

Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Eau Claire

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 20.00 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 01/21/2022 to 01/20/2025

Adult Family Home

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: 0148472 **End Date:** 01/03/2025 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142289 **End Date:** 02/17/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

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

Survey ID: 0147065 **End Date:** 07/19/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144748 **End Date:** 09/15/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XOL411 Served 11/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	7/19/24	Yes
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR	7/19/24	Yes
	HARM		
88.06(3)(f)	REVIEW OF ISP	7/19/24	Yes

Survey ID: 0143274 **End Date:** 06/02/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0142269 **End Date:** 02/10/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GDUH11 Served 02/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	6/2/23	Yes
88.05(3)(a)	HOME ENVIRONMENT	6/2/23	Yes

Enforcement History (BRADWOOD HOUSE--0013779)

Date: 11/07/2023 **SOD #**XOL411 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 02/23/2023 **SOD #**GDUH11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (BRADWOOD HOUSE--0013779)

Date Complaint Received: 06/15/2023

Date Investigation Completed: 11/07/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

XOL411

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

XOL411

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

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: 0147106 **End Date:** 07/24/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #VI7W11 Served 07/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	9/9/24	

Survey ID: 0141716 **End Date:** 12/20/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139784 **End Date:** 03/24/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HYZP11 Served 06/08/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	12/29/22	Yes
88.04(2)(g)2	COMMUNICABLE DISEASE	12/29/22	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	12/20/22	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

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

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

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

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

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: 0147818 **End Date:** 10/11/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

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: 0148428 **End Date:** 01/02/2025 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146919 **End Date:** 07/10/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143890 **End Date:** 05/31/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EBZQ12 Served 08/21/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	7/10/24	Yes
88.04(2)(h)	COMPLY WITH OSHA	7/10/24	Yes
88.05(3)(a)	HOME ENVIRONMENT	7/10/24	Yes

Survey ID: 0142443 **End Date:** 03/10/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0142027 **End Date:** 10/18/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EBZQ11 Served 02/02/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.03(3)(b)	CRIMINAL RECORDS CHECK	5/31/23	Yes
88.04(2)(a)	RESPONSIBILITIES	5/31/23	No
88.04(2)(h)	COMPLY WITH OSHA	5/31/23	No
88.05(3)(a)	HOME ENVIRONMENT	5/31/23	No
88.07(3)(d)	MEDICATION- WRITTEN ORDER	5/31/23	Yes

Enforcement History (PALMER PLACE LLC--0014705)

Date: 08/10/2023 **SOD #**EBZQ12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

Date: 02/02/2023 **SOD #**EBZQ11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (PALMER PLACE LLC--0014705)

Date Complaint Received: 11/07/2024

Date Investigation Completed: 01/02/2025

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 04/10/2024

Date Investigation Completed: 07/10/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 09/01/2022

Date Investigation Completed: 10/18/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

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

Survey ID: 0141862 **End Date:** 01/12/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141098 **End Date:** 07/06/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XTTM12 Served 10/24/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(l)	BEDROOMS-PRIVACY	1/12/23	Yes

Enforcement History (FALL CREEK RESIDENCE 2--0016809)

Date: 10/24/2022 **SOD #XTTM12** **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

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

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

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: 0146920 **End Date:** 07/10/2024 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143887 **End Date:** 05/31/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ITGR12 Served 08/21/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	7/10/24	Yes
88.04(2)(h)	COMPLY WITH OSHA	7/10/24	Yes
88.05(3)(a)	HOME ENVIRONMENT	7/10/24	Yes
88.05(3)(g)	WINDOWS AND VENTILATION	7/10/24	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	7/10/24	Yes

Survey ID: 0142439 **End Date:** 03/10/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0142024 **End Date:** 10/18/2022 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ITGR11 Served 02/02/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	5/31/23	Yes
88.04(2)(a)	RESPONSIBILITIES	5/31/23	No
88.04(2)(h)	COMPLY WITH OSHA	5/31/23	No
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	5/31/23	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	5/31/23	Yes
88.05(3)(a)	HOME ENVIRONMENT	5/31/23	No
88.05(3)(g)	WINDOWS AND VENTILATION	5/31/23	No
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	5/31/23	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	5/31/23	No
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	5/31/23	Yes

Survey ID: 0140860 **End Date:** 09/20/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IOYL11 Served 09/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.03(4)(b)	RENEWAL REQUIREMENTS	3/10/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (PALMER PLACE FALL CREEK--0015004)

Date: 08/09/2023 **SOD #**ITGR12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 02/02/2023 **SOD #**ITGR11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 09/28/2022 **SOD #**IOYL11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
ORDER TO COMPLY

Complaint History (PALMER PLACE FALL CREEK--0015004)

Date Complaint Received: 09/01/2022

Date Investigation Completed: 10/18/2022

Subject Area(s)

ADMINISTRATION
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Stable Living LLP 325 Railroad Ave (0019771)

Address: 325 E Railroad Ave, Fall Creek, WI 54742

License Status: REGULAR

Licensed/Certified/Registered 09/27/2023 12:00:00AM

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

Survey History

Survey ID: 0148640 **End Date:** 11/27/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #V62K11 Served 01/31/2025

Deficiencies Cited

88.03(5)(e)1

88.04(2)(b)

Subject Area

SIGNIFICANT CHANGE TO THE RESIDENT

AWAKE STAFF FOR CONTINUOUS CARE

Compliance

Verified

Corrected

Survey ID: 0144487 **End Date:** 09/27/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Stable Living LLP 325 Railroad Ave--0019771)

Date Complaint Received: 05/14/2024

Date Investigation Completed: 11/27/2024

Subject Area(s)

PROGRAM SERVICES

RESIDENT RIGHTS

STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED

NOT SUBSTANTIATED

SUBSTANTIATED

SOD #

V62K11

V62K11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Stable Living LLP 331 E Railroad Ave (0019773)

Address: 331 E Railroad Ave, Fall Creek, WI 54742

License Status: REGULAR

Licensed/Certified/Registered 09/27/2023 12:00:00AM

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

Survey History

Survey ID: 0144488 **End Date:** 09/27/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

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

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

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

Survey ID: 0147629 **End Date:** 09/20/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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