Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Eau Claire County. The report includes only facilities located within the City of EAU CLAIRE. 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 62.00 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.
Facility Information

Facility Name: AMBERS NATURE VIEW (0014175)
Address: 501 WEST HAMILTON AVE, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 5/21/2012 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0131154  End Date: 8/14/2019  Type: OTHER  Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131026  End Date: 7/26/2019  Type: ABBREVIATED  Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #HXKG11  Served 8/3/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.05(3)(e)2.b</td>
<td>INSPECTIONS-GAS FURNACE</td>
<td>Verified: 8/14/19</td>
</tr>
</tbody>
</table>

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.
Facility Information

Facility Name: APPLE VALLEY HOME (0012299)
Address: 6700 HWY 53, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 3/1/2008 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0131022 End Date: 7/30/2019 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 083 (0009007)
Address: 7736 NINE MILE CREEK ROAD, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 5/26/2000 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0124004 End Date: 8/16/2017 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 115 (0008987)
Address: 1522 HOWARD AVENUE, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 5/30/2000 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History
Survey ID: 0123221 End Date: 5/4/2017 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (AURORA RES ALTERNATIVES INC 115–0008987)
Date Complaint Received: 4/12/2017 Date Investigation Completed: 5/9/2017
Subject Area(s) Result SOD #
RESIDENT RIGHTS NOT SUBSTANTIATED

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.
Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC #069 (0017371)
Address: 912 W SHOREWOOD DR, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 1/14/2019 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0129046  End Date: 1/14/2019  Type: INITIAL  Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC #071 (0017581)
Address: 914 W SHOREWOOD DR, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 6/11/2019 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0130525 End Date: 6/11/2019 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
## Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC #116 (0010687)
Address: 1616 FOLSOM STREET, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 10/19/2004 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

## Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>0132318</td>
<td>1/8/2020</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0132273</td>
<td>12/10/2019</td>
<td>STANDARD</td>
<td>SURVEY</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Statement of Deficiency: #YV9T11 Served 1/2/2020</td>
</tr>
<tr>
<td>0126405</td>
<td>4/4/2018</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDIVIDUAL SERVICE PLAN &amp; ASSESSMENT</td>
<td>Verified</td>
</tr>
<tr>
<td></td>
<td>1/8/20</td>
</tr>
<tr>
<td></td>
<td>Corrected</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>
Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

Survey ID: 0125779  End Date: 12/27/2017  Type: STANDARD  Purpose: SURVEY
Results: ENFORCEMENT ACTION

Statement of Deficiency: #RGX011  Served 1/30/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td>4/4/18</td>
</tr>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>4/4/18</td>
</tr>
<tr>
<td>88.07(3)(c)</td>
<td>MEDICATION ASSISTANCE</td>
<td>4/4/18</td>
</tr>
</tbody>
</table>

Enforcement History (AURORA RESIDENTIAL ALTERNATIVES INC #116--0010687)

Date: 1/29/2018  SOD #RGX011  Appealed: No

Sanctions
OTHER SANCTION

This is Page 9 of 62 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.
## Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC #85 (0010596)
Address: 1500 S EDGATER WATER DRIVE, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 5/28/2004 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

## Survey History

Survey ID: 0124008    End Date: 8/16/2017    Type: ABBREVIATED    Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: BRIDGE TO INDEPENDENCE KEITH HOUSE (0014924)
Address: 1010 KEITH STREET, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 1/1/2014 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0128925 End Date: 1/4/2019 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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.
Facility Information

Facility Name: BROTOLOC NORTH ABBE HILL (0015547)
Address: 2119 ABBE HILL, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 3/2/2015 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0122764   End Date: 3/16/2017   Type: STANDARD   Purpose: SURVEY
Results:   NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: BROTOLOC NORTH HASTINGS VIEW (0014377)
Address: 813 ZEPHIR HILL, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 11/5/2012 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0129513       End Date: 3/12/2019       Type: ABBREVIATED       Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (BROTOLOC NORTH HASTINGS VIEW--0014377)

