

## Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

### Notes

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

**The report includes only facilities located within the City of CHIPPEWA FALLS. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 36.00 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 8/6/2017 to 8/5/2020

Adult Family Home

### Facility Information

**Facility Name:** ACE FAMILY HOMES LLC 11658 SIDE (0017392)

**Address:** 11658 40TH AVE, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/19/2019 12:00:00AM

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0130610    **End Date:** 6/19/2019    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Adult Family Home

### Facility Information

**Facility Name:** ACE FAMILY HOMES LLC 11660 SIDE (0017391)

**Address:** 11660 40TH AVE, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/19/2019 12:00:00AM

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0130609      **End Date:** 6/19/2019      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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### Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Adult Family Home

#### Facility Information

**Facility Name:** AURORA RESIDENTIAL ALTERNATIVES INC #044 (0014113)

**Address:** 6939 CO HWY T, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/3/2012 12:00:00AM

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

#### Survey History

**Survey ID:** 0126808    **End Date:** 5/23/2018    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0126750    **End Date:** 5/8/2018    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #7IT411    Served 5/17/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	5/23/18	Yes

#### Complaint History (AURORA RESIDENTIAL ALTERNATIVES INC #044--0014113)

**Date Complaint Received:** 4/25/2018

**Date Investigation Completed:** 5/8/2018

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Adult Family Home

### Facility Information

**Facility Name:** FORSTER AFH (0015009)

**Address:** 21 WELL STREET, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/28/2014 12:00:00AM

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0130080    **End Date:** 4/30/2019    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0129964    **End Date:** 4/19/2019    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #4EJX11    Served 4/26/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	4/30/19	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	4/30/19	Yes
88.05(6)(a)	HOUSEHOLD PETS	4/30/19	Yes

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## Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Adult Family Home

### Facility Information

**Facility Name:** GUDMANSON AFH (0016548)

**Address:** 620 SUPERIOR STREET, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/10/2017 12:00:00AM

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0130214      **End Date:** 5/9/2019      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Adult Family Home

### Facility Information

**Facility Name:** IMPECKABLE CARE INC (0014780)

**Address:** 19082 40TH AVENUE, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/14/2013 12:00:00AM

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0132618    **End Date:** 1/29/2020    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0126598    **End Date:** 4/26/2018    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0125891    **End Date:** 12/19/2017    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #Q53011    Served 2/15/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	4/26/18	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	4/26/18	Yes
88.05(3)(a)	HOME ENVIRONMENT	4/26/18	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	4/26/18	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	4/26/18	Yes
88.09(1)(a)	RESIDENT RECORDS	4/26/18	Yes
88.10(3)(m)	FREEDOM FROM ABUSE	4/26/18	Yes
88.10(3)(q)	MEDICATIONS	4/26/18	Yes

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### Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Adult Family Home

#### Enforcement History (IMPECKABLE CARE INC--0014780)

**Date:** 2/9/2018      **SOD #**Q53011      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

#### Complaint History (IMPECKABLE CARE INC--0014780)

**Date Complaint Received:** 11/21/2017

**Date Investigation Completed:** 12/19/2017

Subject Area(s)  
RESIDENT RIGHTS

Result  
SUBSTANTIATED

SOD #  
Q53011

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## Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Adult Family Home

### Facility Information

**Facility Name:** INDEPENDENT OUTLOOK 1 (0015607)

**Address:** 5093 160TH STREET, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/31/2015 12:00:00AM

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0131219      **End Date:** 8/14/2019      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Adult Family Home

### Facility Information

**Facility Name:** INDEPENDENT OUTLOOK 2 (0015608)

**Address:** 16389 61ST AVENUE, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/1/2015 12:00:00AM

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0130284    **End Date:** 5/20/2019    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0130162    **End Date:** 5/3/2019    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #23S311    Served 5/9/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	5/20/19	Yes

**Survey ID:** 0126751    **End Date:** 5/15/2018    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Adult Family Home

