

Provider Inspection Summary

For the period 5/10/2017 to 5/9/2020

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community-Based Residential Facilities 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 55.00 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: AFFINITY HOUSE (510031)

Address: 3042 KILBOURNE AVENUE, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 8/1/1988 12:00:00AM

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

Survey History

Survey ID: 0126316 **End Date:** 3/21/2018 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: APPLE TREE COTTAGE CBRF (0013306)
Address: 1306 KEITH ST, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 6/1/2011 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0131887 **End Date:** 10/10/2019 **Type:** OTHER **Purpose:** ADDITIONAL VV EVENT

Results: NO STATEMENT OF DEFICIENCY ISSUED

83.34(2)(b)	ACCOUNTING METHOD FOR TRACKING RESIDENT CASH
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS

Survey ID: 0131077 **End Date:** 7/31/2019 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #03L911 Served 9/10/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	10/10/19	Yes

This is Page 3 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0130775 End Date: 4/5/2019 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4ODY13 Served 7/13/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.29(2)	ADMISSION AGREEMENT	10/10/19	Yes
83.34(2)(b)	ACCOUNTING METHOD FOR TRACKING RESIDENT CASH	10/10/19	No
83.35(4)	RESIDENT SATISFACTION EVALUATION	10/10/19	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	10/10/19	No
83.37(1)(g)	DISPOSITION OF MEDICATIONS	10/10/19	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	10/10/19	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	10/10/19	Yes
83.37(3)(e)	MEDICATION STORAGE: PROXIMITY TO CHEMICALS	10/10/19	Yes
83.41(3)(b)	FOOD SAFETY	10/10/19	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	10/10/19	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	10/10/19	Yes
83.55(4)(a)	BATH AND TOILET AREAS: PRIVACY	10/10/19	Yes
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS	10/10/19	Yes

Survey ID: 0128286 End Date: 8/29/2018 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4ODY12 Served 11/1/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE	4/5/19	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	4/5/19	No

This is Page 4 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (APPLE TREE COTTAGE CBRF--0013306)

Date: 1/24/2020 **SOD #**4ODY14 **Appealed:** Yes **Decision:** PENDING

Sanctions

FORFEITURE---83.34(2)(b)
FORFEITURE---83.35(5)(a)

Date: 8/6/2019 **SOD #**03L911 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Date: 7/11/2019 **SOD #**4ODY13 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.34(2)(b)
FORFEITURE---83.37(3)(c)

Date: 10/10/2018 **SOD #**4ODY12 **Appealed:**

Sanctions

FORFEITURE---83.36(2)
FORFEITURE---83.37(3)(c)

Date: 7/21/2017 **SOD #**4ODY11 **Appealed:** Yes **Decision:** HEARING--DEPT DECISION UPHELD

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.34(2)(a)
FORFEITURE---83.34(2)(b)
FORFEITURE---83.34(3)
FORFEITURE---83.37(3)(c)

This is Page 5 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AZURA MEMORY CARE OF EAU CLAIRE 2 LLC (0017542)

Address: 4811 BULLIS FARM RD, EAU CLAIRE, WI 54701

License Status: REGULAR

Licensed/Certified/Registered 5/24/2019 12:00:00AM

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

Survey History

Survey ID: 0130646 **End Date:** 5/24/2019 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 6 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AZURA MEMORY CARE OF EAU CLAIRE 3 LLC (0017543)

Address: 4803 BULLIS FARM RD, EAU CLAIRE, WI 54701

License Status: REGULAR

Licensed/Certified/Registered 5/10/2019 12:00:00AM

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

Survey History

Survey ID: 0130248 **End Date:** 5/10/2019 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 7 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AZURA MEMORY CARE OF EAU CLAIRE (0009389)

Address: 3712 DAMON STREET, EAU CLAIRE, WI 54701

License Status: REGULAR

Licensed/Certified/Registered 9/1/2002 12:00:00AM

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

Survey History

Survey ID: 0128666 **End Date:** 11/30/2018 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128607 **End Date:** 11/12/2018 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WRBZ11 Served 11/21/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	11/30/18	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	11/30/18	Yes

Survey ID: 0123686 **End Date:** 7/13/2017 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 8 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (AZURA MEMORY CARE OF EAU CLAIRE--0009389)