<table>
<thead>
<tr>
<th>Date Complaint Received: 3/5/2019</th>
<th>Date Investigation Completed: 3/12/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
</tr>
</tbody>
</table>

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.
### Facility Information

Facility Name: BROTOLOC NORTH WEST WIND (0014378)
Address: 815 ZEPHYR HILL, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered: 10/19/2012 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

Survey ID: 0129510   End Date: 3/12/2019   Type: ABBREVIATED   Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

---

*This is Page 14 of 62 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.*
Facility Information

Facility Name: BTI MCIVOR HOUSE (0013285)
Address: 3436 MCIVOR ST, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 5/25/2010 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>0131926</td>
<td>10/29/2019</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0128902</td>
<td>1/2/2019</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0128750</td>
<td>12/7/2018</td>
<td>STANDARD</td>
<td>SURVEY</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

Statement of Deficiency:

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.05(3)(e)2.b</td>
<td>INSPECTIONS-GAS FURNACE</td>
<td>1/2/19</td>
</tr>
<tr>
<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
<td>1/2/19</td>
</tr>
</tbody>
</table>

Verified: Yes  Corrected: Yes

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 2/9/2017 to 2/9/2020
Adult Family Home

Complaint History (BTI MCIVOR HOUSE--0013285)

<table>
<thead>
<tr>
<th>Date Complaint Received: 9/29/2019</th>
<th>Date Investigation Completed: 10/29/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>STAFF TRAINING AND PROFICIENCY</td>
<td>NOT SUBSTANTIATED</td>
</tr>
</tbody>
</table>

This is Page 16 of 62 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.
Facility Information

Facility Name: DEARWOOD LLC (0011643)
Address: 2011 N 60TH AVE, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 10/24/2006 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0132268  End Date: 12/6/2019  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130941  End Date: 5/10/2019  Type: ABBREVIATED  Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #YD7F11 Served 7/27/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>50.065(2)(d)</td>
<td>MAINTAIN BACKGROUND INFORMATION</td>
<td>12/6/19</td>
</tr>
<tr>
<td>50.065(3)(b)</td>
<td>COMPLETE BACKGROUND CHECK PROCESS</td>
<td>12/6/19</td>
</tr>
<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>12/6/19</td>
</tr>
<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td>12/6/19</td>
</tr>
</tbody>
</table>

Enforcement History (DEARWOOD LLC--0011643)

Date: 7/25/2019  SOD #YD7F11  Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

This is Page 17 of 62 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.
### Complaint History (DEARWOOD LLC--0011643)

<table>
<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/1/2019</td>
<td>5/10/2019</td>
<td>STAFF TRAINING AND PROFICIENCY</td>
<td>SUBSTANTIATED</td>
<td>YD7F11</td>
</tr>
</tbody>
</table>
Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: FOLSOM REM WISCONSIN III INC (0016640)
Address: 2111 FOLSOM ST, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 7/25/2017 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0132275  End Date: 12/6/2019  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131258  End Date: 6/20/2019  Type: STANDARD  Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #C0PI11 Served 8/22/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
<td>12/6/19  Yes</td>
</tr>
<tr>
<td>88.07(2)(a)</td>
<td>SERVICES</td>
<td>12/6/19  Yes</td>
</tr>
<tr>
<td>88.07(4)(c)</td>
<td>FOOD PREPARED AND STORED SANITARY WAY</td>
<td>12/6/19  Yes</td>
</tr>
</tbody>
</table>

Survey ID: 0123827  End Date: 7/25/2017  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 19 of 62 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.
<table>
<thead>
<tr>
<th>Date</th>
<th>SOD #</th>
<th>Appealed</th>
<th>Sanctions</th>
<th>OTHER SANCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/22/2019</td>
<td>C0PI11</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Facility Information

