    **End Date:** 08/27/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #3G6Y11    Served 09/01/2009

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|----------------------------|------------------|
|---------------------------|---------------------|----------------------------|------------------|

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Facility Information**

**Facility Name:** CREATIVE COMMUNITY LIVING SERVICES INC (0012092)

**Address:** 3324/3326 S 29TH COURT, LACROSSE, WI 54601

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/29/2007

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

**Survey History**

**Survey ID:** 0107121    **End Date:** 09/14/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Facility Information**

**Facility Name:** FAIRCHILD (0012059)  
**Address:** 2936 E FARCHILD, LACROSSE, WI 54601  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/01/2007  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0107048    **End Date:** 09/08/2010    **Type:** STANDARD    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Facility Information**

**Facility Name: ILC INC - 27TH ST (0011608)**

**Address: 1348 S 27TH STREET, LACROSSE, WI 54601**

**License Status: REGULAR**

**Licensed/Certified/Registered 09/20/2006**

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

**Survey History**

**No survey activity during the period 01/01/2009 through 12/31/2011.**

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Facility Information**

**Facility Name:** ILC INC - EAGLE HOUSE (0010584)  
**Address:** 2900 STATE RD, LACROSSE, WI 54601  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/17/2004  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0109248    **End Date:** 09/01/2011    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0108453    **End Date:** 04/21/2011    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #EK4Y12    Served 04/29/2011

| <u>Deficiencies Cited</u> | <u>Subject Area</u>                     | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---|----------------------------|------------------|
| 88.04(2)(g)1              | HEALTH SCREENING FOR STAFF              | 05/12/2011                 | Yes              |
| 88.04(5)(b)               | TRAINING-8 HOURS ANNUALLY               | 05/12/2011                 | Yes              |
| 88.05(4)(b)1              | FIRE SAFETY-SMOKE DETECTORS             | 05/12/2011                 | Yes              |
| 88.05(4)(b)2              | SMOKE DETECTORS-TESTING AND MAINTENANCE | 05/12/2011                 | Yes              |
| 88.05(4)(c)1              | EXITING FROM THE FIRST FLOOR            | 05/12/2011                 | Yes              |
| 88.05(4)(d)2.a            | FIRE SAFETY EVACUATION PLAN REVIEW      | 05/12/2011                 | Yes              |
| 88.06(3)(a)               | INDIVIDUAL SERVICE PLAN & ASSESSMENT    | 05/12/2011                 | Yes              |

**Survey ID:** 0106130    **End Date:** 04/09/2010    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011

Adult Family Home

COUNTY: LACROSSE

**Survey ID: 0104113      End Date: 06/01/2009      Type: OTHER      Purpose: OTHER**

**Results: NO STATEMENT OF DEFICIENCY ISSUED**

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Enforcement History (ILC INC - EAGLE HOUSE)**

**Date: 04/28/2011      SOD #EK4Y12      Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION    --Facility Compliant 05/12/2011

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Facility Information**

**Facility Name:** ILC INC - FERNDALE LANE (0013233)  
**Address:** 4172 FERNDALE LANE, LACROSSE, WI 54601  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/17/2010  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0106131    **End Date:** 04/14/2010    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0105949    **End Date:** 03/17/2010    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Facility Information**

**Facility Name:** ILC INC - HORTON HOUSE (0011266)  
**Address:** 1355 HORTON ST, LACROSSE, WI 54601  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/23/2006  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0106950    **End Date:** 08/09/2010    **Type:** OTHER    **Purpose:** OTHER  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Facility Information**