Date Complaint Received: 11/1/2018

Date Investigation Completed: 11/12/2018

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 7/10/2017

Date Investigation Completed: 7/13/2017

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

This is Page 9 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BEEHIVE HOMES OF EAU CLAIRE (0016672)
Address: 5075 STONEWOOD DR, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 1/5/2018 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0132363	End Date: 1/7/2020	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0130923	End Date: 7/23/2019	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0127946	End Date: 8/28/2018	Type: STANDARD	Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED			
Survey ID: 0125634	End Date: 1/4/2018	Type: INITIAL	Purpose: SURVEY
Results: PROBATIONARY LICENSE ISSUED			

This is Page 10 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (BEEHIVE HOMES OF EAU CLAIRE--0016672)

Date Complaint Received: 12/18/2019

Date Investigation Completed: 1/7/2020

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 6/18/2019

Date Investigation Completed: 7/23/2019

Subject Area(s)
ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 11 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CARE PARTNERS ASSISTED LIVING EAU CLAIRE EAST II (0015196)

Address: 3337 BIRCH STREET, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 8/25/2014 12:00:00AM

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

Survey History

Survey ID: 0132717 **End Date:** 2/19/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0132691 **End Date:** 2/12/2020 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #RKLH11 Served 2/17/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	2/19/20	Yes

Complaint History (CARE PARTNERS ASSISTED LIVING EAU CLAIRE EAST II--0015196)

Date Complaint Received: 1/22/2020

Date Investigation Completed: 1/22/2020

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 12 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CARE PARTNERS ASSISTED LIVING EAU CLAIRE EAST (0014922)

Address: 3325 BIRCH STREET, EAU CLAIRE, WI 54701

License Status: REGULAR

Licensed/Certified/Registered 12/20/2013 12:00:00AM

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

Survey History

Survey ID: 0128679 **End Date:** 12/3/2018 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128670 **End Date:** 11/28/2018 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #N7UP11 Served 12/3/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	12/3/18	Yes

Complaint History (CARE PARTNERS ASSISTED LIVING EAU CLAIRE EAST--0014922)

Date Complaint Received: 11/16/2018

Date Investigation Completed: 11/28/2018

Subject Area(s)
ADMINISTRATION

Result
SUBSTANTIATED

SOD #
N7UP11

This is Page 13 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CARE PARTNERS EAU CLAIRE WEST (0017206)

Address: 5110 STONEWOOD DR, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 8/27/2018 12:00:00AM

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

Survey History

Survey ID: 0132726 **End Date:** 2/12/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0133206 **End Date:** 1/10/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #19KX11 Served 4/14/2020

Deficiencies Cited

83.31(4)(b)

83.39(3)

Subject Area

ALLOWABLE REASONS FOR INVOLUNTARY
DISCHARGE

HAND WASHING

Compliance
Verified

Corrected

Survey ID: 0131090 **End Date:** 8/6/2019 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 14 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0130944 **End Date: 7/16/2019** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #BK9K11 Served 7/26/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(1)	RESIDENT RECORD MAINTAINED	8/6/19	Yes

Survey ID: 0130614 **End Date: 6/21/2019** **Type: OTHER** **Purpose: DESK REVIEW**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130530 **End Date: 6/6/2019** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #0K4T12 Served 6/12/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.55(6)(a)	BATH AND TOILET AREAS: WATER SUPPLY	6/21/19	Yes

Survey ID: 0130146 **End Date: 2/15/2019** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0K4T11 Served 5/7/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	6/6/19	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	6/6/19	Yes

Survey ID: 0127920 **End Date: 8/22/2018** **Type: INITIAL** **Purpose: SURVEY**

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 15 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (CARE PARTNERS EAU CLAIRE WEST--0017206)

Date: 4/14/2020 **SOD #**19KX11 **Appealed:** **Decision:** PENDING

Sanctions

FORFEITURE---83.31(4)(b)

FORFEITURE---83.39(3)

Date: 5/7/2019 **SOD #**0K4T11 **Appealed:**

Sanctions

FORFEITURE---83.12(3)(a)

FORFEITURE---83.35(3)(a)

This is Page 16 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CARE PARTNERS EAU CLAIRE WEST--0017206)

