

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

COUNTY: WASHBURN

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 43 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: WASHBURN

Facility Information

Facility Name: ALZHEIMERS DAY RESPITE PROGRAM (0010161)

Address: P O BOX 453, SPOONER, WI 54801

License Status: REGULAR

Licensed/Certified/Registered 06/01/2004

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

Survey History

Survey ID: 0107458 **End Date:** 11/11/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 43 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: WASHBURN

Facility Information

Facility Name: RAINBOWS END (0010739)
Address: W6954 - 30TH AVE, BARRONETT, WI 54813
License Status: REGULAR
Licensed/Certified/Registered 11/17/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103693 **End Date:** 03/27/2009 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 3 of 43 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: WASHBURN

Facility Information

Facility Name: PREMIER COUNTRY LIVING (0012703)

Address: 715 W HOKAH, MINONG, WI 54859

License Status: REGULAR

Licensed/Certified/Registered 01/28/2009

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

Survey History

Survey ID: 0108887 **End Date:** 07/12/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104161 **End Date:** 06/09/2009 **Type:** OTHER **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103339 **End Date:** 01/28/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 4 of 43 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: WASHBURN

Facility Information

Facility Name: SUNSET PINES (590110)
Address: N2565 CO HWY M, SARONA, WI 54870
License Status: REGULAR
Licensed/Certified/Registered 11/19/1986
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107808 **End Date:** 01/12/2011 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103267 **End Date:** 01/22/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 5 of 43 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: WASHBURN

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES #103 (0012849)

Address: 119 REINHART DR, SHELL LAKE, WI 54871

License Status: REGULAR

Licensed/Certified/Registered 06/05/2009

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

Survey History

Survey ID: 0108888 **End Date:** 07/12/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106970 **End Date:** 08/25/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #RECQ11 Served 09/01/2010

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

Survey ID: 0106083 **End Date:** 03/31/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NOWP11 Served 04/08/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	06/30/2010	Yes

This is Page 6 of 43 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: WASHBURN

Survey ID: 0105575 End Date: 01/20/2010 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104133 End Date: 06/04/2009 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 7 of 43 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: WASHBURN

Enforcement History (AURORA RESIDENTIAL ALTERNATIVES #103)

Date: 04/06/2010	SOD #NOWP11	Enforcement Appealed: No
<u>Sanctions</u>		
COMPLY WITH DEPARTMENT PLAN OF CORRECTION		--Facility Compliant 05/04/2010
PROVIDE TRAINING		--Facility Compliant 05/04/2010

This is Page 8 of 43 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: WASHBURN

Complaint History (AURORA RESIDENTIAL ALTERNATIVES #103)

Date Complaint Received: 07/19/2010

Date Investigation Completed: 08/25/2010

Subject Area(s)
RESIDENT RIGHTS
MEDICATIONS

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
RECQ11

Date Complaint Received: 03/15/2010

Date Investigation Completed: 03/30/2010

Subject Area(s)
ABUSE
MEDICATIONS

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
NOWP11
NOWP11

Date Complaint Received: 12/15/2009

Date Investigation Completed: 01/21/2010

Subject Area(s)
STAFF TRAINING AND PROFICIENCY
QUALITY OF LIFE

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 9 of 43 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: WASHBURN

Facility Information

Facility Name: AURORA RES ALTERNATIVES SPOONER 082 (590137)

Address: 525 BLACK BEAR AVENUE, SPOONER, WI 54801

License Status: REGULAR

Licensed/Certified/Registered 05/21/1997

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

Survey History

Survey ID: 0108344 **End Date:** 04/11/2011 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103555 **End Date:** 03/09/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 10 of 43 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: WASHBURN

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC #095 (0011335)

Address: 1140/1142 NORTHLAND RD, SPOONER, WI 54801

License Status: REGULAR

Licensed/Certified/Registered 03/03/2006

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

Survey History

Survey ID: 0109037 **End Date:** 08/09/2011 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105739 **End Date:** 02/10/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 11 of 43 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: WASHBURN

Complaint History (AURORA RESIDENTIAL ALTERNATIVES INC #095)

Date Complaint Received: 07/29/2011

Date Investigation Completed: 08/09/2011

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

This is Page 12 of 43 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: WASHBURN

Facility Information

Facility Name: DAGO SPRINGS (0011699)
Address: N5517 DAGO SPRINGS DR, SPOONER, WI 54801
License Status: REGULAR
Licensed/Certified/Registered 02/08/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107256 **End Date:** 09/30/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105741 **End Date:** 02/17/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104375 **End Date:** 07/08/2009 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 13 of 43 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: WASHBURN

