Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Eau Claire County. The report is a PDF (Adobe Acrobat) document and includes a total of 15.00 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: AURORA RESIDENTIAL ALTERNATIVES INC 041 (590166)
Address: 3404 HOOVER AVENUE, ALTOONA, WI 54720
License Status: REGULAR
Licensed/Certified/Registered 02/27/1998 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0137647  End Date: 10/08/2021  Type: ABBREVIATED  Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #ZVGQ11 Served 11/04/2021

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.05(3)(b)</td>
<td>FREE OF HAZARDS</td>
<td>Verified</td>
</tr>
<tr>
<td>88.05(4)(d)1</td>
<td>FIRE SAFETY EVACUATION PLAN</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
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<tr>
<td>88.10(3)(n)1</td>
<td>FREEDOM FROM SECLUSION AND RESTRAINTS</td>
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</table>

Enforcement History (AURORA RESIDENTIAL ALTERNATIVES INC 041—590166)

Date: 11/04/2021  SOD #ZVGQ11  Appealed: No
Sanctions
ORDER TO COMPLY

This is Page 2 of 15 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Facility Information

Facility Name: BRADWOOD HOUSE (0013779)
Address: 2252 BRADWOOD AVE, ALTOONA, WI 54720
License Status: REGULAR
Licensed/Certified/Registered 06/10/2011 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

No survey activity during the period 7/24/19 to 7/23/22

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**Facility Information**

Facility Name: BTI 10TH STREET HOUSE (0015171)
Address: 1202 10TH ST W, ALTOONA, WI 54720
License Status: REGULAR
Licensed/Certified/Registered 07/28/2014 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

**Survey History**

Survey ID: 0139784  End Date: 03/24/2022  Type: ABBREVIATED  Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #HYZP11 Served 06/08/2022

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(2)(g)1</td>
<td>HEALTH SCREENING FOR STAFF</td>
<td>Verified</td>
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<tr>
<td>88.04(2)(g)2</td>
<td>COMMUNICABLE DISEASE</td>
<td>Corrected</td>
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<tr>
<td>88.05(4)(c)1</td>
<td>EXITING FROM THE FIRST FLOOR</td>
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</table>

**Enforcement History (BTI 10TH STREET HOUSE--0015171)**

Date: 06/08/2022  SOD #HYZP11  Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

**Complaint History (BTI 10TH STREET HOUSE--0015171)**

Date Complaint Received: 01/18/2022  Date Investigation Completed: 03/24/2022
Subject Area(s)  Result  SOD #
PROGRAM SERVICES SUBSTANTIATED HYZP11

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Facility Information

Facility Name: STABLE LIVING LLP 928 LAWRENCE AVE (0018194)
Address: 928 LAWRENCE AVENUE, ALTOONA, WI 54720
License Status: REGULAR
Licensed/Certified/Registered 11/05/2020 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0135230   End Date: 11/05/2020   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: GENUINE CARE ADULT FAMILY HOME (0011015)
Address: 711 ANDERSON STREET, AUGUSTA, WI 54722
License Status: REGULAR
Licensed/Certified/Registered 03/01/2006 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0131388   End Date: 09/04/2019   Type: OTHER   Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131125   End Date: 08/09/2019   Type: ABBREVIATED   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (GENUINE CARE ADULT FAMILY HOME--0011015)

Date Complaint Received: 08/23/2019   Date Investigation Completed: 09/04/2019

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

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Facility Information

Facility Name: PALMER PLACE LLC (0014705)
Address: 513 W LINCOLN STREET, AUGUSTA, WI 54722
License Status: REGULAR
Licensed/Certified/Registered 07/29/2013 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0138303  End Date: 01/13/2022  Type: OTHER  Purpose: DESK REVIEW
Results: ENFORCEMENT ACTION
Statement of Deficiency: #3VWP11 Served 01/14/2022

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

Survey ID: 0138237  End Date: 01/04/2022  Type: OTHER  Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137809  End Date: 10/29/2021  Type: OTHER  Purpose: DESK REVIEW
Results: ENFORCEMENT ACTION
Statement of Deficiency: #88OU11 Served 11/18/2021

<table>
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<tr>
<th>Subject Area</th>
<th>Corrected</th>
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<tbody>
<tr>
<td>88.03(4)(b) RENEWAL REQUIREMENTS</td>
<td>Yes</td>
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Provider Inspection Summary
For the period 07/24/2019 to 07/23/2022
Adult Family Home

Survey ID: 0131574   End Date: 09/25/2019   Type: OTHER   Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131050   End Date: 07/31/2019   Type: OTHER   Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (PALMER PLACE LLC--0014705)

