

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

COUNTY: LINCOLN

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 18 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: LINCOLN

Facility Information

Facility Name: FORWARD HOUSE AFH (690097)
Address: 1200 EAST THIRD STREET, MERRILL, WI 54452
License Status: REGULAR
Licensed/Certified/Registered 01/31/1998
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

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

This is Page 2 of 18 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: LINCOLN

Facility Information

Facility Name: SUE TYKILA ADULT FAMILY HOME (0010003)
Address: N11398 SCHMIDTBAUER ROAD, TOMAHAWK, WI 54487
License Status: REGULAR
Licensed/Certified/Registered 05/01/2003
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 3 of 18 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LINCOLN

Facility Information

Facility Name: BELL TOWER RESIDENCE (610143)

Address: 1500 O'DAY STREET, MERRILL, WI 54452

License Status: REGULAR

Licensed/Certified/Registered 01/31/1991

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

Survey History

Survey ID: 0109341 **End Date:** 10/10/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107952 **End Date:** 02/04/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 4 of 18 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LINCOLN

Facility Information

Facility Name: DEER VIEW (0008646)

Address: W 5029 DOERING ROAD, MERRILL, WI 54452

License Status: REGULAR

Licensed/Certified/Registered 02/01/2000

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 5 of 18 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LINCOLN

Facility Information

Facility Name: PAT WEBER MEMORIAL HOME (0010645)

Address: 1108 EAST 9TH STREET, MERRILL, WI 54452

License Status: REGULAR

Licensed/Certified/Registered 02/01/2005

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

Survey History

Survey ID: 0103300 **End Date:** 01/14/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KZMK12 Served 01/29/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	Yes

This is Page 6 of 18 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LINCOLN

Enforcement History (PAT WEBER MEMORIAL HOME)

Date: 01/27/2009

SOD #KZMK12

Enforcement Appealed: No

Sanctions

FORFEITURE---83.42(3)(f)

This is Page 7 of 18 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LINCOLN

Facility Information

Facility Name: WALNUT GROVE MERRILL I (0012530)

Address: 1207 TAYLOR STREET, MERRILL, WI 54452

License Status: REGULAR

Licensed/Certified/Registered 12/01/2009

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

Survey History

Survey ID: 0105472 **End Date:** 11/09/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #RBPG11 Served 01/07/2010

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

This is Page 8 of 18 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LINCOLN

Facility Information

Facility Name: WALNUT GROVE MERRILL II (0012531)

Address: 1209 TAYLOR STREET, MERRILL, WI 54452

License Status: REGULAR

Licensed/Certified/Registered 12/01/2009

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

Survey History

Survey ID: 0110053 **End Date:** 11/28/2011 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105473 **End Date:** 11/09/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #JS6T11 Served 01/08/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	02/01/2012	Yes

This is Page 9 of 18 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LINCOLN

Facility Information

Facility Name: WOODLAND COURT ELDER SERVICES LLC II (0009754)

Address: 1102 SOUTH CENTER AVENUE #2, MERRILL, WI 54452

License Status: REGULAR

Licensed/Certified/Registered 09/01/2003

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

Survey History

Survey ID: 0108747 **End Date:** 06/10/2011 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105004 **End Date:** 09/18/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 10 of 18 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LINCOLN

Complaint History (WOODLAND COURT ELDER SERVICES LLC II)

Date Complaint Received: 04/22/2011

Date Investigation Completed: 06/09/2011

Subject Area(s)

Result

SOD #

ABUSE
QUALITY OF LIFE

NOT SUBSTANTIATED
NOT SUBSTANTIATED

This is Page 11 of 18 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LINCOLN

Facility Information

Facility Name: WOODLAND COURT ELDER SERVICES LLC (0008890)

Address: 1102 SOUTH CENTER AVENUE, MERRILL, WI 54452

License Status: REGULAR

Licensed/Certified/Registered 10/01/2000

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

Survey History

Survey ID: 0108744 **End Date:** 06/10/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107369 **End Date:** 10/29/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4SQZ11 Served 11/05/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT	11/30/2010	Yes
83.20(2)(c)	PROHIBITIONS AND EXCEPTIONS	11/30/2010	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	11/30/2010	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	11/30/2010	Yes

This is Page 12 of 18 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
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: LINCOLN

Enforcement History (WOODLAND COURT ELDER SERVICES LLC)

Date: 11/03/2010 SOD #4SQZ11 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 06/10/2011

FORFEITURE---83.20(2)(c)

FORFEITURE---83.37(2)(d)

FORFEITURE---83.47(2)(e)

This is Page 13 of 18 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LINCOLN

Complaint History (WOODLAND COURT ELDER SERVICES LLC)

Date Complaint Received: 04/22/2011

Date Investigation Completed: 06/10/2011

Subject Area(s)

Result

SOD #

ABUSE
QUALITY OF LIFE

NOT SUBSTANTIATED
NOT SUBSTANTIATED

This is Page 14 of 18 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LINCOLN

Facility Information

Facility Name: BETHESDA LUTHERAN COMMUNITIES-RAILWAY (0011614)

Address: 18 SOUTH RAILWAY STREET, TOMAHAWK, WI 54487

License Status: REGULAR

Licensed/Certified/Registered 04/01/2007

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

Survey History

Survey ID: 0108001 **End Date:** 02/08/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107145 **End Date:** 09/02/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5GR711 Served 09/21/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	09/13/2010	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	09/30/2010	Yes
83.44(1)(b)	NOT FULLY AMBULATORY ON FIRST FLOOR	09/07/2010	Yes
83.44(2)(a)	BUILDING CONTROLLED BY CBRF OWNER	09/07/2010	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	09/08/2010	Yes
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	09/06/2010	Yes

This is Page 15 of 18 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
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: LINCOLN

Enforcement History (BETHESDA LUTHERAN COMMUNITIES-RAILWAY)

Date: 09/16/2010 SOD #5GR711 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 02/08/2011

COMPLY WITH REQUIREMENT --Facility Compliant 02/08/2011

FORFEITURE---83.35(3)(a)

FORFEITURE---83.48(3)(a)

This is Page 16 of 18 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LINCOLN

Facility Information

Facility Name: HIAWATHA HOME (610117)

Address: 825 CHARLES AVENUE, TOMAHAWK, WI 54487

License Status: REGULAR

Licensed/Certified/Registered 10/26/1989

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

Survey History

Survey ID: 0108022 **End Date:** 02/11/2011 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #O87W11 Served 02/28/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(e)	OTHER EVACUATION DRILLS	03/08/2011	Yes

This is Page 17 of 18 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
Community Based Residential Facility--CLASS CA (AMBULATORY)
COUNTY: LINCOLN

Facility Information

Facility Name: OUR WAY GROUP HOME (610044)
Address: 427 NORTH 5TH STREET, TOMAHAWK, WI 54487
License Status: REGULAR
Licensed/Certified/Registered 12/30/1980
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0108021 **End Date:** 02/11/2011 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #062Y11 Served 02/28/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	03/08/2011	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	03/08/2011	Yes

This is Page 18 of 18 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.