

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011

COUNTY: LANGLADE

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Langlade County.

The report is a PDF (Adobe Acrobat) document and includes a total of 10 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
Adult Day Care Facility
COUNTY: LANGLADE

Facility Information

Facility Name: LANGLADE ADULT DAY CARE (0013245)
Address: 525 FLIGHT ROAD APT 112, ANTIGO, WI 54409
License Status: REGULAR
Licensed/Certified/Registered 05/26/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106384 **End Date:** 05/26/2010 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 2 of 10 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 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: LANGLADE

Facility Information

Facility Name: FLYING HORSESHOE RANCH (0013158)
Address: N10928 CTY RD H, GLEASON, WI 54435
License Status: REGULAR
Licensed/Certified/Registered 02/10/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105659 **End Date:** 02/04/2010 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #4GXG11 Served 02/17/2010

<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		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

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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: LANGLADE

Facility Information

Facility Name: CARE PARTNERS ASSISTED LVG ANTIGO (0009020)

Address: 915 FIRST AVENUE, ANTIGO, WI 54409

License Status: REGULAR

Licensed/Certified/Registered 03/19/2001

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

Survey History

Survey ID: 0106633 **End Date:** 06/22/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105762 **End Date:** 01/21/2010 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DNOV11 Served 02/23/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(1)(a)	SMOKE DETECTION SYSTEM	06/22/2010	Yes

Survey ID: 0103363 **End Date:** 01/29/2009 **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: LANGLADE

Enforcement History (CARE PARTNERS ASSISTED LVG ANTIGO)

Date: 02/22/2010

SOD #DNOV11

Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 06/22/2010 12:00:00AM

FORFEITURE---83.48(1)(a)

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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: LANGLADE

Complaint History (CARE PARTNERS ASSISTED LVG ANTIGO)

Date Complaint Received: 12/16/2008

Date Investigation Completed: 01/07/2009

Subject Area(s)
SUPERVISION
MEDICATIONS
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

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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: LANGLADE

Facility Information

Facility Name: EIGHT REASONS GROUP HOME (610031)

Address: 1105 8TH AVENUE, ANTIGO, WI 54409

License Status: REGULAR

Licensed/Certified/Registered 11/30/1987

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

Survey History

No survey activity during the period 04/01/2008 through 03/31/2011.

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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: LANGLADE

Facility Information

Facility Name: EVERGREEN TERRACE LLC (611048)

Address: 715 ACKLEY STREET, ANTIGO, WI 54409

License Status: REGULAR

Licensed/Certified/Registered 05/01/1999

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

Survey History

Survey ID: 0106666 **End Date:** 07/05/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101431 **End Date:** 04/01/2008 **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: LANGLADE

Facility Information

Facility Name: ROSALIA GARDENS (0008499)

Address: 519 FLIGHT ROAD, ANTIGO, WI 54409

License Status: REGULAR

Licensed/Certified/Registered 08/03/1999

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

Survey History

Survey ID: 0107477 **End Date:** 11/03/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5E7Y11 Served 11/17/2010

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

Survey ID: 0102049 **End Date:** 06/04/2008 **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
Residential Care Apartment Complex (REGISTERED)
COUNTY: LANGLADE

Facility Information

Facility Name: PINE MEADOW (0013458)
Address: 525 FLIGHT RD, ANTIGO, WI 54409
License Status: REGULAR
Licensed/Certified/Registered 07/23/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107528 **End Date:** 11/30/2010 **Type:** OTHER **Purpose:** DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

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