Survey ID: 0103473 End Date: 01/21/2009 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #X6R813 Served 02/18/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.08	ARMED FORCES BACKGROUND SEARCHES	07/08/2009	Yes
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	07/08/2009	Yes
88.03(5)(b)	CHANGE IN HOUSEHOLD MEMBERS	07/08/2009	Yes
88.04(2)(a)	RESPONSIBILITIES	07/08/2009	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	07/08/2009	Yes

This is Page 14 of 43 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: WASHBURN

Enforcement History (DAGO SPRINGS)

Date: 02/09/2009

SOD #X6R813

Enforcement Appealed: No

Sanctions

NO NEW ADMISSIONS

--Facility Compliant 07/08/2009

This is Page 15 of 43 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: WASHBURN

Complaint History (DAGO SPRINGS)

Date Complaint Received: 09/16/2010

Date Investigation Completed: 09/30/2010

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

This is Page 16 of 43 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: WASHBURN

Facility Information

Facility Name: HARMON HOME (590109)
Address: 1109 HARMON, SPOONER, WI 54801
License Status: REGULAR
Licensed/Certified/Registered 09/30/1992
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107807 **End Date:** 01/12/2011 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103547 **End Date:** 03/09/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 17 of 43 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: WASHBURN

Facility Information

Facility Name: OAK VIEW ADULT FAMILY HOME CORP UNIT 2 (0013971)

Address: W6484 HILLTOP PARKWAY, SPOONER, WI 54801

License Status: REGULAR

Licensed/Certified/Registered 12/15/2011

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

Survey History

Survey ID: 0109702 **End Date:** 12/13/2011 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 18 of 43 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: WASHBURN

Facility Information

Facility Name: OAK VIEW ADULT FAMILY HOME CORP (0013629)

Address: W6472 HILLTOP PARKWAY, SPOONER, WI 54801

License Status: REGULAR

Licensed/Certified/Registered 03/01/2011

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

Survey History

Survey ID: 0108189 **End Date:** 03/10/2011 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 19 of 43 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: WASHBURN

Facility Information

Facility Name: PINE WOODS RESIDENTIAL (0010906)
Address: N5628 SHADY OAKS LANE, SPOONER, WI 54801
License Status: REGULAR
Licensed/Certified/Registered 03/29/2005
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106968 **End Date:** 08/25/2010 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 20 of 43 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: WASHBURN

Facility Information

Facility Name: ROCKY RIDGE ADULT FAMILY HOME (0013305)

Address: W9081 FOX RD, SPOONER, WI 54801

License Status: REGULAR

Licensed/Certified/Registered 06/01/2010

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

Survey History

Survey ID: 0106443 **End Date:** 06/11/2010 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 21 of 43 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: WASHBURN

Facility Information

Facility Name: SHADY ELMS (0013308)

Address: 919 THIRD ST, SPOONER, WI 54801

License Status: REGULAR

Licensed/Certified/Registered 07/05/2010

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

Survey History

Survey ID: 0106582 **End Date:** 06/30/2010 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 22 of 43 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: WASHBURN

Facility Information

Facility Name: SHADY OAKS (0013307)

Address: N5576 ROCKY RIDGE RD, SPOONER, WI 54870

License Status: REGULAR

Licensed/Certified/Registered 06/22/2010

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

Survey History

Survey ID: 0106546 **End Date:** 06/22/2010 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 23 of 43 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: WASHBURN

Facility Information

Facility Name: WHISPERING PINES (0010672)
Address: 800 COLLEGE STREET, SPOONER, WI 54801
License Status: REGULAR
Licensed/Certified/Registered 09/21/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107255 **End Date:** 09/30/2010 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 24 of 43 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: WASHBURN

Facility Information

Facility Name: YELLOW RIVER ADULT FAMILY HOME (0012842)

Address: W9441 YELLOW RIVER DR, SPOONER, WI 54801

License Status: REGULAR

Licensed/Certified/Registered 07/16/2009

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

Survey History

Survey ID: 0109116 **End Date:** 08/22/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104403 **End Date:** 07/16/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 25 of 43 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: WASHBURN

Facility Information

Facility Name: GLENVIEW SPECIAL CARE WING (0012418)

Address: 201 GLENVIEW LANE, SHELL LAKE, WI 54871

License Status: REGULAR

Licensed/Certified/Registered 06/01/2009

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

Survey History

Survey ID: 0108347 **End Date:** 04/05/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104499 **End Date:** 07/29/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103881 **End Date:** 04/08/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #468H11 Served 04/18/2009