**Facility Name:** ISLAND HOME (0012163)  
**Address:** 107 OLIVET, LACROSSE, WI 54601  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/01/2007  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0109588    **End Date:** 11/08/2011    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0108214    **End Date:** 02/25/2011    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #Q6N511    Served 03/23/2011

| <u>Deficiencies Cited</u> | <u>Subject Area</u>                     | <u>Compliance</u> |                  |
|---------------------------|---|-------------------|------------------|
|                           |   | <u>Verified</u>   | <u>Corrected</u> |
| 13.05(2)                  | CLIENT PROTECTION                       | 11/08/2011        | Yes              |
| 50.065(2)(b)intro         | ENTITY BACKGROUND CHECK REQUIREMENTS    | 11/08/2011        | Yes              |
| 88.04(2)(a)               | RESPONSIBILITIES                        | 11/08/2011        | Yes              |
| 88.04(2)(g)1              | HEALTH SCREENING FOR STAFF              | 11/08/2011        | Yes              |
| 88.04(5)(b)               | TRAINING-8 HOURS ANNUALLY               | 11/08/2011        | Yes              |
| 88.05(3)(m)               | 2 EXITS TO GRADE-BEDROOMS IN BASEMENT   | 11/08/2011        | Yes              |
| 88.05(4)(b)2              | SMOKE DETECTORS-TESTING AND MAINTENANCE | 11/08/2011        | Yes              |
| 88.05(4)(d)2.a            | FIRE SAFETY EVACUATION PLAN REVIEW      | 11/08/2011        | Yes              |
| 88.05(4)(d)2.b            | FIRE EVACUATION ANNUAL EVALUATION       | 11/08/2011        | Yes              |
| 88.06(3)(d)1              | DESCRIPTION OF SERVICES                 | 11/08/2011        | Yes              |
| 88.06(3)(f)               | REVIEW OF ISP                           | 11/08/2011        | Yes              |
| 88.07(3)(d)               | MEDICATION- WRITTEN ORDER               | 11/08/2011        | Yes              |

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 For the period 01/01/2009 to 12/31/2011  
 Adult Family Home  
 COUNTY: LACROSSE

|              |                               |            |     |
|--------------|-------------------------------|------------|-----|
| 88.07(3)(e)1 | MEDICATION- RECORD KEEPING    | 11/08/2011 | Yes |
| 88.08        | TERMINATION OF PLACEMENT      | 11/08/2011 | Yes |
| 88.10(3)(c)  | CONFIDENTIALITY               | 11/08/2011 | Yes |
| 88.10(3)(p)  | PROMPT AND ADEQUATE TREATMENT | 11/08/2011 | Yes |
| 88.10(3)(q)  | MEDICATIONS                   | 11/08/2011 | Yes |

**Survey ID: 0104199    End Date: 06/04/2009    Type: STANDARD    Purpose: SURVEY/COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ZB0611    Served 06/12/2009

| <u>Deficiencies Cited</u> | <u>Subject Area</u>                  | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--------------------------------------|----------------------------|------------------|
| 50.065(2)(b)intro         | ENTITY BACKGROUND CHECK REQUIREMENTS | 03/24/2011                 | No               |
| 50.065(2)(bm)             | OUT OF STATE BACKGROUND CHECKS       | 03/24/2011                 | Yes              |
| 88.04(2)(d)               | COPY OF RULES AVAILABLE              | 03/24/2011                 | Yes              |
| 88.04(2)(g)1              | HEALTH SCREENING FOR STAFF           | 03/24/2011                 | No               |
| 88.06(3)(f)               | REVIEW OF ISP                        | 03/24/2011                 | No               |
| 88.10(3)(p)               | PROMPT AND ADEQUATE TREATMENT        | 03/24/2011                 | No               |

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Enforcement History (ISLAND HOME)**

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**Date: 03/22/2011**      **SOD #Q6N511**      **Enforcement Appealed: No**  
Sanctions  
NO NEW ADMISSIONS      --Facility Compliant 11/08/2011

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**Date: 06/10/2009**      **SOD #ZB0611**      **Enforcement Appealed: No**  
Sanctions  
COMPLY WITH DEPARTMENT PLAN OF CORRECTION      --Facility Compliant 11/08/2011

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Complaint History (ISLAND HOME)**

**Date Complaint Received: 02/09/2009**

**Date Investigation Completed: 06/04/2009**

| <u>Subject Area(s)</u>              | <u>Result</u> | <u>SOD #</u> |
|-------------------------------------|---------------|--------------|
| RESIDENT BEHAVIOR/FACILITY PRACTICE | SUBSTANTIATED | ZB0211       |
| ADMINISTRATION                      | SUBSTANTIATED | ZB0211       |

