

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

COUNTY: ONEIDA

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 49 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: ONEIDA

Facility Information

Facility Name: PASTIME CLUB INC (0012089)
Address: 7937 HWY 51 SOUTH, MINOCQUA, WI 54548
License Status: REGULAR
Licensed/Certified/Registered 11/27/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105313 **End Date:** 12/03/2009 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 49 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 Day Care Facility
COUNTY: ONEIDA

Facility Information

Facility Name: CARING CONNECTION ADULT DAY SERVICES (0012203)

Address: 135 E LARCH STREET, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 01/30/2008

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

Survey History

Survey ID: 0105800 **End Date:** 02/16/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #N5ZV11 Served 03/03/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
I.b.(4)	HEALTH STATEMENT		
I.c.(3)	PLAN-REVIEWED & UPDATED EVERY 6 MONTHS		
I.c.(4)	PLAN-QUARTERLY DOCUMENTING		
II.d.(2)	TRAINING-ORIENTATION.		

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: ONEIDA

Facility Information

Facility Name: BIRCH HILL ADULT FAMILY HOME (0011055)
Address: 8463 OLD HWY K, HARSHAW, WI 54529
License Status: REGULAR
Licensed/Certified/Registered 09/27/2005
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105312 **End Date:** 12/03/2009 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: ONEIDA

Facility Information

Facility Name: SILVER TREE PLACE (0012518)
Address: 7473 PINE ROAD, MINOCQUA, WI 54548
License Status: REGULAR
Licensed/Certified/Registered 09/24/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107779 **End Date:** 12/28/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107498 **End Date:** 11/04/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6QLE12 Served 11/17/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	11/24/2010	Yes

Survey ID: 0106893 **End Date:** 08/04/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6QLE11 Served 08/25/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	11/24/2010	Yes
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	11/04/2010	Yes

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

Adult Family Home

COUNTY: ONEIDA

Survey ID: 0102547 End Date: 09/23/2008 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: ONEIDA

Enforcement History (SILVER TREE PLACE)

Date: 11/11/2010 **SOD #6QLE12** **Enforcement Appealed: No**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 12/28/2010 12:00:00AM
COMPLY WITH REQUIREMENT --Facility Compliant 12/28/2010 12:00:00AM

Date: 08/18/2010 **SOD #6QLE11** **Enforcement Appealed: No**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 12/28/2010 12:00:00AM
COMPLY WITH REQUIREMENT --Facility Compliant 12/28/2010 12:00:00AM

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: ONEIDA

Facility Information

Facility Name: BETHESDA LUTHERAN COMMUNITIES - JAMIE COURT (0011623)

Address: 4575 JAMIE COURT, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 10/01/2006

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

Survey History

Survey ID: 0103737 **End Date:** 03/25/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #14OB11 Served 04/06/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	04/06/2011	Yes

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: ONEIDA

Facility Information

Facility Name: BETHESDA LUTHERAN COMMUNITIES-GERMOND A (0011619)

Address: 2969A GERMOND ROAD, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 10/01/2006

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

Survey History

Survey ID: 0108244 **End Date:** 03/25/2011 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103704 **End Date:** 03/24/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #LVOC11 Served 04/02/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	03/22/2011	Yes

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: ONEIDA

Facility Information

Facility Name: BETHESDA LUTHERAN COMMUNITIES-GERMOND B (0011620)

Address: 2969B GERMOND ROAD, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 10/01/2006

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

Survey History

Survey ID: 0108250 **End Date:** 03/25/2011 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103705 **End Date:** 03/24/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #J2LQ11 Served 04/01/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	03/22/2011	Yes

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: ONEIDA

Facility Information

Facility Name: BETHESDA LUTHERAN COMMUNITIES-MAPLE PARK I (0011617)

Address: 224 MAPLE LANE, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 10/01/2006

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

Survey History

Survey ID: 0103677 **End Date:** 03/23/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: ONEIDA

Facility Information

Facility Name: BETHESDA LUTHERAN COMMUNITIES-MAPLE PARK II (0011618)

Address: 222 MAPLE LANE, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 10/01/2006