Survey ID: 0126134    End Date: 1/29/2018    Type: OTHER    Purpose: SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #V2ZT11    Served 3/8/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(3)(l)	BEDROOMS-PRIVACY	5/15/18	Yes
88.06(3)(f)	REVIEW OF ISP	5/15/18	Yes
88.10(3)(b)	PRIVACY	5/15/18	Yes

#### Enforcement History (INDEPENDENT OUTLOOK 2--0015608)

Date: 3/6/2018    SOD #V2ZT11    Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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## Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Adult Family Home

### Facility Information

**Facility Name:** INDEPENDENT OUTLOOK 3 (0015609)

**Address:** 5034 174TH STREET, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/1/2015 12:00:00AM

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0131284    **End Date:** 8/26/2019    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0131226    **End Date:** 8/14/2019    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #NKEP11    Served 8/20/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(m)	2 EXITS TO GRADE-BEDROOMS IN BASEMENT	8/26/19	Yes

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## Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Adult Family Home

### Facility Information

**Facility Name:** INDEPENDENT OUTLOOK INC HOUSE 4 (0018052)

**Address:** 7190 COUNTY HIGHWAY K, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/20/2020 12:00:00AM

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0133095      **End Date:** 3/20/2020      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Adult Family Home

### Facility Information

**Facility Name:** MAKE A DIFFERENCE HOMES 16107 CTY HWY OO (0015840)

**Address:** 16107 CTY HWY OO, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/15/2015 12:00:00AM

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0125234    **End Date:** 11/9/2017    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Adult Family Home

#### Facility Information

**Facility Name:** MAKE A DIFFERENCE HOMES 4133 130TH ST (0016491)

**Address:** 4133 130TH ST, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/15/2017 12:00:00AM

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

#### Survey History

**Survey ID:** 0129631    **End Date:** 3/26/2019    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0129523    **End Date:** 3/6/2019    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #XY3Q11    Served 3/15/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP	3/26/19	Yes

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## Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Adult Family Home

### Facility Information

**Facility Name:** MAKE A DIFFERENCE HOMES 4135 130TH ST (0016492)

**Address:** 4135 130TH ST, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/15/2017 12:00:00AM

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0129514      **End Date:** 3/6/2019      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Adult Family Home

### Facility Information

**Facility Name:** MAKE A DIFFERENCE HOMES 4320 132ND ST (0015309)

**Address:** 4320 132ND STREET, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/9/2014 12:00:00AM

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0131220      **End Date:** 8/13/2019      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Adult Family Home

### Facility Information

**Facility Name:** MAKE A DIFFERENCE HOMES BRIDGEWATER (0014678)

**Address:** 434 BRIDGEWATER AVE, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 7/15/2013 12:00:00AM

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0127273    **End Date:** 6/27/2018    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0126853    **End Date:** 4/19/2018    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #45HD11    Served 5/29/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	6/27/18	Yes
88.07(3)(c)	MEDICATION ASSISTANCE	6/27/18	Yes
88.09(1)(a)	RESIDENT RECORDS	6/27/18	Yes

### Enforcement History (MAKE A DIFFERENCE HOMES BRIDGEWATER--0014678)

**Date:** 5/29/2018    **SOD #**45HD11    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

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## Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Adult Family Home

### Facility Information

**Facility Name:** MAKE A DIFFERENCE HOMES LLC (0014333)

**Address:** 4322 132ND STREET, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/1/2012 12:00:00AM

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0125938    **End Date:** 2/14/2018    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0125856    **End Date:** 1/29/2018    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #2SDT11    Served 2/8/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(d)	MEDICATION- WRITTEN ORDER	2/14/18	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	2/14/18	Yes

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## Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Adult Family Home