Facility Name: GCBK GROUP HOME INC (0011061)
Address: 2821 BEVERLY HILLS DR, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 9/7/2005 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0131609   End Date: 9/20/2019   Type: OTHER   Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131018   End Date: 7/26/2019   Type: ABBREVIATED   Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #GCEP11 Served 8/3/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.05(3)(I)</td>
<td>BEDROOMS-PRIVACY</td>
<td>9/20/19</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Survey ID: 0122648   End Date: 3/9/2017   Type: OTHER   Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

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.
Survey ID: 0122487  End Date: 2/14/2017  Type: ABBREVIATED  Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #RC3211

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>50.065(2)(b)intro</td>
<td>ENTITY BACKGROUND CHECK REQUIREMENTS</td>
<td>Verified: 3/9/17, Corrected: Yes</td>
</tr>
<tr>
<td>50.065(3)(b)</td>
<td>COMPLETE BACKGROUND CHECK PROCESS</td>
<td>Verified: 3/9/17, Corrected: Yes</td>
</tr>
<tr>
<td>88.05(2)(a)</td>
<td>DIFFICULTY WALKING</td>
<td>Verified: 3/9/17, Corrected: Yes</td>
</tr>
<tr>
<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
<td>Verified: 3/9/17, Corrected: Yes</td>
</tr>
</tbody>
</table>

Enforcement History (GCBK GROUP HOME INC--0011061)

Date: 8/2/2019  SOD #GCEP11  Appealed: No

Sanctions
OTHER SANCTION

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.

This is Page 22 of 62 total pages. If printing this report ensure that your printer is set to print only the desired pages.
Facility Information

Facility Name: GRATUS AT SHADY GROVE (0017689)
Address: 2914 & 2916 SHADY GROVE RD, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 10/1/2019 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0131601   End Date: 10/1/2019   Type: ABBREVIATED   Purpose: CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: GRATUS AT UPNORTH (0017684)
Address: 3041 KILBOURNE AVE, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 10/1/2019 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0131599 End Date: 10/1/2019 Type: ABBREVIATED Purpose: CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED
**Provider Inspection Summary**

For the period 2/9/2017 to 2/9/2020

Adult Family Home

---

### Facility Information

Facility Name:  HILLVIEW HOME (0016166)
Address:  2220 ORCHARD PLACE, EAU CLAIRE, WI 54703
License Status:  REGULAR
Licensed/Certified/Registered 8/1/2016  12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

---

### Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>0129940</td>
<td>4/18/2019</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0128626</td>
<td>11/27/2018</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0128586</td>
<td>11/16/2018</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

**Statement of Deficiency:**  
#23JL11  Served 11/20/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area RESPONSIBILITIES</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(2)(a)</td>
<td></td>
<td>11/27/18</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>0128478</td>
<td>11/2/2018</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

---

**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 2/9/2017 to 2/9/2020

Adult Family Home

### Survey ID: 0127647  End Date: 7/12/2018  Type: STANDARD  Purpose: SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #RT9E11 Served 8/6/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>50.065(2)(d)</td>
<td>MAINTAIN BACKGROUND INFORMATION</td>
<td>Verified 11/2/18, Corrected Yes</td>
</tr>
<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>Verified 11/2/18, Corrected Yes</td>
</tr>
<tr>
<td>88.05(4)(b)</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
<td>Verified 11/2/18, Corrected Yes</td>
</tr>
<tr>
<td>88.05(4)(d)</td>
<td>SEMI-ANNUAL FIRE DRILLS</td>
<td>Verified 11/2/18, Corrected Yes</td>
</tr>
<tr>
<td>88.06(2)(a)</td>
<td>ADMISSION-HEALTH EXAM</td>
<td>Verified 11/2/18, Corrected Yes</td>
</tr>
<tr>
<td>88.06(2)(b)</td>
<td>SERVICE AGREEMENT EXCEPT RESPITE</td>
<td>Verified 11/2/18, Corrected Yes</td>
</tr>
</tbody>
</table>