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

Survey History

Survey ID: 0107948 **End Date:** 01/28/2011 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103678 **End Date:** 03/23/2009 **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
Adult Family Home
COUNTY: ONEIDA

Facility Information

Facility Name: BETHESDA LUTHERAN COMMUNITIES-RIVER BEND II (0011625)

Address: 4569 JAMIE COURT, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 10/01/2006

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

Survey History

Survey ID: 0107684 **End Date:** 12/30/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103463 **End Date:** 02/10/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #3O3I11 Served 02/18/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(a)	PRESCRIPTION MEDICATIONS	12/29/2010	Yes

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: ONEIDA

Facility Information

Facility Name: BETHESDA LUTHERAN COMMUNITIES-SUMAC (0011616)

Address: 307 SUMAC TRAIL, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 10/01/2006

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

Survey History

Survey ID: 0103736 **End Date:** 03/24/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: ONEIDA

Facility Information

Facility Name: BETHESDA LUTHERAN COMMUNITIES-WESTHILL (0011621)

Address: 209 WEST HILL ROAD, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 10/01/2006

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

Survey History

Survey ID: 0105768 **End Date:** 02/19/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101432 **End Date:** 04/03/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: ONEIDA

Facility Information

Facility Name: BETHESDA LUTHREAN COMMUNITIES-RIVER BEND I (0011624)

Address: 4567 JAMIE COURT, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 10/01/2006

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

Survey History

Survey ID: 0108251 **End Date:** 03/25/2011 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103676 **End Date:** 03/24/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: ONEIDA

Facility Information

Facility Name: FAMILY MATTERS ADULT FAMILY HOME (690011)

Address: 4124 COUNTY W, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 11/13/1993

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

Survey History

Survey ID: 0105428 **End Date:** 12/17/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #FY7311 Served 01/06/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
88.09(2)(a)8	TRAINING DOCUMENTATION		

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: ONEIDA

Facility Information

Facility Name: TRAILS END ADULT FAMILY HOME (690050)
Address: 4195 TRAILS END ROAD, RHINELANDER, WI 54501
License Status: REGULAR
Licensed/Certified/Registered 02/19/1997
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105397 **End Date:** 12/16/2009 **Type:** ABBREVIATED **Purpose:** SURVEY
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: ONEIDA

Facility Information

Facility Name: OUR HOME LAKE TOMAHAWK (0010106)

Address: 6416 FLICKER ROAD, LAKE TOMAHAWK, WI 54539

License Status: REGULAR

Licensed/Certified/Registered 03/11/2004

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

Survey History

Survey ID: 0108248 **End Date:** 03/22/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107692 **End Date:** 12/17/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1TBJ11 Served 12/27/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	03/22/2011	Yes
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	03/22/2011	Yes
83.13(1)(j)	MAINTAIN RECORDS DETECTION SYSTEM TESTING	03/22/2011	Yes
83.37(3)(a)	MEDICATION STORAGE: ORIGINAL CONTAINERS	03/22/2011	Yes

Survey ID: 0105484 **End Date:** 01/05/2010 **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: ONEIDA

Survey ID: 0104625 End Date: 08/07/2009 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #X23R11 Served 08/18/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	01/05/2010	Yes
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE	01/05/2010	Yes

Survey ID: 0102799 End Date: 10/17/2008 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6XSF13 Served 10/31/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	08/04/2009	Yes
83.32(1)(a)	ASSESSMENT AND ISP	08/04/2009	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	08/04/2009	Yes
83.33(3)(f)2	REASSESSED QUARTERLY FOR MEDICATION	08/04/2009	Yes

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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: ONEIDA

Enforcement History (OUR HOME LAKE TOMAHAWK)

Date: 12/22/2010 **SOD #1TBJ11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---83.37(3)(a)

Date: 08/17/2009 **SOD #X23R11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 01/05/2010 12:00:00AM
PROVIDE TRAINING --Facility Compliant 01/05/2010 12:00:00AM
FORFEITURE---83.32(3)(1)