### Facility Information

**Facility Name:** NORTHWEST PATHWAYS TO INDEPENDENCE 10 (0013550)

**Address:** 5729 166TH STREET, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/15/2010 12:00:00AM

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0129605    **End Date:** 3/14/2019    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0128288    **End Date:** 8/27/2018    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #YB5E11    Served 10/10/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)1	FIRE SAFETY EVACUATION PLAN	3/14/19	Yes
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	3/14/19	Yes
88.06(3)(f)	REVIEW OF ISP	3/14/19	Yes
88.07(2)(a)	SERVICES	3/14/19	Yes
88.09(1)(a)	RESIDENT RECORDS	3/14/19	Yes

### Enforcement History (NORTHWEST PATHWAYS TO INDEPENDENCE 10--0013550)

**Date:** 10/10/2018    **SOD #**YB5E11    **Appealed:** No

Sanctions

OTHER SANCTION

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## Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Adult Family Home

### Facility Information

**Facility Name:** NORTHWEST PATHWAYS TO INDEPENDENCE 2 (0013362)

**Address:** 7338 - 203RD ST, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 7/15/2010 12:00:00AM

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0127227      **End Date:** 6/15/2018      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Adult Family Home

### Facility Information

**Facility Name:** NORTHWEST PATHWAYS TO INDEPENDENCE 5 (0014813)

**Address:** 4127 113TH STREET, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/14/2013 12:00:00AM

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0128500    **End Date:** 11/7/2018    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0128490    **End Date:** 10/19/2018    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #17VW11    Served 11/6/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(a)	FAIR TREATMENT	11/7/18	Yes

**Survey ID:** 0127200    **End Date:** 6/22/2018    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Adult Family Home

**Survey ID:** 0127036    **End Date:** 6/7/2018    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #KLJT11    Served 6/12/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	6/22/18	Yes

#### Complaint History (NORTHWEST PATHWAYS TO INDEPENDENCE 5--0014813)

**Date Complaint Received:** 10/10/2018

**Date Investigation Completed:** 10/19/2018

Subject Area(s)  
RESIDENT RIGHTS

Result  
SUBSTANTIATED

SOD #  
17VW11

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## Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Adult Family Home

### Facility Information

**Facility Name:** PLEASURES OF HOME INC II (0011633)

**Address:** 12282-120TH AVE, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/8/2006 12:00:00AM

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0132789    **End Date:** 2/25/2020    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0132673    **End Date:** 2/3/2020    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #CVUZ11    Served 2/15/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	2/25/20	Yes
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	2/25/20	Yes
88.05(3)(a)	HOME ENVIRONMENT	2/25/20	Yes
88.10(3)(b)	PRIVACY	2/25/20	Yes

**Survey ID:** 0126522    **End Date:** 4/5/2018    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Adult Family Home

#### Complaint History (PLEASURES OF HOME INC II--0011633)

**Date Complaint Received: 1/7/2020**

**Date Investigation Completed: 2/3/2020**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	CVUZ11
PROGRAM SERVICES	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

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### Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Adult Family Home

#### Facility Information

**Facility Name:** REM WISSOTA A (0014413)

**Address:** 20376 72ND AVENUE A, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/4/2012 12:00:00AM

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

#### Survey History

**Survey ID:** 0125915    **End Date:** 2/13/2018    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0125849    **End Date:** 1/30/2018    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #K8D711    Served 2/7/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(1)	SAFE PHYSICAL ENVIRONMENT	2/13/18	Yes

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## Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Adult Family Home

### Facility Information

**Facility Name:** REM WISSOTA B (0014412)

**Address:** 20376 72ND AVENUE B, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/8/2013 12:00:00AM

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0124562    **End Date:** 9/26/2017    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (REM WISSOTA B--0014412)

**Date Complaint Received:** 9/15/2017

**Date Investigation Completed:** 9/26/2017

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Adult Family Home

### Facility Information

**Facility Name:** SECOND SPRINGS AFH (0014049)

**Address:** 5472 178TH STREET, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/1/2013 12:00:00AM

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0126391      **End Date:** 4/2/2018      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Adult Family Home