### Survey ID: 0123423  End Date: 6/7/2017  Type: OTHER  Purpose: COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**Enforcement History (HILLVIEW HOME--0016166)**

- **Date:** 8/1/2018  **SOD #RT9E11**  **Appealed:** No

- **Sanctions**
  - COMPLY WITH DEPARTMENT PLAN OF CORRECTION
  - COMPLY WITH REQUIREMENT

---

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 2/9/2017 to 2/9/2020

Adult Family Home

<table>
<thead>
<tr>
<th>Date Complaint Received:  4/2/2019</th>
<th>Date Investigation Completed:  4/18/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>SOD #</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Complaint Received:  5/31/2017</th>
<th>Date Investigation Completed:  6/7/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>ADMINISTRATION</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>SOD #</td>
<td></td>
</tr>
</tbody>
</table>

---

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.
Facility Information

Facility Name: JULIUS REM WISCONSIN III INC (0017069)
Address: 6977 JULIUS DR, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 4/3/2018 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0126445   End Date: 4/3/2018   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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.
Facility Information

Facility Name: LEXINGTON PALACE (0012764)
Address: 710 LEXINGTON BLVD, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 3/20/2009 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0122636   End Date: 3/2/2017   Type: ABBREVIATED   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey History

No survey activity during the period 2/9/17 to 2/9/20
Facility Information

Facility Name: LONDON RAILS AFH (0016610)
Address: 4014/4016 LONDON ROAD, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 4/13/2017 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0131604 End Date: 9/20/2019 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130906 End Date: 5/1/2019 Type: STANDARD Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #7HST11 Served 7/29/2019

Survey ID: 0123013 End Date: 4/13/2017 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (LONDON RAILS AFH--0016610)
Date: 7/24/2019 SOD #7HST11 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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.
Facility Information

Facility Name: LUTHERAN SOCIAL SERVICES OF WI AND UP MIDWAY CRISI (0016029)
Address: 3359 MIDWAY ST, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 5/9/2016 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0126553  End Date: 4/19/2018  Type: STANDARD  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: MARCIE CARES LLC (0015817)
Address: 1024 PERSHING STREET, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 9/2/2015 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0124308 End Date: 9/14/2017 Type: STANDARD Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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.
Facility Information

Facility Name: MCMAHON HOME (590091)
Address: 3555 CURVUE ROAD, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 9/1/1996 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0131320 End Date: 8/22/2019 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED
## Facility Information

Facility Name: MIKE WILSON HOUSE (THE) (590061)
Address: 2409 RUDOLPH ROAD, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 12/19/1995 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

## Survey History

### Survey ID: 0132532
End Date: 1/27/2020
Type: OTHER
Purpose: DESK REVIEW
Results: ENFORCEMENT ACTION
Statement of Deficiency: #QWSS13 Served 2/5/2020

<table>
<thead>
<tr>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deficiencies Cited</td>
<td>Subject Area</td>
<td>RESPONSIBILITIES</td>
</tr>
<tr>
<td>88.04(2)(a)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Survey ID: 0132304
End Date: 11/18/2019
Type: OTHER
Purpose: DESK REVIEW
Results: ENFORCEMENT ACTION
Statement of Deficiency: #QWSS12 Served 1/10/2020

<table>
<thead>
<tr>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deficiencies Cited</td>
<td>Subject Area</td>
<td>RESPONSIBILITIES</td>
</tr>
<tr>
<td>88.04(2)(a)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Provider Inspection Summary

