

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

COUNTY: POLK

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 31 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 Day Care Facility
COUNTY: POLK

Facility Information

Facility Name: ENDEAVORS ADULT DEVELOPMENT CENTER INC (0013651)

Address: 101 150TH ST, BALSAM LAKE, WI 54810

License Status: REGULAR

Licensed/Certified/Registered 11/09/2011

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

Survey History

Survey ID: 0109596 **End Date:** 11/09/2011 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 2 of 31 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
Adult Family Home
COUNTY: POLK

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC #066 (0013505)

Address: 514 FIRST AVE, BALSAM LAKE, WI 54810

License Status: REGULAR

Licensed/Certified/Registered 10/14/2010

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

Survey History

Survey ID: 0107306 **End Date:** 10/14/2010 **Type:** INITIAL **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC #034 (0011973)

Address: 312 SIXTH ST, CENTURIA, WI 54824

License Status: REGULAR

Licensed/Certified/Registered 06/05/2007

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

Survey History

Survey ID: 0108345 **End Date:** 04/11/2011 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103813 **End Date:** 04/01/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: HOPE ADULT FAMILY HOME AND RESPITE (0013609)

Address: 902 1ST ST, CENTURIA, WI 54824

License Status: REGULAR

Licensed/Certified/Registered 07/01/2011

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

Survey History

Survey ID: 0108855 **End Date:** 06/29/2011 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: AJS OPEN ARMS (0013749)
Address: 508 BENSON ROAD, FREDERIC, WI 54837
License Status: REGULAR
Licensed/Certified/Registered 06/08/2011
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0108677 **End Date:** 06/02/2011 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: ANGELS IN WAITING (0009761)
Address: 301 MAIN STREET W, MILLTOWN, WI 54858
License Status: REGULAR
Licensed/Certified/Registered 10/29/2002
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106140 **End Date:** 04/21/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105680 **End Date:** 01/06/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #87O011 Served 01/29/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	04/21/2010	Yes
50.065(2)(d)	MAINTAIN BACKGROUND INFORMATION	04/21/2010	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	04/21/2010	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	04/21/2010	Yes

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

Enforcement History (ANGELS IN WAITING)

Date: 01/25/2010 **SOD #87O011**

Enforcement Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

--Facility Compliant 04/21/2010

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

Facility Information

Facility Name: SEVENTH CHILD ADULT FAMILY & RESPITE HOME LLC (0012753)

Address: 2032A 170TH STREET, MILLTOWN, WI 54858

License Status: REGULAR

Licensed/Certified/Registered 06/10/2009

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

Survey History

Survey ID: 0109086 **End Date:** 08/17/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104194 **End Date:** 06/04/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: COMMUNITY HOMESTEAD-ALTAIR (0013610)
Address: 501-280TH ST, OSCEOLA, WI 54020
License Status: REGULAR
Licensed/Certified/Registered 02/14/2011
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0108069 **End Date:** 02/07/2011 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: COMMUNITY HOMESTEAD-BROWN HOUSE (0013612)

Address: 2797 CLOUTIER COURT, OSCEOLA, WI 54020

License Status: REGULAR

Licensed/Certified/Registered 02/14/2011

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

Survey History

Survey ID: 0108701 **End Date:** 02/07/2011 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: MORNING GLORY - COMMUNITY HOMESTEAD (0009682)

Address: 515A 280TH STREET, OSCEOLA, WI 54020

License Status: REGULAR

Licensed/Certified/Registered 05/16/2002

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

Survey History

Survey ID: 0107956 **End Date:** 02/07/2011 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103815 **End Date:** 04/01/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: PINE VIEW LLC (0012996)
Address: 301 MEADOW LARK LANE, OSCEOLA, WI 54020
License Status: REGULAR
Licensed/Certified/Registered 12/02/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0109433	End Date: 10/19/2011	Type: OTHER	Purpose: OTHER
Results: NO STATEMENT OF DEFICIENCY ISSUED			
<hr/>			
Survey ID: 0105326	End Date: 12/02/2009	Type: INITIAL	Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED			
<hr/>			

