

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

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Wood County.

The report is a PDF (Adobe Acrobat) document and includes a total of 11 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 Family Home
COUNTY: WOOD

Facility Information

Facility Name: COUNTRY VIEW ASSISTED LIVING (0013466)
Address: 8679 HWY 186, ARPIN, WI 54410
License Status: REGULAR
Licensed/Certified/Registered 09/16/2010
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0107139 **End Date:** 09/16/2010 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 2 of 11 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Facility Information

Facility Name: MURPHY ADULT FAMILY HOME (0009155)
Address: 5194 TOWER DRIVE, AUBURNDALE, WI 54412
License Status: REGULAR
Licensed/Certified/Registered 12/27/2000
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0106796 **End Date:** 07/07/2010 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #Y4N011 Served 08/16/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

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

Complaint History (MURPHY ADULT FAMILY HOME)

Date Complaint Received: 06/27/2010

Date Investigation Completed: 07/07/2010

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

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Adult Family Home
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Facility Information

Facility Name: SMITH FAMILY HOME (690085)
Address: 10477 HOPE TRAIL, AUBURNDALE, WI 54412
License Status: REGULAR
Licensed/Certified/Registered 10/23/1997
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

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

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Adult Family Home
COUNTY: WOOD

Facility Information

Facility Name: SMITHS COUNTRY LIVING (0011288)
Address: 10478 HOPE TRAIL, AUBURNDALE, WI 54412
License Status: REGULAR
Licensed/Certified/Registered 04/19/2008
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0105084 **End Date:** 10/21/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: ASPEN ASSISTED LIVING (0009485)
Address: 343 WOOD AVENUE, NEKOOSA, WI 54457
License Status: REGULAR
Licensed/Certified/Registered 10/24/2001
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102506 **End Date:** 09/11/2008 **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
Adult Family Home
COUNTY: WOOD

Facility Information

Facility Name: LIBERTY HOME ASSISTED LIVING (0010142)
Address: 109 4TH STREET, NEKOOSA, WI 54457
License Status: REGULAR
Licensed/Certified/Registered 09/01/2003
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103699 **End Date:** 03/26/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Adult Family Home
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Complaint History (LIBERTY HOME ASSISTED LIVING)

Date Complaint Received: 02/27/2009

Date Investigation Completed: 03/18/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
ADMISSION, TRANSFER & DISCHARGE	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

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Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES #096 (0013292)

Address: 5307 6TH AVE, PITTSVILLE, WI 54466

License Status: REGULAR

Licensed/Certified/Registered 05/18/2010

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0106275 **End Date:** 05/06/2010 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Adult Family Home
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Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES #196 (0013293)

Address: 5311 6TH AVE, PITTSVILLE, WI 54466

License Status: REGULAR

Licensed/Certified/Registered 05/18/2010

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0106280 **End Date:** 05/06/2010 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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