Date: 10/30/2008 **SOD #6XSF13** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 08/04/2009 12:00:00AM
FORFEITURE---83.32(1)(a)
FORFEITURE---83.33(3)(f)2

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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: ONEIDA

Complaint History (OUR HOME LAKE TOMAHAWK)

Date Complaint Received: 11/18/2009

Date Investigation Completed: 01/05/2010

Subject Area(s)

SUPERVISION
STAFF ADEQUACY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/05/2009

Date Investigation Completed: 08/04/2009

Subject Area(s)

SUPERVISION
RESIDENT RIGHTS
RESIDENT BEHAVIOR/FACILITY PRACTICE
MEDICATIONS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

X23R11

Date Complaint Received: 09/30/2008

Date Investigation Completed: 10/14/2008

Subject Area(s)

RESIDENT RIGHTS
NUTRITION & FOOD SERVICES
MEDICATIONS
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY
OTHER

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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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: ONEIDA

Facility Information

Facility Name: INNCARE OF MINOCQUA 1 (611038)

Address: 8726 PACKING PLANT ROAD, MINOCQUA, WI 54548

License Status: REGULAR

Licensed/Certified/Registered 06/30/1998

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

Survey History

Survey ID: 0106284 **End Date:** 05/05/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105810 **End Date:** 02/26/2010 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #C57U11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(c)	PROHIBITIONS AND EXCEPTIONS	05/05/2010	Yes
83.22(4)	TRAINING IN DIETARY DUTIES REQUIRED	05/05/2010	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	05/05/2010	Yes

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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: ONEIDA

Survey ID: 0103287 **End Date: 12/11/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TTI511 Served 01/28/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.06(1)(a)2	DESTRUCTIVE OF PROPERTY OR SELF/ABUSIVE	04/01/2009	Yes
83.15(1)(c)1	ADEQUATE STAFFING	04/01/2009	Yes
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	04/01/2009	Yes
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	04/01/2009	Yes

Survey ID: 0101973 **End Date: 05/29/2008** **Type: STANDARD** **Purpose: SURVEY**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #GC3I11 Served 06/26/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(f)2	REASSESSED QUARTERLY FOR MEDICATION	12/11/2008	Yes

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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: ONEIDA

Enforcement History (INNCARE OF MINOCQUA 1)

Date: 03/01/2010 **SOD #C57U11** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.20(2)(c)

FORFEITURE---83.22(4)

Date: 01/27/2009 **SOD #TTI511** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 02/18/2010 12:00:00AM

COMPLY WITH REQUIREMENT --Facility Compliant 02/18/2010 12:00:00AM

FORFEITURE---83.06(1)(a.)2

FORFEITURE---83.15(1)(c)1

FORFEITURE---83.19(3)(e)

FORFEITURE---83.32(2)(a)5

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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: ONEIDA

Complaint History (INNCARE OF MINOCQUA 1)

Date Complaint Received: 11/13/2008

Date Investigation Completed: 12/11/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	TTI511
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	TTI511
MEDICATIONS	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

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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: ONEIDA

Facility Information

Facility Name: INNCARE OF MINOCQUA 2 (611039)

Address: 8730 PACKING PLANT ROAD, MINOCQUA, WI 54548

License Status: REGULAR

Licensed/Certified/Registered 06/30/1998

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

Survey History

Survey ID: 0107717 **End Date:** 12/28/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107222 **End Date:** 09/09/2010 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6E9H11 Served 09/24/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.27(2)(c)	ADMISSIONS COMPATIBLE WITH PROGRAM STATEMENT	11/09/2010	Yes
83.28(3)	PROVIDE ADMISSION AGREEMENT AS REQUIRED	11/09/2010	Yes
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS	11/09/2010	Yes

Survey ID: 0105767 **End Date:** 02/19/2010 **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: ONEIDA

Survey ID: 0103288 **End Date: 12/11/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #29EG11 Served 01/28/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(a)	ADMINISTRATOR QUALIFIED: ASSOCIATE DEGREE	04/01/2009	Yes