Date: 01/14/2022   SOD #3VWP11   Appealed: No
Sanctions
ORDER TO COMPLY

Date: 11/18/2021   SOD #88OU11   Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
ORDER TO COMPLY
Provider Inspection Summary
For the period 07/24/2019 to 07/23/2022
Adult Family Home

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC 102 (0009328)
Address: E2360 CTY RD HH, ELEVA, WI 54738
License Status: REGULAR
Licensed/Certified/Registered 04/11/2001 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0131091   End Date: 08/06/2019   Type: OTHER   Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

No survey activity during the period 7/24/19 to 7/23/22

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Facility Name: FALL CREEK RESIDENCE 2 (0016809)
Address: 124 N LIBERTY STREET, FALL CREEK, WI 54742
License Status: REGULAR
Licensed/Certified/Registered 08/02/2017  12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

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<th>Type: ABBREVIATED</th>
<th>Purpose: SURVEY/COMPLAINT</th>
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<td>Statement of Deficiency: #XTTM11  Served 01/03/2022</td>
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<td>Compliance Verified</td>
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<tr>
<td>Deficiencies Cited</td>
<td>Subject Area</td>
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</tr>
<tr>
<td>88.03(4)(b)</td>
<td>RENEWAL REQUIREMENTS</td>
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<tr>
<td>88.04(2)(f)</td>
<td>CONDITION WHICH REPRESENTS RISK OR HARM</td>
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<td>88.05(4)(a)</td>
<td>FIRE SAFETY-FIRE EXTINGUISHERS</td>
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<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
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<tbody>
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<th>Type: OTHER</th>
<th>Purpose: COMPLAINT</th>
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</thead>
<tbody>
<tr>
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</table>

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Provider Inspection Summary
For the period 07/24/2019 to 07/23/2022
Adult Family Home

Enforcement History (FALL CREEK RESIDENCE 2--0016809)

<table>
<thead>
<tr>
<th>Date</th>
<th>SOD #</th>
<th>Appealed</th>
<th>Sanctions</th>
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</thead>
<tbody>
<tr>
<td>01/03/2022</td>
<td>XTTM11</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION ORDER TO COMPLY</td>
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Complaint History (FALL CREEK RESIDENCE 2--0016809)

<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>06/17/2021</td>
<td>09/07/2021</td>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
<td>XTTM11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>STAFF TRAINING AND PROFICIENCY</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
<tr>
<td>10/09/2020</td>
<td>01/14/2021</td>
<td>Subject Area(s)</td>
<td>Result</td>
<td>SOD #</td>
</tr>
<tr>
<td></td>
<td></td>
<td>STAFF TRAINING AND PROFICIENCY</td>
<td>NOT SUBSTANTIATED</td>
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<tr>
<td>10/03/2019</td>
<td>10/31/2019</td>
<td>Subject Area(s)</td>
<td>Result</td>
<td>SOD #</td>
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<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
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</table>

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Facility Information

Facility Name: FALL CREEK RESIDENCE 8 (0016810)
Address: 124 N LIBERTY STREET, FALL CREEK, WI 54742
License Status: REGULAR
Licensed/Certified/Registered 08/02/2017 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0137315 End Date: 08/19/2021 Type: ABBREVIATED Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #EDED11 Served 09/28/2021

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>88.05(4)(a)</td>
<td>FIRE SAFETY-FIRE EXTINGUISHERS</td>
<td>11/12/21</td>
</tr>
</tbody>
</table>

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Facility Name: PALMER PLACE FALL CREEK (0015004)
Address: 306 S STATE STREET, FALL CREEK, WI 54742
License Status: REGULAR
Licensed/Certified/Registered 03/28/2014 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0138305 End Date: 01/13/2022 Type: OTHER Purpose: DESK REVIEW
Results: ENFORCEMENT ACTION
Statement of Deficiency: #5XLF11 Served 01/14/2022

Survey ID: 0131681 End Date: 10/07/2019 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130987 End Date: 07/24/2019 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (PALMER PLACE FALL CREEK--0015004)

Date: 01/14/2022 SOD #5XLF11 Appealed: No
Sanctions ORDER TO COMPLY

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## Facility Information

- **Facility Name:** REM LANGDELL (0010565)
- **Address:** W7740 LANGDELL RD, MONDOVI, WI 54755
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 09/01/2004 12:00:00AM
- **Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

## Survey History

- **Survey ID:** 0137420
- **End Date:** 10/01/2021
- **Type:** ABBREVIATED
- **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 07/24/2019 to 07/23/2022
Adult Family Home

Facility Information

Facility Name: PLEASANT VALLEY HOME (0017710)
Address: N2313 HAMILTON FALLS RD, STANLEY, WI 54768
License Status: REGULAR
Licensed/Certified/Registered 06/27/2019 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

No survey activity during the period 7/24/19 to 7/23/22