For the period 2/9/2017 to 2/9/2020

Adult Family Home

<table>
<thead>
<tr>
<th>Survey ID: 0131074</th>
<th>End Date: 8/5/2019</th>
<th>Type: OTHER</th>
<th>Purpose: DESK REVIEW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Results: ENFORCEMENT ACTION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statement of Deficiency: #QWSS11 Served 8/15/2019</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deficiencies Cited</td>
<td>Subject Area</td>
<td>Compliance Verified Corrected</td>
<td></td>
</tr>
<tr>
<td>88.04(2)(a) RESPONSIBILITIES</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Survey ID: 0130713</th>
<th>End Date: 4/8/2019</th>
<th>Type: ABBREVIATED</th>
<th>Purpose: SURVEY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Results: ENFORCEMENT ACTION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statement of Deficiency: #FVWB11 Served 7/12/2019</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deficiencies Cited</td>
<td>Subject Area</td>
<td>Compliance Verified Corrected</td>
<td></td>
</tr>
<tr>
<td>50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Enforcement History (MIKE WILSON HOUSE (THE)--590061)

<table>
<thead>
<tr>
<th>Date</th>
<th>SOD</th>
<th>Appealed</th>
<th>Sanctions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/31/2020</td>
<td>QWSS13</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>COMPLY WITH REQUIREMENT</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NO NEW ADMISSIONS</td>
</tr>
<tr>
<td>1/6/2020</td>
<td>QWSS12</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>COMPLY WITH REQUIREMENT</td>
</tr>
<tr>
<td>8/6/2019</td>
<td>QWSS11</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>COMPLY WITH REQUIREMENT</td>
</tr>
<tr>
<td>7/2/2019</td>
<td>FVWB11</td>
<td>No</td>
<td>OTHER SANCTION</td>
</tr>
</tbody>
</table>

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.
Facility Information

Facility Name: NORTHWEST PATHWAYS TO INDEPENDENCE 1 (0013877)
Address: 2527 WALLER ST, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 10/21/2011 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0127279 End Date: 6/27/2018 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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.
Facility Information

Facility Name: NORTHWEST PATHWAYS TO INDEPENDENCE 14-CALUMET (0010915)
Address: 2511 CALUMET RD, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 4/11/2005 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0127727   End Date: 8/8/2018   Type: ABBREVIATED   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: NORTHWEST PATHWAYS TO INDEPENDENCE INC #9 (0011423)
Address: 2617 HAANSTAD ROAD, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 5/22/2006 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0128713  End Date: 12/5/2018  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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.
Facility Information

Facility Name: NORTHWEST PATHWAYS TO INDEPENDENCE INC 6 (0015238)
Address: 5087 VESTA COURT, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 10/24/2014 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0128707 End Date: 12/5/2018 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (NORTHWEST PATHWAYS TO INDEPENDENCE INC 6--0015238)

Date Complaint Received: 11/16/2018 Date Investigation Completed: 12/5/2018
Subject Area(s) Result SOD #
ADMINISTRATION NOT SUBSTANTIATED

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 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: PALS HAVEN (0015557)
Address: 2543 KENORA PARKWAY, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 3/3/2015 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0122762   End Date: 3/16/2017   Type: STANDARD   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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.
Facility Information

Facility Name: POPLAR PLACE (590118)
Address: 3012 MILTON ROAD, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 8/19/1996 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

No survey activity during the period 2/9/17 to 2/9/20

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.
Facility Information

Facility Name: POSITIVE ALTERNATIVE LIVING SERVICES (0015095)
Address: 2549 KENORA PARKWAY, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 5/27/2014 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>0130517</td>
<td>6/6/2019</td>
<td>ABBREVIATED</td>
<td>SURVEY</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0123009</td>
<td>4/6/2017</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

Complaint History (POSITIVE ALTERNATIVE LIVING SERVICES--0015095)

Date Complaint Received: 3/27/2017  
Date Investigation Completed: 4/6/2017

<table>
<thead>
<tr>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
</tbody>
</table>