Date Complaint Received: 1/24/2020

Date Investigation Completed: 2/12/2020

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 11/20/2019

Date Investigation Completed: 1/10/2020

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

19KX11

PROGRAM SERVICES

SUBSTANTIATED

19KX11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

19KX11

Date Complaint Received: 6/19/2019

Date Investigation Completed: 7/16/2019

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

BK9K11

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 6/14/2019

Date Investigation Completed: 7/16/2019

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 5/31/2019

Date Investigation Completed: 6/6/2019

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

0K4T12

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

This is Page 17 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 1/17/2019

Subject Area(s)

PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 2/15/2019

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/19/2018

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES

Date Investigation Completed: 2/15/2019

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

0K4T11

This is Page 18 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: DOVE HEALTHCARE SOUTH ASSISTED LIVING (0016670)

Address: 3656 MALL DR, EAU CLAIRE, WI 54701

License Status: REGULAR

Licensed/Certified/Registered 9/18/2017 12:00:00AM

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

Survey History

Survey ID: 0126920 **End Date:** 6/4/2018 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126827 **End Date:** 5/18/2018 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #0MRV11 Served 5/25/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	6/4/18	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	6/4/18	Yes

Survey ID: 0124292 **End Date:** 6/22/2017 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

This is Page 19 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: FAHRMAN CENTER (510019)

Address: 3136 CRAIG ROAD, EAU CLAIRE, WI 54701

License Status: REGULAR

Licensed/Certified/Registered 1/1/1988 12:00:00AM

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

Survey History

Survey ID: 0130539 **End Date:** 6/13/2019 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130415 **End Date:** 5/23/2019 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #RREM11 Served 6/5/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(1)(a)	TRAINING TO BE DEPARTMENT APPROVED	6/13/19	Yes

This is Page 20 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: FAMILY TREE (510296)

Address: 2005 AGNES STREET, EAU CLAIRE, WI 54701

License Status: REGULAR

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

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

Survey History

Survey ID: 0130744 **End Date:** 7/3/2019 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126367 **End Date:** 3/29/2018 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (FAMILY TREE--510296)

Date Complaint Received: 6/20/2019

Date Investigation Completed: 7/3/2019

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

This is Page 21 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: GRACE WOODLANDS (0012384)
Address: 3214 GALA ST, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 5/1/2009 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0133609 **End Date:** 4/28/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131585 **End Date:** 9/23/2019 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131346 **End Date:** 7/2/2019 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R3CG11 Served 9/4/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/23/19	Yes

Survey ID: 0130436 **End Date:** 5/28/2019 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 22 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0129879 End Date: 4/15/2019 Type: OTHER Purpose: DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129858 End Date: 4/9/2019 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #NF6J11 Served 4/12/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(2)(a)	NUTRITION: DIET	4/15/19	Yes

Survey ID: 0123792 End Date: 7/26/2017 Type: OTHER Purpose: DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123778 End Date: 7/19/2017 Type: ABBREVIATED Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #FZ4U11 Served 7/25/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(2)(b)	TOILET AND BATHING AREA	7/26/17	Yes
83.45(3)	TOXIC SUBSTANCES	7/26/17	Yes

Enforcement History (GRACE WOODLANDS--0012384)

Date: 9/4/2019 SOD #R3CG11 Appealed: No

Sanctions

OTHER SANCTION

This is Page 23 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (GRACE WOODLANDS--0012384)

Date Complaint Received: 4/13/2020

Date Investigation Completed: 4/28/2020

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 6/20/2019

Date Investigation Completed: 7/2/2019

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 5/22/2019

Date Investigation Completed: 5/28/2019

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 3/21/2019

Date Investigation Completed: 4/9/2019

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
NF6J11

This is Page 24 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HEATHERWOOD CBRF (0016083)

Address: 4510 GATEWAY DR, EAU CLAIRE, WI 54701

License Status: REGULAR

Licensed/Certified/Registered 4/11/2016 12:00:00AM

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

Survey History

Survey ID: 0132946 **End Date:** 10/30/2019 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TWMH11 Served 3/19/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK		

