

Provider Inspection Summary

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

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Lacrosse County.

The report includes only facilities located within the City of LACROSSE. 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 44.00 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 Family Home

Facility Information

Facility Name: APTIV SIXTEEN PINES (0015007)

Address: N3080 SUGAR PINE LANE, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 4/1/2014 12:00:00AM

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

Survey History

Survey ID: 0126765 **End Date:** 5/18/2018 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126361 **End Date:** 3/21/2018 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CJVW11 Served 4/6/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	5/18/18	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	5/18/18	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	5/18/18	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	5/18/18	Yes

Survey ID: 0121924 **End Date:** 12/2/2016 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0120241 **End Date:** 4/8/2016 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YP5611 Served 5/9/2016

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	12/2/16	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	12/2/16	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	12/2/16	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	12/2/16	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	12/2/16	Yes
88.09(1)(a)	RESIDENT RECORDS	12/2/16	Yes

Enforcement History (APTIV SIXTEEN PINES--0015007)

Date: 5/4/2016 **SOD #**YP5611 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC #106 (0014479)

Address: 142 LOCUST STREET, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 12/12/2012 12:00:00AM

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

Survey History

Survey ID: 0126143 **End Date:** 3/6/2018 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124547 **End Date:** 9/26/2017 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123601 **End Date:** 4/17/2017 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #M8MR11 Served 7/6/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	9/26/17	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	9/26/17	Yes
88.05(4)(d)1	FIRE SAFETY EVACUATION PLAN	9/26/17	Yes
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	9/26/17	Yes

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (AURORA RESIDENTIAL ALTERNATIVES INC #106--0014479)

Date: 7/6/2017 **SOD #**M8MR11 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT

Complaint History (AURORA RESIDENTIAL ALTERNATIVES INC #106--0014479)

Date Complaint Received: 2/15/2018

Date Investigation Completed: 3/6/2018

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 3/7/2017

Date Investigation Completed: 4/17/2017

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC 108 (0014937)

Address: 146 LOCUST ST, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 3/1/2014 12:00:00AM

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

Survey History

Survey ID: 0126338 **End Date:** 3/28/2018 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123416 **End Date:** 6/13/2017 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0121257 **End Date:** 9/7/2016 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0120027 **End Date:** 3/7/2016 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LI1111 Served 4/7/2016

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	9/7/16	Yes
88.05(3)(a)	HOME ENVIRONMENT	9/7/16	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	9/7/16	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	9/7/16	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	9/7/16	Yes

Enforcement History (AURORA RESIDENTIAL ALTERNATIVES INC 108--0014937)

Date: 4/5/2016 **SOD #** LI1111 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Complaint History (AURORA RESIDENTIAL ALTERNATIVES INC 108--0014937)

Date Complaint Received: 4/10/2017 **Date Investigation Completed:** 6/13/2017

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

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: CREATIVE COMM LIVING SERV INC DIVISION ST (0014918)

Address: 1021 DIVISION STREET, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 12/19/2013 12:00:00AM

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

Survey History

Survey ID: 0128443 **End Date:** 10/29/2018 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CREATIVE COMM LIVING SERV INC DIVISION ST--0014918)

Date Complaint Received: 10/11/2018

Date Investigation Completed: 10/29/2018

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: CREATIVE COMMUNITY LIVING SERVICES INC (0009914)

Address: 2160 JACKSON STREET, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 11/13/2002 12:00:00AM

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

Survey History

Survey ID: 0127386 **End Date:** 6/28/2018 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: CREATIVE COMMUNITY LIVING SERVICES INC (0010133)

Address: 1318 KANE ST, LACROSSE, WI 54603

License Status: REGULAR

Licensed/Certified/Registered 7/22/2003 12:00:00AM

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

Survey History

Survey ID: 0122296 **End Date:** 1/20/2017 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0122132 **End Date:** 12/20/2016 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #97OS11 Served 1/9/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	1/20/17	Yes

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: CREATIVE COMMUNITY LIVING SERVICES INC (0010175)

Address: 1051 SHOREWOOD DRIVE, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 8/25/2003 12:00:00AM

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

Survey History

Survey ID: 0121080 **End Date:** 5/10/2016 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0120157 **End Date:** 4/14/2016 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #86N211 Served 4/28/2016

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	5/5/16	Yes

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: CREATIVE COMMUNITY LIVING SERVICES INC (0010706)

Address: 2610 FARNAM ST, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 9/2/2004 12:00:00AM

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

Survey History

Survey ID: 0127429 **End Date:** 7/10/2018 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: CREATIVE COMMUNITY LIVING SERVICES INC (0010732)