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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: POLK

Facility Information

Facility Name: RIVERBEND (0010999)

Address: 475 GOLFVIEW, AMERY, WI 54001

License Status: REGULAR

Licensed/Certified/Registered 03/01/2006

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

Survey History

Survey ID: 0106038 **End Date:** 03/29/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

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: POLK

Facility Information

Facility Name: SOPHIES MANOR ASSISTED LIVING II INC (0012368)

Address: 300 MICHIGAN AVE, CENTURIA, WI 54824

License Status: REGULAR

Licensed/Certified/Registered 06/01/2009

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

Survey History

Survey ID: 0104006 **End Date:** 05/05/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #4GPT11 Served 05/13/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: POLK

Facility Information

Facility Name: CLEAR LAKE MANOR (510357)
Address: 460 2ND AVENUE, CLEAR LAKE, WI 54005
License Status: REGULAR
Licensed/Certified/Registered 09/01/1997
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107052 **End Date:** 09/01/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105318 **End Date:** 12/02/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104644 **End Date:** 07/28/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #LEIK11 Served 08/15/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	10/31/2009	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	10/31/2009	Yes
83.45(1)(a)	EXTERIOR AREAS	10/31/2009	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	10/31/2009	Yes

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: POLK

Complaint History (CLEAR LAKE MANOR)

Date Complaint Received: 07/22/2010

Date Investigation Completed: 09/01/2010

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS
RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 11/30/2009

Date Investigation Completed: 12/02/2009

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS
ABUSE
PHYSICAL PLANTS & SAFETY HAZARDS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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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: POLK

Facility Information

Facility Name: COMFORTS OF HOME - FREDERIC (0010757)

Address: 105 E OAK ST, FREDERIC, WI 54837

License Status: REGULAR

Licensed/Certified/Registered 11/01/2005

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

Survey History

Survey ID: 0104617 **End Date:** 08/04/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103591 **End Date:** 03/16/2009 **Type:** OTHER **Purpose:** 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: POLK

Complaint History (COMFORTS OF HOME - FREDERIC)

Date Complaint Received: 02/27/2009

Date Investigation Completed: 03/16/2009

Subject Area(s)

RESIDENT RIGHTS
NUTRITION & FOOD SERVICES
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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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: POLK

Facility Information

Facility Name: FREDERIC COMFORTS OF HOME 2 (0013890)

Address: 107 EAST OAK STREET, FREDERIC, WI 54837

License Status: PROBATIONARY

Licensed/Certified/Registered 10/13/2011

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

Survey History

Survey ID: 0109397 **End Date:** 10/13/2011 **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: POLK

Facility Information

Facility Name: CHRISTIAN COMMUNITY HOME OF OSCEOLA (0013865)

Address: 2650 65TH AVENUE, OSCEOLA, WI 54020

License Status: PROBATIONARY

Licensed/Certified/Registered 11/01/2011

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

Survey History

Survey ID: 0109519 **End Date:** 10/27/2011 **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: POLK

Facility Information

Facility Name: COMFORTS OF HOME - ST CROIX II (0010569)

Address: 341 MCKENNEY ST, ST CROIX FALLS, WI 54024

License Status: REGULAR

Licensed/Certified/Registered 05/01/2004

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

Survey History

Survey ID: 0108974 **End Date:** 07/27/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105939 **End Date:** 03/10/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105598 **End Date:** 01/26/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104191 **End Date:** 06/10/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

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: POLK

Complaint History (COMFORTS OF HOME - ST CROIX II)

Date Complaint Received: 06/21/2011

Date Investigation Completed: 07/27/2011

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/11/2010

Date Investigation Completed: 03/10/2010

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
ADMISSION, TRANSFER & DISCHARGE
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

NOT RECORDED
NOT RECORDED

Date Complaint Received: 05/13/2009

Date Investigation Completed: 06/10/2009

Subject Area(s)