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

This is Page 26 of 43 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: WASHBURN

Complaint History (GLENVIEW SPECIAL CARE WING)

Date Complaint Received: 07/21/2009

Date Investigation Completed: 07/29/2009

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

This is Page 27 of 43 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 AA (AMBULATORY)
COUNTY: WASHBURN

Facility Information

Facility Name: AIN DAH ING INC (510341)
Address: 704 N RIVER ST, SPOONER, WI 54801
License Status: REGULAR
Licensed/Certified/Registered 04/01/1981
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0109727 **End Date:** 11/28/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SU4112 Served 12/21/2011

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

Survey ID: 0109356 **End Date:** 10/06/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SU4111 Served 10/14/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	11/21/2011	Yes
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	11/21/2011	Yes

Survey ID: 0109292 **End Date:** 09/26/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 28 of 43 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 AA (AMBULATORY)

COUNTY: WASHBURN

Survey ID: 0108761 **End Date: 06/09/2011** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YQ4212 Served 06/23/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(c)	PROHIBITIONS AND EXCEPTIONS	09/26/2011	Yes
83.21(2)(a)	EXPLANATION OF RESIDENT RIGHTS	09/26/2011	Yes
83.21(3)	CORRECTIONAL CLIENTS	09/26/2011	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	09/26/2011	Yes

Survey ID: 0108342 **End Date: 03/31/2011** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0108341 **End Date: 03/28/2011** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YQ4211 Served 04/07/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	06/09/2011	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	09/26/2011	Yes

Survey ID: 0106946 **End Date: 08/09/2010** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #D0GC11 Served 09/08/2010

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

This is Page 29 of 43 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 AA (AMBULATORY)
COUNTY: WASHBURN

Survey ID: 0105538 End Date: 01/11/2010 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103570 End Date: 03/04/2009 Type: ABBREVIATED Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #XNL411 Served 03/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	04/01/2009	Yes
83.33(3)(f)1	UNDERSTANDS BENEFITS AND SIDE EFFECTS	04/01/2009	Yes

This is Page 30 of 43 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 AA (AMBULATORY)
COUNTY: WASHBURN

Enforcement History (AIN DAH ING INC)

Date: 12/20/2011 **SOD #SU4112** **Enforcement Appealed: Yes** **Decision: PENDING**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 02/20/2012
FORFEITURE---83.12(2)(a)

Date: 10/13/2011 **SOD #SU4111** **Enforcement Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT --Facility Compliant 11/28/2011
PROVIDE TRAINING --Facility Compliant 11/28/2011
FORFEITURE---50.065(2)(bm)
FORFEITURE---83.14(2)(j)

Date: 06/22/2011 **SOD #YQ4212** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.20(2)(c)
FORFEITURE---83.36(1)(b)

Date: 04/06/2011 **SOD #YQ4211** **Enforcement Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT --Facility Compliant 05/13/2011
PROVIDE TRAINING --Facility Compliant 05/13/2011
FORFEITURE---83.36(1)(B)

This is Page 31 of 43 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 AA (AMBULATORY)
COUNTY: WASHBURN

Complaint History (AIN DAH ING INC)

Date Complaint Received: 11/08/2011

Date Investigation Completed: 11/30/2011

Subject Area(s)

ADMINISTRATION
STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

SU4112

Date Complaint Received: 04/15/2011

Date Investigation Completed: 06/13/2011

Subject Area(s)

STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/28/2011

Date Investigation Completed: 03/31/2011

Subject Area(s)

RESIDENT RIGHTS
ADMISSION, TRANSFER & DISCHARGE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/19/2011

Date Investigation Completed: 03/28/2011

Subject Area(s)

SUPERVISION
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
QUALITY OF LIFE

Result

SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

YG4211
YQ4211

Date Complaint Received: 06/22/2010

Date Investigation Completed: 08/09/2010

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE

Result

SUBSTANTIATED

SOD #

D0GC11

Date Complaint Received: 12/08/2009

Date Investigation Completed: 01/11/2010

Subject Area(s)

SUPERVISION
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 32 of 43 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 AA (AMBULATORY)
COUNTY: WASHBURN

This is Page 33 of 43 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: WASHBURN

Facility Information

Facility Name: CARE PARTNERS ASSISTED LIVING LLC (0009048)