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Facility Information**

**Facility Name:** KINGLAND ADULT FAMILY HOME (590021)  
**Address:** 1116 SOUTH 6TH STREET, LACROSSE, WI 54601  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/01/1995  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0108302    **End Date:** 04/06/2011    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106573    **End Date:** 05/19/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #IR4I11    Served 06/22/2010

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|----------------------------|------------------|
| 88.05(2)(a)               | DIFFICULTY WALKING  | 04/06/2011                 | Yes              |

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Enforcement History (KINGLAND ADULT FAMILY HOME)**

**Date: 06/18/2010      SOD #IR4I11      Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 04/06/2011

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Facility Information**

**Facility Name:** KNAPP HOOD STREET AFH (0012591)  
**Address:** 1402 FIFTH AVE S, LACROSSE, WI 54602  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/11/2008  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0108570    **End Date:** 05/17/2011    **Type:** OTHER    **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0107648    **End Date:** 12/10/2010    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #CXVQ11    Served 12/23/2010

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|----------------------------|------------------|
|---------------------------|---------------------|----------------------------|------------------|

**Survey ID:** 0104172    **End Date:** 05/14/2009    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Complaint History (KNAPP HOOD STREET AFH)**

**Date Complaint Received: 04/20/2009**

**Date Investigation Completed: 05/14/2009**

Subject Area(s)  
STAFF ADEQUACY

Result  
NOT SUBSTANTIATED

SOD #

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Facility Information**

**Facility Name:** L K I FIFTH AVENUE ADULT FAMILY HOME (0009961)

**Address:** 1406 FIFTH AVENUE S, LACROSSE, WI 54601

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/24/2003

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

**Survey History**

**Survey ID:** 0108738    **End Date:** 05/25/2011    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #EZXXW12    Served 06/20/2011

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|----------------------------|------------------|
|---------------------------|---------------------|----------------------------|------------------|

**Survey ID:** 0108308    **End Date:** 04/06/2011    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #EZXXW11    Served 04/11/2011

| <u>Deficiencies Cited</u> | <u>Subject Area</u>       | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------------|----------------------------|------------------|
| 88.04(2)(h)               | COMPLY WITH OSHA          | 04/21/2011                 | Yes              |
| 88.07(1)(c)               | ACTIVITIES AND SERVICES   |                            | No               |
| 88.10(3)(l)               | SAFE PHYSICAL ENVIRONMENT | 04/21/2011                 | Yes              |

**Survey ID:** 0107047    **End Date:** 08/31/2010    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Survey ID: 0104266    End Date: 05/14/2009    Type: OTHER    Purpose: SURVEY/COMPLAINT/SELF REPORT**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #VP2P11    Served 06/18/2009**

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|----------------------------|------------------|
| 88.05(3)(b)               | FREE OF HAZARDS     | 08/31/2010                 | Yes              |

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Enforcement History (L K I FIFTH AVENUE ADULT FAMILY HOME)**

**Date: 06/17/2011**      **SOD #EZXW12**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

**Date: 04/08/2011**      **SOD #EZXW11**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Complaint History (L K I FIFTH AVENUE ADULT FAMILY HOME)**

**Date Complaint Received: 03/21/2011**

**Date Investigation Completed: 03/25/2011**

Subject Area(s)  
QUALITY OF LIFE

Result  
SUBSTANTIATED

SOD #  
EZWX11

**Date Complaint Received: 08/24/2010**

**Date Investigation Completed: 08/31/2010**

Subject Area(s)  
ADMINISTRATION

Result  
NOT SUBSTANTIATED

SOD #

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Facility Information**

**Facility Name:** LARK HOUSE (0011407)  
**Address:** 1021 DIVISION ST, LACROSSE, WI 54601  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/01/2006  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0108566    **End Date:** 05/13/2011    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #2Q0S11    Served 05/18/2011