STAFF ADEQUACY

Result

NOT SUBSTANTIATED

SOD #

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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: POLK

Facility Information

Facility Name: COMFORTS OF HOME-ST CROIX FALLS I (0010062)

Address: 343 MCKENNEY STREET, ST CROIX FALLS, WI 54024

License Status: REGULAR

Licensed/Certified/Registered 12/01/2003

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

Survey History

Survey ID: 0108040 **End Date:** 02/16/2011 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105593 **End Date:** 01/26/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104189 **End Date:** 06/10/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

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: POLK

Complaint History (COMFORTS OF HOME-ST CROIX FALLS I)

Date Complaint Received: 01/06/2011

Date Investigation Completed: 02/16/2011

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
MEDICATIONS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/13/2009

Date Investigation Completed: 06/10/2009

Subject Area(s)

STAFF ADEQUACY

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Residential Care Apartment Complex (REGISTERED)
COUNTY: POLK

Facility Information

Facility Name: AMERY ASSTD LIV -RIVER BEND (0011001)
Address: 475 GOLF VIEW LANE, AMERY, WI 54001
License Status: REGULAR
Licensed/Certified/Registered 05/09/2005
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107955 **End Date:** 02/07/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107005 **End Date:** 08/31/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Residential Care Apartment Complex (REGISTERED)
COUNTY: POLK

Complaint History (AMERY ASSTD LIV -RIVER BEND)

Date Complaint Received: 12/13/2010

Date Investigation Completed: 02/07/2011

Subject Area(s)

Result

SOD #

ADMISSION, TRANSFER & DISCHARGE

NOT SUBSTANTIATED

Date Complaint Received: 07/02/2010

Date Investigation Completed: 08/31/2010

Subject Area(s)

Result

SOD #

PHYSICAL PLANTS & SAFETY HAZARDS

NOT SUBSTANTIATED

MEDICATIONS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Residential Care Apartment Complex (CERTIFIED)
COUNTY: POLK

Facility Information

Facility Name: EVERGREEN VILLAGE (0010556)
Address: 611 HARRIMAN AVE S, AMERY, WI 54001
License Status: REGULAR
Licensed/Certified/Registered 06/01/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104503 **End Date:** 07/22/2009 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Residential Care Apartment Complex (CERTIFIED)
COUNTY: POLK

Facility Information

Facility Name: ROYAL OAKS INC (THE) (0012793)
Address: 304 EIGHTH AVE E, OSCEOLA, WI 54020
License Status: REGULAR
Licensed/Certified/Registered 05/05/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0109836 **End Date:** 11/28/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TMQK11 Served 01/26/2012

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0108281 **End Date:** 04/04/2011 **Type:** OTHER **Purpose:** DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0108164 **End Date:** 03/09/2011 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #4U5L11 Served 03/16/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0103963 **End Date:** 05/05/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Residential Care Apartment Complex (CERTIFIED)
COUNTY: POLK

Complaint History (ROYAL OAKS INC (THE))

Date Complaint Received: 11/03/2011

Date Investigation Completed: 11/28/2011

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
MEDICATIONS	SUBSTANTIATED	TMQK11
ADMISSION, TRANSFER & DISCHARGE	SUBSTANTIATED	TMQK11

Date Complaint Received: 01/27/2011

Date Investigation Completed: 03/09/2011

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
MEDICATIONS	NOT SUBSTANTIATED	
ADMISSION, TRANSFER & DISCHARGE	NOT SUBSTANTIATED	

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Residential Care Apartment Complex (CERTIFIED)
COUNTY: POLK

Facility Information

Facility Name: ST CROIX VALLEY GOOD SAM APT COMPLEX (0011008)

Address: 750 LOUISANNA E, ST CROIX FALLS, WI 54024

License Status: REGULAR

Licensed/Certified/Registered 11/09/2006

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

Survey History

Survey ID: 0108454 **End Date:** 04/18/2011 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103814 **End Date:** 04/07/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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