Address: N2074 IRISH COURT, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 10/25/2004 12:00:00AM

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

Survey History

Survey ID: 0120987 **End Date:** 8/10/2016 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: CREATIVE COMMUNITY LIVING SERVICES INC (0011063)

Address: 2725 E BURR OAK, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 8/1/2005 12:00:00AM

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

Survey History

Survey ID: 0127431 **End Date:** 7/11/2018 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0121268 **End Date:** 9/7/2016 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CREATIVE COMMUNITY LIVING SERVICES INC--0011063)

Date Complaint Received: 8/2/2016

Date Investigation Completed: 9/7/2016

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

This is Page 14 of 44 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: CREATIVE COMMUNITY LIVING SERVICES INC (0011234)

Address: 3235 ELM DR, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 12/19/2005 12:00:00AM

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

Survey History

No survey activity during the period 2/13/16 to 2/12/19

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: CREATIVE COMMUNITY LIVING SERVICES INC (0011986)

Address: 1940 STATE RD, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 6/12/2007 12:00:00AM

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

Survey History

Survey ID: 0120160 **End Date:** 4/14/2016 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: CREATIVE COMMUNITY LIVING SERVICES INC (0012092)

Address: 3324/3326 S 29TH COURT, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 8/29/2007 12:00:00AM

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

Survey History

Survey ID: 0120986 **End Date:** 8/10/2016 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: DENHAVEN ADULT FAMILY HOME (590021)

Address: 1116 SOUTH 6TH STREET, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 10/1/1995 12:00:00AM

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

Survey History

Survey ID: 0127596 **End Date:** 7/24/2018 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126807 **End Date:** 4/14/2018 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PUB311 Served 5/29/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	7/24/18	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	7/24/18	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	7/24/18	Yes
88.05(3)(a)	HOME ENVIRONMENT	7/24/18	Yes
88.05(3)(i)	BATHROOM LOCK	7/24/18	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	7/24/18	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	7/24/18	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	7/24/18	Yes
88.05(5)	TELEPHONE	7/24/18	Yes
88.05(6)(a)	HOUSEHOLD PETS	7/24/18	Yes
88.05(6)(c)	HOUSEHOLD PETS-HANDLED PROPERLY	7/24/18	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	7/24/18	Yes

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Provider Inspection Summary

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

Adult Family Home

88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	7/24/18	Yes
88.09(2)(a)	SERVICE PROVIDER RECORD	7/24/18	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	7/24/18	Yes

Survey ID: 0120461 End Date: 6/8/2016 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (DENHAVEN ADULT FAMILY HOME--590021)

Date: 5/23/2018 SOD #PUB311 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: DWELLING PLACE (THE) (0014356)

Address: 1810 GREEN BAY ST, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 11/5/2012 12:00:00AM

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

Survey History

Survey ID: 0128643 **End Date:** 11/26/2018 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0127942 **End Date:** 8/9/2018 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #708E11 Served 9/5/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	11/26/18	Yes

Survey ID: 0126704 **End Date:** 4/5/2018 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6N1J11 Served 5/14/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	11/26/18	Yes

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0126268 **End Date: 2/26/2018** **Type: OTHER** **Purpose: DESK REVIEW**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CNM611 Served 3/23/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	11/26/18	Yes

Survey ID: 0124278 **End Date: 7/13/2017** **Type: ABBREVIATED** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WTFJ11 Served 9/21/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(d)	COPY OF RULES AVAILABLE	11/26/18	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	11/26/18	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	11/26/18	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	11/26/18	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	11/26/18	Yes
88.06(3)(f)	REVIEW OF ISP	11/26/18	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	11/26/18	Yes
88.10(3)(m)	FREEDOM FROM ABUSE	11/26/18	Yes

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (DWELLING PLACE (THE)--0014356)

Date: 8/29/2018 **SOD #**7O8E11 **Appealed:** Yes

Sanctions

NNAO EXTENDED
REVOKE LICENSE

Date: 5/10/2018 **SOD #**6N1J11 **Appealed:** No

Sanctions

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

Date: 3/20/2018 **SOD #**CNM611 **Appealed:** No

Sanctions

NO NEW ADMISSIONS

Date: 9/15/2017 **SOD #**WTFJ11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: EAGLES PATH AFH (0015738)

Address: 2731 LINCOLN AVENUE, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 12/17/2015 12:00:00AM

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

Survey History

Survey ID: 0126938 **End Date:** 5/30/2018 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125584 **End Date:** 1/4/2018 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125296 **End Date:** 12/5/2017 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #0V7C12 Served 12/13/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	1/4/18	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	1/4/18	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	1/4/18	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	1/4/18	Yes