### Facility Information

**Facility Name:** VALLEYVIEW ADULT FAMILY HOME LLC (0014367)

**Address:** 2585 126TH STREET, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/27/2012 12:00:00AM

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0126381      **End Date:** 3/29/2018      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Adult Family Home

### Facility Information

**Facility Name:** VEDDER ADULT FAMILY HOME (0017231)

**Address:** 13784 CTY HWY OO, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/1/2018 12:00:00AM

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0127922    **End Date:** 8/23/2018    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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### Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Adult Family Home

#### Facility Information

**Facility Name:** WESTRIDGE (590134)

**Address:** 3841 96TH STREET, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/13/1997 12:00:00AM

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

#### Survey History

**Survey ID:** 0127444    **End Date:** 7/11/2018    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0126867    **End Date:** 4/10/2018    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #6TPJ11    Served 5/30/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	7/11/18	Yes
88.06(3)(d)1	DESCRIPTION OF SERVICES	7/11/18	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	7/11/18	Yes

#### Enforcement History (WESTRIDGE--590134)

**Date:** 5/30/2018    **SOD #**6TPJ11    **Appealed:** No

Sanctions

OTHER SANCTION

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## Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Adult Family Home

### Facility Information

**Facility Name:** WOODWARD LANE (590112)

**Address:** 3142 CO HWY P, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/1/1996 12:00:00AM

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0130585      **End Date:** 6/7/2019      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Adult Family Home

#### Facility Information

Facility Name: YOUR HOME INC #2 (0013544)

Address: 12058 125TH ST, CHIPPEWA FALLS, WI 54729

License Status: REGULAR

Licensed/Certified/Registered 11/9/2010 12:00:00AM

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

#### Survey History

Survey ID: 0131776 End Date: 10/17/2019 Type: OTHER Purpose: DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131503 End Date: 8/8/2019 Type: OTHER Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TD8X12 Served 9/18/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	10/17/19	Yes

Survey ID: 0130946 End Date: 7/18/2019 Type: OTHER Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TD8X11 Served 7/26/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	8/8/19	No

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### Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Adult Family Home

**Survey ID:** 0130582    **End Date:** 3/28/2019    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #C2HW11    Served 6/18/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		

#### Enforcement History (YOUR HOME INC #2--0013544)

**Date:** 9/18/2019    **SOD #**TD8X12    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

**Date:** 7/26/2019    **SOD #**TD8X11    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

**Date:** 6/18/2019    **SOD #**C2HW11    **Appealed:** No

Sanctions

OTHER SANCTION

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## Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Adult Family Home

### Facility Information

**Facility Name:** YOUR HOME INC (0013019)

**Address:** 12022-125TH ST, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/20/2009 12:00:00AM

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0127319    **End Date:** 6/7/2018    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0125824    **End Date:** 2/1/2018    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0125806    **End Date:** 12/20/2017    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #MKMZ11 Served 2/1/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	6/7/18	Yes
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	6/7/18	Yes
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	6/7/18	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	6/7/18	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	6/7/18	Yes
88.05(4)(d)1	FIRE SAFETY EVACUATION PLAN	6/7/18	Yes

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**Provider Inspection Summary**

For the period 8/6/2017 to 8/5/2020

Adult Family Home

88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	6/7/18	Yes
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS	6/7/18	Yes
88.10(5)(c)4	INFORMATION ABOUT ADVOCACY ORGANIZATION	6/7/18	Yes

**Enforcement History (YOUR HOME INC--0013019)**

**Date:** 2/1/2018      **SOD #** MKMZ11      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
 COMPLY WITH REQUIREMENT

**Complaint History (YOUR HOME INC--0013019)**

**Date Complaint Received:** 1/23/2018      **Date Investigation Completed:** 2/1/2018

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

**Date Complaint Received:** 10/26/2017      **Date Investigation Completed:** 12/20/2017

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	MKMZ11

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