Address: W7184 GREEN VALLEY RD, SPOONER, WI 54801

License Status: REGULAR

Licensed/Certified/Registered 07/01/2001

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

Survey History

Survey ID: 0109245 **End Date:** 08/25/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NLIR11 Served 09/23/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(f)	PRIVACY	10/19/2011	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	10/19/2011	Yes
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS	10/19/2011	Yes

Survey ID: 0108534 **End Date:** 05/04/2011 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106897 **End Date:** 08/11/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #L0SU11 Served 08/24/2010

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

This is Page 34 of 43 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: WASHBURN

Survey ID: 0106146 **End Date: 04/15/2010** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104369 **End Date: 07/08/2009** **Type: STANDARD** **Purpose: SURVEY**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104052 **End Date: 05/20/2009** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103728 **End Date: 03/04/2009** **Type: OTHER** **Purpose: SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9RHY11 Served 03/26/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(n)4	FREE FROM PHYSICAL RESTRAINTS	04/01/2009	Yes

This is Page 35 of 43 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: WASHBURN

Enforcement History (CARE PARTNERS ASSISTED LIVING LLC)

Date: 09/21/2011 **SOD #NLIR11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT
PROVIDE TRAINING
FORFEITURE---50.09(1)(f)
FORFEITURE---83.32(3)(i)
FORFEITURE---83.35(1)(a)

Date: 03/23/2009 **SOD #9RHY11** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.21(4)(n)4

This is Page 36 of 43 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: WASHBURN

Complaint History (CARE PARTNERS ASSISTED LIVING LLC)

Date Complaint Received: 07/30/2011

Date Investigation Completed: 08/25/2011

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	NLIR11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	NLIR11
RESIDENT RIGHTS	SUBSTANTIATED	NLIR11
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	NLIR11

Date Complaint Received: 04/04/2011

Date Investigation Completed: 05/04/2011

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMISSION, TRANSFER & DISCHARGE	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

Date Complaint Received: 07/20/2010

Date Investigation Completed: 08/11/2010

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

Date Complaint Received: 07/13/2010

Date Investigation Completed: 08/11/2010

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
ADMISSION, TRANSFER & DISCHARGE	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	L0SU11

Date Complaint Received: 03/09/2010

Date Investigation Completed: 04/15/2010

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
MEDICATIONS	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
QUALITY OF LIFE	NOT SUBSTANTIATED	

This is Page 37 of 43 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: WASHBURN

This is Page 38 of 43 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: WASHBURN

Facility Information

Facility Name: COUNTRY TERRACE - SPOONER (0011535)

Address: N4810 HILL DR, SPOONER, WI 54801

License Status: REGULAR

Licensed/Certified/Registered 07/14/2006

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

Survey History

Survey ID: 0108532 **End Date:** 05/04/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106896 **End Date:** 08/12/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #VUH511 Served 08/24/2010

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

Survey ID: 0106136 **End Date:** 04/19/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104045 **End Date:** 05/20/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 39 of 43 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: WASHBURN

Survey ID: 0103730 End Date: 03/13/2009 Type: OTHER Purpose: SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BN6L11 Served 03/26/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	05/20/2009	Yes

This is Page 40 of 43 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: WASHBURN

Enforcement History (COUNTRY TERRACE - SPOONER)

Date: 03/23/2009

SOD #BN6L11

Enforcement Appealed: No

Sanctions

FORFEITURE---83.21(4)(p)

This is Page 41 of 43 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: WASHBURN

Complaint History (COUNTRY TERRACE - SPOONER)

Date Complaint Received: 07/23/2011

Date Investigation Completed: 08/12/2010

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

VUH511

Date Complaint Received: 04/04/2011

Date Investigation Completed: 05/04/2011

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 07/18/2010

Date Investigation Completed: 08/12/2010

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

VUH511

MEDICATIONS

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 03/09/2010

Date Investigation Completed: 04/19/2010

Subject Area(s)

Result

SOD #

MEDICATIONS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

QUALITY OF LIFE

NOT SUBSTANTIATED

Date Complaint Received: 04/20/2009

Date Investigation Completed: 05/20/2009

Subject Area(s)

Result

SOD #

NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED

MEDICATIONS

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

STAFF ADEQUACY

NOT SUBSTANTIATED

This is Page 42 of 43 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
Residential Care Apartment Complex (REGISTERED)
COUNTY: WASHBURN

Facility Information

Facility Name: GLENVIEW (0010257)

Address: 201 GLENVIEW LANE, SHELL LAKE, WI 54871

License Status: REGULAR

Licensed/Certified/Registered 01/01/1998

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

Survey History

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

This is Page 43 of 43 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.