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|----------------------------|------------------|
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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Facility Information**

**Facility Name:** MARION ROAD (0011403)  
**Address:** 2907 N MARION RD, LACROSSE, WI 54601  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/01/2006  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0105653    **End Date:** 01/12/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #E6IA11    Served 02/03/2010

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|----------------------------|------------------|
|---------------------------|---------------------|----------------------------|------------------|

**Survey ID:** 0104419    **End Date:** 08/06/2009    **Type:** OTHER    **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Facility Information**

**Facility Name:** NEW BEGINNINGS HOME (0013639)  
**Address:** 3019 WARD AVE, LACROSSE, WI 54601  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/01/2011  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0108043    **End Date:** 02/23/2011    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Facility Information**

**Facility Name:** PARMENTER HOME (THE) (0009461)  
**Address:** 626 HARVEY STREET, LACROSSE, WI 54603  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/22/2001  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0104275    **End Date:** 05/21/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #2ED011    Served 06/19/2009

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|----------------------------|------------------|
|---------------------------|---------------------|----------------------------|------------------|

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Facility Information**

**Facility Name:** RIVERFRONT - LINCOLN HOUSE (0011794)  
**Address:** 2731 LINCOLN AVE, LACROSSE, WI 54601  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/01/2007  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0109756    **End Date:** 11/28/2011    **Type:** OTHER    **Purpose:** VERIFICATION VISIT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0108136    **End Date:** 01/19/2011    **Type:** OTHER    **Purpose:** VERIFICATION VISIT  
**Results:** ENFORCEMENT ACTION  
**Statement of Deficiency:** #Y33B12    Served 03/11/2011

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|----------------------------|------------------|
| 88.06(3)(f)               | REVIEW OF ISP       | 11/17/2011                 | Yes              |

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Survey ID: 0106327    End Date: 05/06/2010    Type: STANDARD    Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #Y33B11    Served 05/18/2010**

| <u>Deficiencies Cited</u> | <u>Subject Area</u>               | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|-----------------------------------|----------------------------|------------------|
| 88.04(2)(g)1              | HEALTH SCREENING FOR STAFF        | 06/15/2010                 | Yes              |
| 88.04(5)(a)               | TRAINING-15 HOURS WITHIN 6 MONTHS | 06/15/2010                 | Yes              |
| 88.04(5)(b)               | TRAINING-8 HOURS ANNUALLY         | 06/15/2010                 | Yes              |
| 88.05(4)(a)               | FIRE SAFETY-FIRE EXTINGUISHERS    | 06/15/2010                 | Yes              |
| 88.06(3)(f)               | REVIEW OF ISP                     | 01/19/2011                 | No               |
| 88.07(3)(d)               | MEDICATION- WRITTEN ORDER         | 06/15/2010                 | Yes              |
| 88.09(1)(a)               | RESIDENT RECORDS                  | 06/15/2010                 | Yes              |

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Enforcement History (RIVERFRONT - LINCOLN HOUSE)**

**Date: 03/10/2011**      **SOD #Y33B12**      **Enforcement Appealed: No**  
Sanctions  
COMPLY WITH REQUIREMENT      --Facility Compliant 11/17/2011

**Date: 05/18/2010**      **SOD #Y33B11**      **Enforcement Appealed: No**  
Sanctions  
COMPLY WITH DEPARTMENT PLAN OF CORRECTION      --Facility Compliant 06/15/2010

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Facility Information**

**Facility Name:** RIVERFRONT - STARLITE (0011655)  
**Address:** 4042 STARLITE DR, LACROSSE, WI 54601  
**License Status:** REGULAR  
**Licensed/Certified/Registered:** 10/05/2006  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0105214    **End Date:** 10/28/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #U80X11    Served 11/20/2009

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: LACROSSE

**Facility Information**

**Facility Name:** STACY'S ADULT FAMILY HOME (0010095)  
**Address:** 2505 FIRST AVE W, LACROSSE, WI 54603  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/08/2003  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0104265    **End Date:** 05/21/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #3U3H11    Served 06/19/2009

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
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