Survey ID: 0129028 **End Date:** 1/17/2019 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 25 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0128876 **End Date:** 12/21/2018 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #470B11 Served 12/27/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	1/17/19	Yes
83.47(2)(d)	FIRE DRILLS	1/17/19	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	1/17/19	Yes

Enforcement History (HEATHERWOOD CBRF--0016083)

Date: 3/16/2020 **SOD #**TWMH11 **Appealed:** **Decision:** PENDING

Sanctions

FORFEITURE---83.14(2)(j)

Complaint History (HEATHERWOOD CBRF--0016083)

Date Complaint Received: 10/14/2019 **Date Investigation Completed:** 10/30/2019

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	TWMH11

This is Page 26 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HERITAGE COURT (0011976)
Address: 3515 E HAMILTON AVENUE, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 6/1/2008 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0132796 **End Date:** 2/21/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131589 **End Date:** 9/20/2019 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129793 **End Date:** 3/22/2019 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	9/20/19	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/20/19	Yes

Survey ID: 0128170 **End Date:** 9/25/2018 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 27 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0128354 **End Date: 8/31/2018** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EOZU11 Served 10/18/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	3/22/19	No
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	3/22/19	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	3/22/19	Yes

Survey ID: 0127976 **End Date: 7/17/2018** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4R9311 Served 9/4/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	3/22/19	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	3/22/19	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	3/22/19	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	3/22/19	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	3/22/19	Yes

This is Page 28 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0127503 **End Date: 5/31/2018** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #39SO11 Served 7/23/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	3/22/19	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/22/19	No

Survey ID: 0125603 **End Date: 1/9/2018** **Type: OTHER** **Purpose: DESK REVIEW**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125106 **End Date: 11/8/2017** **Type: OTHER** **Purpose: SELF REPORT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9RP911 Served 11/20/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(i)	BEHAVIOR MANAGEMENT	1/9/18	Yes

Survey ID: 0124025 **End Date: 6/15/2017** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #B3GG11 Served 8/23/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(1)(b)	EQUIPMENT	10/17/17	Yes
83.41(3)(b)	FOOD SAFETY	10/17/17	Yes

This is Page 29 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (HERITAGE COURT--0011976)

Date: 6/18/2019 **SOD #**39SO12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.12(3)(a)

FORFEITURE---83.35(3)(d)

Date: 10/17/2018 **SOD #**EOZU11 **Appealed:**

Sanctions

FORFEITURE---83.12(3)(a)

FORFEITURE---83.12(5)(a)

Date: 9/4/2018 **SOD #**4R9311 **Appealed:**

Sanctions

FORFEITURE---83.35(3)(a)

FORFEITURE---83.35(5)(b)

FORFEITURE---83.36(1)(a)

Date: 7/19/2018 **SOD #**39SO11 **Appealed:**

Sanctions

FORFEITURE---83.35(3)(c)

FORFEITURE---83.35(3)(d)

Date: 8/23/2017 **SOD #**B3GG11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.22(4)

FORFEITURE---83.41(3)(b)

This is Page 30 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (HERITAGE COURT--0011976)

Date Complaint Received: 2/4/2020	Date Investigation Completed: 2/21/2020
<u>Subject Area(s)</u> PROGRAM SERVICES STAFF TRAINING AND PROFICIENCY	<u>Result</u> NOT SUBSTANTIATED NOT SUBSTANTIATED
	<u>SOD #</u>
Date Complaint Received: 9/14/2018	Date Investigation Completed: 9/25/2018
<u>Subject Area(s)</u> RESIDENT RIGHTS	<u>Result</u> NOT SUBSTANTIATED
	<u>SOD #</u>
Date Complaint Received: 8/22/2018	Date Investigation Completed: 8/31/2018
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> SUBSTANTIATED
	<u>SOD #</u> EOZU11
Date Complaint Received: 6/26/2018	Date Investigation Completed: 7/11/2018
<u>Subject Area(s)</u> ADMINISTRATION PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED SUBSTANTIATED
	<u>SOD #</u> 4R9311
Date Complaint Received: 5/10/2018	Date Investigation Completed: 5/31/2018
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> SUBSTANTIATED
	<u>SOD #</u> 39SO11
Date Complaint Received: 6/7/2017	Date Investigation Completed: 6/15/2017
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> SUBSTANTIATED
	<u>SOD #</u> B3GG11