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 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: PRESTON II (0016841)
Address: 3008 MAY ST, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 11/28/2017 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0131127  End Date: 8/7/2019  Type: STANDARD  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125260  End Date: 11/28/2017  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: PROMISING PALS AFH (0016609)
Address: 4020/4022 LONDON ROAD, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 4/13/2017 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>0131606</td>
<td>9/20/2019</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0130907</td>
<td>5/2/2019</td>
<td>STANDARD</td>
<td>SURVEY</td>
<td>ENFORCEMENT ACTION</td>
</tr>
<tr>
<td>0123016</td>
<td>4/13/2017</td>
<td>INITIAL</td>
<td>SURVEY</td>
<td>LICENSE/CERT/REGISTRATION ISSUED</td>
</tr>
</tbody>
</table>

Statement of Deficiency: #XR5V11 Served 7/29/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>50.065(4m)(b)intro</td>
<td>CAREGIVER HIRING AND CONTRACTING PROCESS</td>
<td>9/20/19</td>
<td>Yes</td>
</tr>
<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>9/20/19</td>
<td>Yes</td>
</tr>
<tr>
<td>88.06(2)(b)</td>
<td>SERVICE AGREEMENT EXCEPT RESPITE</td>
<td>9/20/19</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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 2/9/2017 to 2/9/2020
Adult Family Home

Enforcement History (PROMISING PALS AFH--0016609)

Date: 7/24/2019  SOD #XR5V11 Appealed: No

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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.
Facility Information

- **Facility Name:** REM WI 5560 CYNDI COURT (0014466)
- **Address:** 5560 CYNDI COURT, EAU CLAIRE, WI 54703
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 12/12/2012 12:00:00AM
- **Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>0132638</td>
<td>1/31/2020</td>
<td>ABBREVIATED</td>
<td>SURVEY</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0131062</td>
<td>8/5/2019</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0127057</td>
<td>6/13/2018</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0126877</td>
<td>5/24/2018</td>
<td>ABBREVIATED</td>
<td>SURVEY/COMPLAINT</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

**Statement of Deficiency:** #EYO211 Served 5/31/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.05(3)(e)2.b</td>
<td>INSPECTIONS-GAS FURNACE</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Verified: 6/13/18</td>
</tr>
</tbody>
</table>

This is Page 48 of 62 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 2/9/2017 to 2/9/2020
Adult Family Home

### Complaint History (REM WI 5560 CYNDI COURT--0014466)

<table>
<thead>
<tr>
<th>Date Complaint Received: 7/28/2019</th>
<th>Subject Area(s)</th>
<th>Program Services</th>
<th>Result</th>
<th>Date Investigation Completed: 8/5/2019</th>
<th>SOD #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Program Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NOT SUBSTANTIATED</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Complaint Received: 5/17/2018</th>
<th>Subject Area(s)</th>
<th>Program Services</th>
<th>Result</th>
<th>Date Investigation Completed: 5/24/2018</th>
<th>SOD #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Physical Environment/Safety</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Program Services</td>
<td></td>
<td>NOT SUBSTANTIATED</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Program Services</td>
<td></td>
<td>NOT SUBSTANTIATED</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Facility Information

- **Facility Name:** REM WI 5562 CYNDI CT (0014467)
- **Address:** 5562 CYNDI COURT, EAU CLAIRE, WI 54703
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 12/12/2012 12:00:00AM
- **Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

## Survey History

### Survey ID: 0132655
- **End Date:** 2/3/2020
- **Type:** ABBREVIATED
- **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #NHW911 Served 2/12/2020

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td>2/26/20</td>
<td>Yes</td>
</tr>
<tr>
<td>88.10(3)(m)</td>
<td>FREEDOM FROM ABUSE</td>
<td>2/26/20</td>
<td>Yes</td>
</tr>
<tr>
<td>88.10(3)(q)</td>
<td>MEDICATIONS</td>
<td>2/26/20</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Survey ID: 0127060
- **End Date:** 6/13/2018
- **Type:** OTHER
- **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Survey ID: 0126881
- **End Date:** 5/24/2018
- **Type:** ABBREVIATED
- **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #M39311 Served 5/31/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.05(3)(e)2.b</td>
<td>INSPECTIONS-GAS FURNACE</td>
<td>6/13/18</td>
<td>Yes</td>
</tr>
</tbody>
</table>