Survey ID: 0101975 **End Date: 06/03/2008** **Type: STANDARD** **Purpose: SURVEY**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #0SWW11 Served 06/26/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(w)	SAFE ENVIRONMENT	09/24/2008	Yes
83.33(3)(f)2	REASSESSED QUARTERLY FOR MEDICATION	09/24/2008	Yes

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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: ONEIDA

Enforcement History (INNCARE OF MINOCQUA 2)

Date: 09/22/2010 **SOD #6E9H11**

Enforcement Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

--Facility Compliant 11/04/2010 12:00:00AM

FORFEITURE---83.27(2)(c)

FORFEITURE---83.28(3)

FORFEITURE---83.35(1)(a)

Date: 01/27/2009 **SOD #29EG11**

Enforcement Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

--Facility Compliant 02/17/2010 12:00:00AM

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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: ONEIDA

Complaint History (INNCARE OF MINOCQUA 2)

Date Complaint Received: 11/13/2008

Date Investigation Completed: 12/11/2008

Subject Area(s)

MEDICATIONS

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

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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: ONEIDA

Facility Information

Facility Name: INNCARE OF MINOCQUA WEST (611028)

Address: 8424 GRANT ROAD, MINOCQUA, WI 54548

License Status: REGULAR

Licensed/Certified/Registered 11/05/1998

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

Survey History

Survey ID: 0105311 **End Date:** 12/02/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #LNVI11 Served 12/04/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	02/17/2010	Yes

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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: ONEIDA

Complaint History (INNCARE OF MINOCQUA WEST)

Date Complaint Received: 11/24/2009

Date Investigation Completed: 12/01/2009

Subject Area(s)
MEDICATIONS

Result
NOT SUBSTANTIATED

SOD #

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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: ONEIDA

Facility Information

Facility Name: ALICE HAUS (THE) (611051)

Address: 533 EAST TIMBER DRIVE, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 07/01/1999

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

Survey History

Survey ID: 0105008 **End Date:** 10/09/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102575 **End Date:** 09/25/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9MZG11 Served 09/29/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	04/01/2009	Yes

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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: ONEIDA

Complaint History (ALICE HAUS (THE))

Date Complaint Received: 08/26/2008

Date Investigation Completed: 09/24/2008

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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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: ONEIDA

Facility Information

Facility Name: COMMUNITY HOUSE (610105)
Address: 520 SOUTH EASTERN AVENUE, RHINELANDER, WI 54501
License Status: REGULAR
Licensed/Certified/Registered 01/25/1989
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105427 **End Date:** 12/17/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #VZJ711 Served 01/07/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		

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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: ONEIDA

Facility Information

Facility Name: CUMBERLAND HEIGHTS (610219)

Address: 251 WESTHILL DRIVE, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 10/01/1993

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

Survey History

Survey ID: 0105650 **End Date:** 02/04/2010 **Type:** ABBREVIATED **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 AS (SEMIAMBULATORY)

COUNTY: ONEIDA

Facility Information

Facility Name: HERITAGE HOUSE (0008500)

Address: 25 EAST FREDRICK STREET, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 02/01/2000

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

Survey History

Survey ID: 0106288 **End Date:** 05/11/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101949 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ONEIDA

Facility Information

Facility Name: JOSEPHINE HAUS (611005)

Address: 1450 WEST PHILLIP STREET, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 04/30/1997

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

Survey History

Survey ID: 0104098 **End Date:** 06/02/2009 **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 ANA (NONAMBULATORY)

COUNTY: ONEIDA

Facility Information

Facility Name: KOINONIA RESIDENTIAL TREATMENT CTR (610055)

Address: 1991 WINNEBAGO DR PO BOX 1550, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 11/22/1979

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

Survey History

Survey ID: 0107072 **End Date:** 09/01/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106399 **End Date:** 05/13/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y15D11 Served 05/28/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(b)	MEDICATION LABEL PERMANENTLY ATTACHED	09/01/2010	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	09/01/2010	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	09/01/2010	Yes

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

COUNTY: ONEIDA

Survey ID: 0102104 End Date: 06/02/2008 Type: ABBREVIATED Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #62GV12 Served 07/11/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(b)2.a	MEDICATIONS SHALL HAVE A LABEL	04/01/2009	Yes
83.35(7)(b)1	WORK AREAS AND EQUIPMENT	04/01/2009	Yes