This is Page 31 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: LIBERTY VIEW (510042)

Address: 611 MAIN ST, EAU CLAIRE, WI 54701

License Status: REGULAR

Licensed/Certified/Registered 1/1/1985 12:00:00AM

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

Survey History

Survey ID: 0132126 **End Date:** 12/4/2019 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131474 **End Date:** 8/6/2019 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0DOU11 Served 9/16/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	12/4/19	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	12/4/19	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	12/4/19	Yes

Survey ID: 0127437 **End Date:** 7/12/2018 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 32 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0127420 **End Date:** 6/26/2018 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #PPM511 Served 7/11/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.46(4)(e)	ELECTRICAL OUTLETS	7/12/18	Yes

Enforcement History (LIBERTY VIEW--510042)

Date: 9/16/2019 **SOD #**0DOU11 **Appealed:**

Sanctions

FORFEITURE---83.35(1)(a)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.42(1)

This is Page 33 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: MARSTON GROUP HOME (0008905)

Address: 403 MARSTON STREET, EAU CLAIRE, WI 54701

License Status: REGULAR

Licensed/Certified/Registered 3/1/2001 12:00:00AM

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

Survey History

Survey ID: 0131740 **End Date:** 10/11/2019 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131327 **End Date:** 8/21/2019 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131058 **End Date:** 7/25/2019 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L0KK11 Served 8/7/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	10/11/19	Yes

This is Page 34 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0130698 **End Date: 4/4/2019** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BBEF11 Served 7/3/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	8/21/19	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	8/21/19	Yes

Survey ID: 0127275 **End Date: 6/27/2018** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125667 **End Date: 12/18/2017** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5KZO11 Served 1/19/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	6/27/18	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	6/27/18	Yes
83.14(2)(k)	OTHER OCCUPANTS NOT ADVERSELY AFFECT RESIDENT	6/27/18	Yes
83.23	EMPLOYEE SUPERVISION	6/27/18	Yes
83.26(1)	DOCUMENTATION OF REQUIRED EMPLOYEE TRAINING	6/27/18	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	6/27/18	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	6/27/18	Yes

This is Page 35 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0124162 **End Date: 9/7/2017** **Type: OTHER** **Purpose: DESK REVIEW**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124034 **End Date: 8/17/2017** **Type: STANDARD** **Purpose: SURVEY**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ELGU11 Served 8/25/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	9/7/17	Yes

Enforcement History (MARSTON GROUP HOME--0008905)

Date: 8/5/2019 **SOD #L0KK11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Date: 7/2/2019 **SOD #BBEF11** **Appealed: No**

Sanctions

OTHER SANCTION

Date: 1/16/2018 **SOD #5KZO11** **Appealed:**

Sanctions

FORFEITURE---83.12(5)(a)
FORFEITURE---83.14(2)(a)
FORFEITURE---83.14(2)(k)
FORFEITURE---83.36(1)(b)

This is Page 36 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS AA (AMBULATORY)

Complaint History (MARSTON GROUP HOME--0008905)

Date Complaint Received: 3/18/2019

Date Investigation Completed: 4/9/2019

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/20/2017

Date Investigation Completed: 12/18/2017

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
5KZO11

This is Page 37 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: MCCORMICK FAMILY CIRCLE (0010592)

Address: 1018 GRAHAM AVE, EAU CLAIRE, WI 54701

License Status: REGULAR

Licensed/Certified/Registered 12/1/2004 12:00:00AM

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

Survey History

Survey ID: 0130587 **End Date:** 6/13/2019 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 38 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MILESTONE SENIOR LIVING RENEE (0017057)

Address: 5510 RENEE DR, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 5/18/2018 12:00:00AM

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

Survey History

Survey ID: 0133264 **End Date:** 12/19/2019 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #732R11 Served 4/20/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE		
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.19	ORIENTATION		
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE		
83.41(3)(b)	FOOD SAFETY		
83.42(1)	RESIDENT RECORD MAINTAINED		

Survey ID: 0131951 **End Date:** 10/31/2019 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 39 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0131477 **End Date: 7/31/2019** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JJWK11 Served 9/19/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(2)	TEMPORARY SERVICE PLAN		

