

Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility
COUNTY: LACROSSE

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community Based Residential Facilities in Lacrosse County.

The report is a PDF (Adobe Acrobat) document and includes a total of 15 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LACROSSE

Facility Information

Facility Name: HELEN HOUSE A INC (0011677)

Address: 1614 HENRY JOHNS BLVD, BANGOR, WI 54614

License Status: REGULAR

Licensed/Certified/Registered 04/01/2007

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

Survey History

Survey ID: 0109472 **End Date:** 10/28/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0108971 **End Date:** 06/08/2011 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #46JS11 Served 08/03/2011

<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	10/28/2011	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	10/28/2011	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/28/2011	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	10/28/2011	Yes
83.38(1)(b)	SUPERVISION	10/28/2011	Yes

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LACROSSE

Survey ID: 0103569 **End Date: 02/24/2009** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #86HU11 Served 03/06/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	Yes
83.15(1)(a)	ADMINISTRATOR QUALIFIED: ASSOCIATE DEGREE	04/01/2009	Yes
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	04/01/2009	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	04/01/2009	Yes
83.33(3)(e)2.b	INJECTIONS	04/01/2009	Yes
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	04/01/2009	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	Yes
83.42(6)(a)1	ANNUAL INSPECTION BY FIRE DEPARTMENT	04/01/2009	Yes
83.43(3)(b)2	TESTING OF SMOKE DETECTORS	04/01/2009	Yes

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: LACROSSE

Enforcement History (HELEN HOUSE A INC)

Date: 08/02/2011 SOD #46JS11 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 10/28/2011

FORFEITURE---83.32(3)(i)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37(1)(i)

FORFEITURE---83.38(1)(b)

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: LACROSSE

Complaint History (HELEN HOUSE A INC)

Date Complaint Received: 01/22/2009

Date Investigation Completed: 02/24/2009

Subject Area(s)
SUPERVISION

Result
SUBSTANTIATED

SOD #
86HU11

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LACROSSE

Facility Information

Facility Name: BETHANY HEARTEN HOUSE III (510260)

Address: 101 JUNIPER LANE, HOLMEN, WI 54636

License Status: REGULAR

Licensed/Certified/Registered 12/08/1994

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LACROSSE

Facility Information

Facility Name: EAGLE CREST MEMORY CARE (0012129)

Address: 351 MASON STREET, ONALASKA, WI 54650

License Status: REGULAR

Licensed/Certified/Registered 01/04/2008

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

Survey History

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

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LACROSSE

Facility Information

Facility Name: KNAPP GREEN BAY STREET CBRF (0013452)

Address: 938 GREEN BAY STREET, ONALASKA, WI 54650

License Status: REGULAR

Licensed/Certified/Registered 10/01/2011

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

Survey History

Survey ID: 0109348 **End Date:** 09/27/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y9G111 Served 10/14/2011

	<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
Survey ID: 0109347 End Date: 09/23/2011 Type: OTHER Purpose: DESK REVIEW				
Results: LICENSE/CERT/REGISTRATION ISSUED				
Survey ID: 0107246 End Date: 10/05/2010 Type: INITIAL Purpose: SURVEY				
Results: PROBATIONARY LICENSE ISSUED				

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LACROSSE

Enforcement History (KNAPP GREEN BAY STREET CBRF)

Date: 10/12/2011

SOD #Y9G111

Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

FORFEITURE---50.09

FORFEITURE---83.14(2)(j)

FORFEITURE---83.29(2)

FORFEITURE---83.35(1)(a)

FORFEITURE---83.35(2)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.35(5)(a)

FORFEITURE---83.37(2)(d)

FORFEITURE---83.47(2)(d)

This is Page 9 of 15 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LACROSSE

Facility Information

Facility Name: MEADOWS AT SPRINGBROOK (THE) (0013768)

Address: 861 CRITTER CT, ONALASKA, WI 54650

License Status: PROBATIONARY

Licensed/Certified/Registered 10/17/2011

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

Survey History

Survey ID: 0109391 **End Date:** 10/03/2011 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LACROSSE

Facility Information

Facility Name: STERLING HOUSE OF ONALASKA (510379)

Address: 949 10TH AVENUE NORTH, ONALASKA, WI 54650

License Status: REGULAR

Licensed/Certified/Registered 06/01/1998

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LACROSSE

Facility Information

Facility Name: MAPLEWOOD CBRF (0012298)

Address: 914 E GARLAND, WEST SALEM, WI 54669

License Status: REGULAR

Licensed/Certified/Registered 03/01/2009

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

Survey History

Survey ID: 0108306 **End Date:** 04/06/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107903 **End Date:** 01/20/2011 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UDI711 Served 02/07/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	03/01/2011	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	03/01/2011	Yes
83.47(2)(d)	FIRE DRILLS	03/01/2011	Yes

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LACROSSE

Survey ID: 0105016 **End Date: 09/30/2009** **Type: OTHER** **Purpose: SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GZGM11 Served 10/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(b)	SUPERVISION	10/29/2009	Yes

Survey ID: 0103839 **End Date: 04/15/2009** **Type: OTHER** **Purpose: SURVEY/COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103750 **End Date: 01/27/2009** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: LACROSSE

Enforcement History (MAPLEWOOD CBRF)

Date: 02/02/2011 **SOD #UDI711** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 03/01/2011
FORFEITURE---83.25
FORFEITURE---83.32(3)(i)

Date: 10/08/2009 **SOD #GZGM11** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.38(1)(b)

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LACROSSE

Complaint History (MAPLEWOOD CBRF)

Date Complaint Received: 11/08/2010

Date Investigation Completed: 01/20/2011

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
MEDICATIONS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/22/2009

Date Investigation Completed: 04/13/2009

Subject Area(s)

SUPERVISION
RESIDENT RIGHTS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/02/2009

Date Investigation Completed: 01/27/2009

Subject Area(s)

RESIDENT RIGHTS
MEDICATIONS
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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