---

**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.
<table>
<thead>
<tr>
<th>Date Complaint Received:</th>
<th>1/14/2020</th>
<th>Date Investigation Completed:</th>
<th>2/3/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Area(s)</td>
<td></td>
<td>Result</td>
<td>SOD #</td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td></td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
<tr>
<td>RESIDENT RIGHTS</td>
<td></td>
<td>SUBSTANTIATED</td>
<td>NHW911</td>
</tr>
</tbody>
</table>

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.
Facility Information

Facility Name: REM WISCONSIN III INC - SHOREWOOD #2 (0013235)
Address: 908 SHOREWOOD DR, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 4/19/2010 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0130890    End Date: 7/18/2019    Type: ABBREVIATED    Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: REM WISCONSIN III INC - SHOREWOOD#1 (0013240)
Address: 906 SHOREWOOD DR, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 4/19/2010 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0132725 End Date: 10/17/2019 Type: OTHER Purpose: COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #4H1Y11 Served 2/19/2020

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(2)(f)</td>
<td>CONDITION WHICH REPRESENTS RISK OR HARM</td>
<td>Verified</td>
</tr>
<tr>
<td>88.07(3)(c)</td>
<td>MEDICATION ASSISTANCE</td>
<td>Corrected</td>
</tr>
</tbody>
</table>

Survey ID: 0130914 End Date: 7/22/2019 Type: ABBREVIATED Purpose: SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (REM WISCONSIN III INC - SHOREWOOD#1--0013240)

Date Complaint Received: 9/23/2019 Date Investigation Completed: 10/17/2019

<table>
<thead>
<tr>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
<td>4H1Y11</td>
</tr>
</tbody>
</table>

This is Page 53 of 62 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.
Providers Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: REM WISCONSIN III INC - WINGET (0012501)
Address: 5502 WINGET DRIVE, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 9/11/2008 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

No survey activity during the period 2/9/17 to 2/9/20

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 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: REM WISCONSIN III INC REDWOOD (0015387)
Address: S7935 REDWOOD DRIVE, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 11/24/2014 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0130883   End Date: 7/18/2019   Type: ABBREVIATED   Purpose: SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

- **Facility Name:** REM WISCONSIN NOBLE DRIVE (0014321)
- **Address:** 2009 NOBLE DRIVE, EAU CLAIRE, WI 54703
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 8/13/2012 12:00:00AM
- **Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

No survey activity during the period 2/9/17 to 2/9/20
**Facility Information**

Facility Name: STABLE LIVING LLP ILLINOIS ST (0017774)  
Address: 104/106 ILLINOIS ST, EAU CLAIRE, WI 54703  
License Status: REGULAR  
Licensed/Certified/Registered 8/20/2019 12:00:00AM  
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>0132044</td>
<td>11/18/2019</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0131485</td>
<td>9/12/2019</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0131267</td>
<td>8/20/2019</td>
<td>INITIAL</td>
<td>SURVEY</td>
<td>LICENSE/CERT/REGISTRATION ISSUED</td>
</tr>
</tbody>
</table>

**Complaint History (STABLE LIVING LLP ILLINOIS ST--0017774)**

<table>
<thead>
<tr>
<th>Date Complaint Received: 11/4/2019</th>
<th>Date Investigation Completed: 11/18/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Complaint Received: 8/28/2019</th>
<th>Date Investigation Completed: 9/12/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
</tr>
</tbody>
</table>
Facility Name: STABLE LIVING LLP (0017141)
Address: 466 FERRY ST, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 7/23/2018 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History
Survey ID: 0132742   End Date: 1/30/2020   Type: OTHER   Purpose: COMPLAINT/SELF REPORT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #L6V611 Served 2/20/2020
Deficiencies Cited | Subject Area |
--- | --- |
50.065(2)(bm) | OUT OF STATE BACKGROUND CHECKS |
88.04(2)(f) | CONDITION WHICH REPRESENTS RISK OR HARM |
88.05(4)(d)2.b | FIRE EVACUATION ANNUAL EVALUATION |
88.07(1)(c) | ACTIVITIES AND SERVICES |
88.07(2)(b)6 | NOTIFICATION OF CHANGES |

