

Provider Inspection Summary

For the period 2/13/2016 to 2/12/2019

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Day Care Facilities in Lacrosse County. The report is a PDF (Adobe Acrobat) document and includes a total of 6.00 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 2/13/2016 to 2/12/2019

Adult Day Care Facility

Facility Information

Facility Name: HMONG KASHIA DAY CARE (0013210)

Address: 1100 KANE ST, LACROSSE, WI 54603

License Status: REGULAR

Licensed/Certified/Registered 4/4/2010 12:00:00AM

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

Survey History

Survey ID: 0129044 **End Date:** 12/13/2018 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #511W11 Served 1/23/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
I.a.(1)	PROGRAM ADMINISTRATION-DESCRIPTION		
I.b.(2)	OBTAIN AND DOCUMENT		
I.b.(3)	SIGNED BY PARTICIPANT		
I.g.(2)	TRANSPORTATION-SAFE VEHICLES		
II.	PERSONNEL		
II.d.(2)	TRAINING-ORIENTATION.		
II.d.(3)	TRAINING-EMPLOYEES		
V.(1)	PROGRAM EVALUATION		

Survey ID: 0124931 **End Date:** 10/31/2017 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 6 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 2/13/2016 to 2/12/2019

Adult Day Care Facility

Survey ID: 0124678 **End Date:** 10/3/2017 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #GMQ011 Served 10/16/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
FADC--II.A.(4)	PERSONNEL-FAMILY ADULT DAY CARE PROVIDER	10/31/17	Yes
III.b.(5)	SAFETY-EMERGENCIES PLAN	10/31/17	Yes

Enforcement History (HMONG KASHIA DAY CARE--0013210)

Date: 1/18/2019 **SOD #**511W11 **Appealed:** No

Sanctions

OTHER SANCTION

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Provider Inspection Summary

For the period 2/13/2016 to 2/12/2019

Adult Day Care Facility

Facility Information

Facility Name: MERIT CENTRE NORTH (500010)

Address: 1020 WINDSOR STREET, LACROSSE, WI 54603

License Status: REGULAR

Licensed/Certified/Registered 9/14/1992 12:00:00AM

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

Survey History

Survey ID: 0122299 **End Date:** 1/12/2017 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0120033 **End Date:** 3/30/2016 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (MERIT CENTRE NORTH--500010)

Date Complaint Received: 12/10/2016

Date Investigation Completed: 1/12/2017

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/13/2016 to 2/12/2019

Adult Day Care Facility

Facility Information

Facility Name: MERIT CENTRE SOUTH (0008898)

Address: 3900 EAST AVENUE SOUTH, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 10/25/1999 12:00:00AM

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

Survey History

Survey ID: 0121085 **End Date:** 4/28/2016 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0120032 **End Date:** 3/30/2016 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #O8BM11 Served 4/11/2016

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
I.c.(3)	PLAN-REVIEWED & UPDATED EVERY 6 MONTHS	4/11/16	Yes

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Provider Inspection Summary

For the period 2/13/2016 to 2/12/2019

Adult Day Care Facility

Facility Information

Facility Name: COULEE REGION ADULT DAY CENTER (0016835)

Address: 565 BRAUND ST, ONALASKA, WI 54650

License Status: REGULAR

Licensed/Certified/Registered 9/29/2017 12:00:00AM

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

Survey History

Survey ID: 0124635 **End Date:** 9/26/2017 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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