

**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 is a PDF (Adobe Acrobat) document and includes a total of 26 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:** NICOLAIS ADULT FAMILY HOME (0012082)  
**Address:** W1368 MASON RD, BANGOR, WI 54614  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/01/2007  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0105476    **End Date:** 12/01/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #D7HZ11    Served 01/06/2010

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

---

***This is Page 2 of 26 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** 505 PINE CONE PLACE (0013489)  
**Address:** 505 PINE CONE PLACE, HOLMEN, WI 54636  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/09/2010  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0107061    **End Date:** 09/09/2010    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

**This is Page 3 of 26 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** 507 PINE CONE PLACE (0013490)

**Address:** 507 PINE CONE PLACE, HOLMEN, WI 54636

**License Status:** REGULAR

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

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

**Survey History**

**Survey ID:** 0107059    **End Date:** 09/09/2010    **Type:** INITIAL    **Purpose:** SURVEY

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

**This is Page 4 of 26 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** DEERFIELD (0010905)  
**Address:** 811 DEERFIELD ST, HOLMEN, WI 54636  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/28/2005  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0108193    **End Date:** 03/14/2011    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0107295    **End Date:** 10/14/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #O2LS11    Served 10/25/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	11/09/2010	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	11/09/2010	Yes

***This is Page 5 of 26 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Enforcement History (DEERFIELD)**

**Date: 10/20/2010      SOD #O2LS11      Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION    --Facility Compliant 03/14/2011

---

***This is Page 6 of 26 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** REM WISCONSIN III INC - MALLARD DRIVE (0012652)

**Address:** 313 MALLARD DR, HOLMEN, WI 54636

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/08/2008

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

**Survey History**

**Survey ID:** 0109737      **End Date:** 11/14/2011      **Type:** STANDARD      **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 7 of 26 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** HIAWATHA HOME (0013758)  
**Address:** 2321 HIAWATHA AVE, LA CROSSE, WI 54601  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/29/2011  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0108802    **End Date:** 06/22/2011    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

**This is Page 8 of 26 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name: BLACK RIVER (0012622)**

**Address: 467 SECOND AVE N, ONALASKA, WI 54650**

**License Status: REGULAR**

**Licensed/Certified/Registered 12/11/2008**

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

**Survey History**

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

***This is Page 9 of 26 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** CHRISHAVEN II (NORTH) (0012073)  
**Address:** 1310 - 10TH AVE NORTH, ONALASKA, WI 54650  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/30/2007  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0105786    **End Date:** 02/10/2010    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #0LN411    Served 02/23/2010

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

***This is Page 10 of 26 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** CHRISHAVEN II (SOUTH) (0012072)  
**Address:** 1308 - 10TH AVE NORTH, ONALASKA, WI 54650  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/30/2007  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0105782    **End Date:** 02/10/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #F5QO11    Served 02/23/2010

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

***This is Page 11 of 26 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** CHRISHAVEN ONALASKA NORTH (0009419)  
**Address:** 737 10TH AVENUE NORTH, ONALASKA, WI 54650  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/21/2001  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0108382    **End Date:** 04/18/2011    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 12 of 26 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** CHRISHAVEN ONALASKA SOUTH (0009418)  
**Address:** 735 10TH AVENUE NORTH, ONALASKA, WI 54650  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/21/2001  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0108381    **End Date:** 04/18/2011    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #UUFS12    Served 04/20/2011

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

***This is Page 13 of 26 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** CLIFFVIEW (0009824)  
**Address:** 1422 CLIFFVIEW AVE, ONALASKA, WI 54650  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/01/2002  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

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

**This is Page 14 of 26 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

**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 (0009775)

**Address:** N5412 CIRCLE DRIVE W, ONALASKA, WI 54650

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/2002

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

**Survey History**

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

***This is Page 15 of 26 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

**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 (590130)

**Address:** 837 MAIN STREET, ONALASKA, WI 54650

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/13/1997

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

**Survey History**

**Survey ID:** 0108375      **End Date:** 04/14/2011      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 16 of 26 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** HURRICANE (0012007)

**Address:** 5009 HURRICANE CT, ONALASKA, WI 54650

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/03/2007

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

**Survey History**

**Survey ID:** 0106462      **End Date:** 05/27/2010      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104661      **End Date:** 08/07/2009      **Type:** OTHER      **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104418      **End Date:** 08/06/2009      **Type:** OTHER      **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 17 of 26 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** REM - KRISTY LANE (0011302)  
**Address:** 1038/1040 KRISTY LANE, ONALASKA, WI 54650  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/08/2006  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0103508    **End Date:** 02/04/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #FF5S11    Served 02/24/2009

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

***This is Page 18 of 26 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** REM WISCONSIN III INC EMERALD DRIVE A (0013941)

**Address:** 3724 EMERALD DR, ONALASKA, WI 54650

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2011

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

**Survey History**

**Survey ID:** 0109466      **End Date:** 10/24/2011      **Type:** INITIAL      **Purpose:** SURVEY

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

**This is Page 19 of 26 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** REM WISCONSIN III INC EMERALD DRIVE B (0013940)

**Address:** 3722 EMERALD DR, ONALASKA, WI 54650

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2011

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

**Survey History**

**Survey ID:** 0109468      **End Date:** 10/24/2011      **Type:** INITIAL      **Purpose:** SURVEY

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

**This is Page 20 of 26 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** TIDAL WAVE (0012430)  
**Address:** 5005 HURRICANE COURT, ONALASKA, WI 54650  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/15/2008  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0107049    **End Date:** 09/08/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #ERIP11    Served 09/15/2010

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

---

**Survey ID:** 0104660    **End Date:** 08/07/2009    **Type:** OTHER    **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**Survey ID:** 0104420    **End Date:** 08/06/2009    **Type:** OTHER    **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**This is Page 21 of 26 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** WESTVIEW CIRCLE (0013850)  
**Address:** 1028 WESTVIEW CIRCLE DR, ONALASKA, WI 54650  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/01/2011  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0109150    **End Date:** 08/25/2011    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

**This is Page 22 of 26 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** MACINTOSH MANOR (0011167)  
**Address:** 340 WAGON DR, WEST SALEM, WI 54669  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/24/2005  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

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

**This is Page 23 of 26 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** REGENT MANOR (0011840)  
**Address:** 856 E GARLAND ST, WEST SALEM, WI 54669  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/01/2007  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0104209    **End Date:** 06/16/2009    **Type:** STANDARD    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 24 of 26 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** REM WISCONSIN III INC - CTY RD C (0012532)  
**Address:** N5532 CTY RD C, WEST SALEM, WI 54669  
**License Status:** REGULAR  
**Licensed/Certified/Registered:** 12/12/2008  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0110020    **End Date:** 06/09/2011    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0107905    **End Date:** 01/25/2011    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #00M411    Served 02/05/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	06/09/2011	Yes

***This is Page 25 of 26 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Enforcement History (REM WISCONSIN III INC - CTY RD C)**

<b>Date: 02/02/2011</b>	<b>SOD #00M411</b>	<b>Enforcement Appealed: No</b>
<u>Sanctions</u>		
COMPLY WITH REQUIREMENT		--Facility Compliant 06/09/2011

**This is Page 26 of 26 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***