Survey ID: 0131954   End Date: 11/7/2019   Type: OTHER   Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

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 2/9/2017 to 2/8/2020
Adult Family Home

Survey ID: 0131908  End Date: 10/10/2019  Type: OTHER  Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #A0N311  Served 11/4/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td></td>
<td>11/7/19</td>
<td>Yes</td>
</tr>
<tr>
<td>88.05(4)(a)</td>
<td>FIRE SAFETY-FIRE EXTINGUISHERS</td>
<td></td>
<td>11/7/19</td>
<td>Yes</td>
</tr>
<tr>
<td>88.05(4)(c)1</td>
<td>EXITING FROM THE FIRST FLOOR</td>
<td></td>
<td>11/7/19</td>
<td>Yes</td>
</tr>
<tr>
<td>88.07(4)(c)</td>
<td>FOOD PREPARED AND STORED SANITARY WAY</td>
<td></td>
<td>11/7/19</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Survey ID: 0127543  End Date: 7/20/2018  Type: INITIAL  Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (STABLE LIVING LLP--0017141)

<table>
<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/5/2020</td>
<td>1/30/2020</td>
</tr>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
</tr>
<tr>
<td>STAFF TRAINING AND PROFICIENCY</td>
<td>SUBSTANTIATED</td>
</tr>
<tr>
<td></td>
<td>SOD #</td>
</tr>
<tr>
<td></td>
<td>L6V611</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/26/2019</td>
<td>10/10/2019</td>
</tr>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>SUBSTANTIATED</td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
</tr>
<tr>
<td></td>
<td>SOD #</td>
</tr>
<tr>
<td></td>
<td>A0N311</td>
</tr>
</tbody>
</table>

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.
Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>STABLE LIVING (0016656)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>2206 2ND STREET, EAU CLAIRE, WI 54703</td>
</tr>
<tr>
<td>License Status:</td>
<td>REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered:</td>
<td>5/10/2017 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office:</td>
<td>WESTERN REGION (EAU CLAIRE), (715) 836-4790</td>
</tr>
</tbody>
</table>

Survey History

<table>
<thead>
<tr>
<th>Survey ID:</th>
<th>0129920</th>
<th>End Date:</th>
<th>4/16/2019</th>
<th>Type: STANDARD</th>
<th>Purpose: SURVEY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Results:</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Survey ID:</th>
<th>0123264</th>
<th>End Date:</th>
<th>5/10/2017</th>
<th>Type: INITIAL</th>
<th>Purpose: SURVEY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Results:</td>
<td>LICENSE/CERT/REGISTRATION ISSUED</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: WEBSTER HOUSE (0017027)
Address: 1515 WEBSTER AVENUE, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 2/26/2018 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0132011 End Date: 11/14/2019 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125957 End Date: 2/12/2018 Type: INITIAL Purpose: CHOW--LICENSURE
Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (WEBSTER HOUSE--0017027)

Date Complaint Received: 10/24/2019 Date Investigation Completed: 11/14/2019

<table>
<thead>
<tr>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
</tbody>
</table>

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.
# Facility Information

Facility Name: YOLO HOMES STEIN HOUSE (0016027)
Address: 2833 STEIN BLVD, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 3/28/2016 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

## Survey History

<table>
<thead>
<tr>
<th>Survey ID:</th>
<th>0126251</th>
<th>End Date:</th>
<th>3/7/2018</th>
<th>Type:</th>
<th>STANDARD</th>
<th>Purpose:</th>
<th>SURVEY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Results:</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

*This is Page 62 of 62 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.*