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

COUNTY: ONEIDA

Enforcement History (KOINONIA RESIDENTIAL TREATMENT CTR)

Date: 05/25/2010 **SOD #Y15D11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION	--Facility Compliant 09/01/2010 12:00:00AM
PROVIDE TRAINING	--Facility Compliant 09/01/2010 12:00:00AM
FORFEITURE---83.37(1)(g)	
FORFEITURE---83.38(1)(h)	

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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: ONEIDA

Facility Information

Facility Name: MILESTONE MEMORY CARE (0012216)

Address: 4686 NORTH SHORE DRIVE, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 02/01/2008

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

Survey History

Survey ID: 0108041 **End Date:** 02/15/2011 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106891 **End Date:** 08/11/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105203 **End Date:** 11/11/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103862 **End Date:** 04/21/2009 **Type:** OTHER **Purpose:** COMPLAINT/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: ONEIDA

Complaint History (MILESTONE MEMORY CARE)

Date Complaint Received: 01/12/2011

Date Investigation Completed: 01/26/2011

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 06/28/2010

Date Investigation Completed: 08/04/2010

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

PHYSICAL PLANTS & SAFETY HAZARDS

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

STAFF ADEQUACY

NOT SUBSTANTIATED

Date Complaint Received: 10/22/2009

Date Investigation Completed: 11/11/2009

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 03/09/2009

Date Investigation Completed: 04/21/2009

Subject Area(s)

Result

SOD #

SUPERVISION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

HOMELIKE ENVIRONMENT & CLEANLINESS

NOT SUBSTANTIATED

NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED

MEDICATIONS

NOT SUBSTANTIATED

ADMISSION, TRANSFER & DISCHARGE

NOT SUBSTANTIATED

STAFF ADEQUACY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Residential Care Apartment Complex (REGISTERED)
COUNTY: ONEIDA

Facility Information

Facility Name: GRACE LODGE ASSISTED LIVING (0010393)
Address: 1000 DAY STREET, RHINELANDER, WI 54501
License Status: REGULAR
Licensed/Certified/Registered 08/05/2003
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103522 **End Date:** 03/02/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102356 **End Date:** 08/20/2008 **Type:** OTHER **Purpose:** COMPLAINT/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: ONEIDA

Complaint History (GRACE LODGE ASSISTED LIVING)

Date Complaint Received: 01/02/2009

Date Investigation Completed: 03/02/2009

Subject Area(s)

Result

SOD #

OTHER

SUBSTANTIATED

NOT RECORDED

Date Complaint Received: 07/15/2008

Date Investigation Completed: 08/20/2008

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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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 04/01/2008 to 03/31/2011
Residential Care Apartment Complex (CERTIFIED)
COUNTY: ONEIDA

Facility Information

Facility Name: MILESTONE SENIOR APARTMENTS (0012217)
Address: 4686 NORTH SHORE DRIVE, RHINELANDER, WI 54501
License Status: REGULAR
Licensed/Certified/Registered 02/07/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105648 **End Date:** 02/04/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104820 **End Date:** 09/08/2009 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: ONEIDA

Complaint History (MILESTONE SENIOR APARTMENTS)

Date Complaint Received: 08/18/2009

Date Investigation Completed: 09/03/2009

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Residential Care Apartment Complex (CERTIFIED)
COUNTY: ONEIDA

Facility Information

Facility Name: ONE PENNY PLACE (0010388)
Address: 820 3RD AVENUE, WOODRUFF, WI 54568
License Status: REGULAR
Licensed/Certified/Registered 10/01/2001
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105007 **End Date:** 10/09/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103779 **End Date:** 03/30/2009 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: ONEIDA

Complaint History (ONE PENNY PLACE)

Date Complaint Received: 02/16/2009

Date Investigation Completed: 03/30/2009

Subject Area(s)

Result

SOD #

ADMISSION, TRANSFER & DISCHARGE

NOT SUBSTANTIATED

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