Survey ID: 0131293 **End Date: 6/20/2019** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZWVC11 Served 8/30/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS		

Survey ID: 0130425 **End Date: 5/29/2019** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130226 **End Date: 4/29/2019** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9HCZ13 Served 5/15/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	5/29/19	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	5/29/19	Yes

Survey ID: 0130126 **End Date: 4/24/2019** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 40 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0129609 **End Date: 2/11/2019** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9HCZ12 Served 3/26/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	4/29/19	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	4/29/19	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	4/29/19	No
83.35(2)	TEMPORARY SERVICE PLAN	4/29/19	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	4/29/19	Yes

Survey ID: 0129033 **End Date: 11/27/2018** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YPZH11 Served 1/23/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	4/24/19	Yes
83.41(2)(c)	NUTRITION: MENUS	4/24/19	Yes

Survey ID: 0128829 **End Date: 10/25/2018** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9HCZ11 Served 12/26/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	2/11/19	Yes

This is Page 41 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0128062 **End Date: 9/13/2018** **Type: OTHER** **Purpose: DESK REVIEW**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0127578 **End Date: 7/16/2018** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #NYG911 Served 7/27/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	9/13/18	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	9/13/18	Yes
83.41(3)(b)	FOOD SAFETY	9/13/18	Yes

Survey ID: 0126948 **End Date: 5/18/2018** **Type: ABBREVIATED** **Purpose: CHOW--DESK REVIEW**

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 42 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (MILESTONE SENIOR LIVING RENEE--0017057)

Date: 4/20/2020 **SOD #**732R11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.14(2)(e)
FORFEITURE---83.15(3)(a)
FORFEITURE---83.19
FORFEITURE---83.20(2)(a)
FORFEITURE---83.20(2)(b)
FORFEITURE---83.20(2)(c)
FORFEITURE---83.20(2)(d)
FORFEITURE---83.21(1)
FORFEITURE---83.42(1)

Date: 9/16/2019 **SOD #**JJWK11 **Appealed:** **Decision:** PENDING

Sanctions

FORFEITURE---83.35(2)

Date: 8/26/2019 **SOD #**ZWVC11 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.36(1)(a)

Date: 5/15/2019 **SOD #**9HCZ13 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.14(2)(a)
FORFEITURE---83.15(3)(a)

This is Page 43 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 3/26/2019 **SOD #**9HCZ12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.12(2)(a)
FORFEITURE---83.12(5)(a)

Date: 1/17/2019 **SOD #**YPZH11 **Appealed:**

Sanctions

FORFEITURE---83.35(3)(c)

Date: 12/20/2018 **SOD #**9HCZ11 **Appealed:** No

Sanctions

OTHER SANCTION

This is Page 44 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (MILESTONE SENIOR LIVING RENEE--0017057)

Date Complaint Received: 12/9/2019

Date Investigation Completed: 12/19/2019

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	732R11
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	732R11
PROGRAM SERVICES	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	732R11

Date Complaint Received: 10/16/2019

Date Investigation Completed: 10/31/2019

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	

Date Complaint Received: 7/25/2019

Date Investigation Completed: 7/31/2019

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 6/6/2019

Date Investigation Completed: 6/20/2019

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	ZWVC11

Date Complaint Received: 1/31/2019

Date Investigation Completed: 2/11/2019

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	9HCZ12

Date Complaint Received: 1/24/2019

Date Investigation Completed: 2/11/2019

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	9HCZ12
ADMINISTRATION	SUBSTANTIATED	9HCZ12

This is Page 45 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 11/8/2018

Date Investigation Completed: 11/27/2018

Subject Area(s)

Result

SOD #

ADMINISTRATION
RESIDENT RIGHTS

NOT SUBSTANTIATED
SUBSTANTIATED

YPZH11

Date Complaint Received: 10/16/2018

Date Investigation Completed: 10/25/2018

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 9/19/2018

Date Investigation Completed: 10/25/2018

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 6/25/2018

Date Investigation Completed: 7/16/2018

Subject Area(s)

Result

SOD #

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

NYG911
NYG911

This is Page 46 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ORCHARD HILLS (510381)

Address: 1403 TRUAX BLVD, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 10/1/1999 12:00:00AM

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

Survey History

Survey ID: 0132794 **End Date:** 2/20/2020 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 47 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OUR HOUSE EAU CLAIRE MEMORY CARE (0013430)

Address: 733 W HAMILTON AVE, EAU CLAIRE, WI 54701

License Status: REGULAR

Licensed/Certified/Registered 8/15/2011 12:00:00AM

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

Survey History

Survey ID: 0133001 **End Date:** 12/2/2019 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QDKK11 Served 3/19/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		

Survey ID: 0130305 **End Date:** 5/22/2019 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130160 **End Date:** 2/20/2019 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1BQM11 Served 5/19/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	5/22/19	Yes

This is Page 48 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (OUR HOUSE EAU CLAIRE MEMORY CARE--0013430)

Date: 3/19/2020 **SOD #**QDKK11 **Appealed:** **Decision:** PENDING

Sanctions

FORFEITURE---83.32(3)(h)

Date: 5/8/2019 **SOD #**1BQM11 **Appealed:**

Sanctions

FORFEITURE---83.32(3)(h)

Complaint History (OUR HOUSE EAU CLAIRE MEMORY CARE--0013430)

Date Complaint Received: 10/31/2019 **Date Investigation Completed:** 12/2/2019

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
QDKK11

This is Page 49 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: PRAIRIE VIEW (510043)

Address: 6808 W CAMERON ST, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 5/27/1983 12:00:00AM

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

Survey History

Survey ID: 0126014 **End Date:** 2/21/2018 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 50 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ROSE VIEW (510209)

Address: 2710 NORTH TOWN HALL ROAD, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 10/14/1992 12:00:00AM

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

Survey History

Survey ID: 0128959 **End Date:** 1/8/2019 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (ROSE VIEW--510209)

Date Complaint Received: 12/18/2018

Date Investigation Completed: 1/8/2019

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

This is Page 51 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: TIMBER VIEW (510256)

Address: S8560 BALSAM ROAD, EAU CLAIRE, WI 54701

License Status: REGULAR

Licensed/Certified/Registered 12/13/1994 12:00:00AM

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

Survey History

Survey ID: 0131104 **End Date:** 8/6/2019 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130470 **End Date:** 3/20/2019 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #M23X11 Served 6/7/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	8/6/19	Yes
83.12(6)	DOCUMENTATION REQUIREMENTS FOR WRITTEN REPORT	8/6/19	Yes
83.35(2)	TEMPORARY SERVICE PLAN	8/6/19	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	8/6/19	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	8/6/19	Yes

This is Page 52 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0129115 **End Date: 1/29/2019** **Type: OTHER** **Purpose: DESK REVIEW**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128970 **End Date: 1/10/2019** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DMR911 Served 1/11/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.32(3)(c)	RIGHTS OF RESIDENTS: FREE FROM LABOR	1/29/19	Yes
83.39(2)	INFECTION CONTROL PROGRAM POLICIES/TRAINING	1/29/19	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	1/29/19	Yes
83.45(1)(e)	ELECTRICAL, MECHANICAL, WATER SUPPLY	1/29/19	Yes

Survey ID: 0125228 **End Date: 11/28/2017** **Type: STANDARD** **Purpose: SURVEY**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (TIMBER VIEW--510256)

Date: 6/6/2019 **SOD #M23X11** **Appealed:**

Sanctions

FORFEITURE---83.35(2)
FORFEITURE---83.35(3)(a)
FORFEITURE---83.37(1)(j)

This is Page 53 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS AA (AMBULATORY)

Complaint History (TIMBER VIEW--510256)

Date Complaint Received: 7/28/2019

Date Investigation Completed: 8/6/2019

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 7/25/2019

Date Investigation Completed: 8/6/2019

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 3/6/2019

Date Investigation Completed: 3/20/2019

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
M23X11

Date Complaint Received: 1/2/2019

Date Investigation Completed: 1/10/2019

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Result
SUBSTANTIATED

SOD #
DMR911

This is Page 54 of 55 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 5/10/2017 to 5/9/2020

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: VALLEY VIEW (510064)

Address: 2720 NORTH TOWNHALL RD, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 7/31/1986 12:00:00AM

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

Survey History

Survey ID: 0129629 **End Date:** 3/19/2019 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 55 of 55 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.