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0119820 End Date: 2/17/2016 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0V7C11 Served 3/5/2016

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(m)	FREEDOM FROM ABUSE	11/30/17	Yes
88.11(1)	REPORTING OF ABUSE AND NEGLECT	11/30/17	Yes

Enforcement History (EAGLES PATH AFH--0015738)

Date: 3/1/2016 SOD #0V7C11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
 COMPLY WITH REQUIREMENT

Complaint History (EAGLES PATH AFH--0015738)

Date Complaint Received: 5/9/2018

Date Investigation Completed: 5/30/2018

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

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: HIDDEN SPRINGS AFH (0015923)

Address: N3280 HIDDEN SPRINGS RD, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 8/11/2016 12:00:00AM

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

Survey History

Survey ID: 0127743 **End Date:** 8/7/2018 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0121119 **End Date:** 8/8/2016 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: ILC INC 27TH ST (0011608)

Address: 1348 S 27TH STREET, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 9/20/2006 12:00:00AM

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

Survey History

Survey ID: 0127581 **End Date:** 7/24/2018 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: ILC INC EAGLE HOUSE (0010584)

Address: 2900 STATE RD, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 5/17/2004 12:00:00AM

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

Survey History

Survey ID: 0120603 **End Date:** 6/22/2016 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: ILC INC FERNDALE LANE (0013233)

Address: 4172 FERNDALE LANE, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 3/17/2010 12:00:00AM

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

Survey History

Survey ID: 0126829 **End Date:** 5/22/2018 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126217 **End Date:** 2/8/2018 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OX2E11 Served 3/15/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	5/22/18	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	5/22/18	Yes
88.07(2)(a)	SERVICES	5/22/18	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	5/22/18	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	5/22/18	Yes
88.10(3)(q)	MEDICATIONS	5/22/18	Yes

Survey ID: 0120084 **End Date:** 4/7/2016 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (ILC INC FERNDALE LANE--0013233)

Date: 3/15/2018 **SOD #**OX2E11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: ILC INC HORTON HOUSE (0011266)

Address: 1355 HORTON ST, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 1/23/2006 12:00:00AM

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

Survey History

Survey ID: 0126831 **End Date:** 5/22/2018 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126327 **End Date:** 2/22/2018 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RVTX11 Served 4/3/2016

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	5/22/18	Yes
88.05(3)(a)	HOME ENVIRONMENT	5/22/18	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	5/22/18	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	5/22/18	Yes

Survey ID: 0120085 **End Date:** 4/7/2016 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (ILC INC HORTON HOUSE--0011266)

Date: 3/29/2018 **SOD #**RVTX11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: ILC SHOREWOOD (0014826)

Address: 1120 SHOREWOOD DR, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 10/24/2013 12:00:00AM

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

Survey History

Survey ID: 0127770 **End Date:** 5/22/2018 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126125 **End Date:** 2/2/2018 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1P1111 Served 3/6/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	5/22/18	Yes
88.07(2)(a)	SERVICES	5/22/18	Yes
88.07(2)(b)5	MONITORING HEALTH	5/22/18	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	5/22/18	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	5/22/18	Yes

Survey ID: 0119824 **End Date:** 2/25/2016 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (ILC SHOREWOOD--0014826)

Date: 3/6/2018 **SOD #**1P1111 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: MAJOS CASA INC (0015741)

Address: 2133 LOSEY BLVD SOUTH, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 6/23/2015 12:00:00AM

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

Survey History

Survey ID: 0125400 **End Date:** 12/14/2017 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124348 **End Date:** 7/24/2017 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YW NK11 Served 9/25/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	12/14/17	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	12/14/17	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	12/14/17	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	12/14/17	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	12/14/17	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	12/14/17	Yes
88.07(1)(c)	ACTIVITIES AND SERVICES	12/14/17	Yes
88.07(2)(a)	SERVICES	12/14/17	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	12/14/17	Yes

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (MAJOS CASA INC--0015741)

Date: 9/20/2017 **SOD #**YWNK11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: NEW BEGINNINGS HOME (0014100)

Address: 3019 WARD AVE, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 4/5/2012 12:00:00AM

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

Survey History

Survey ID: 0121789 **End Date:** 11/16/2016 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0121690 **End Date:** 10/24/2016 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #JIRB11 Served 11/7/2016

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	11/11/16	Yes

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: PARMENTER HOME (THE) (0009461)

Address: 626 HARVEY STREET, LACROSSE, WI 54603

License Status: REGULAR

Licensed/Certified/Registered 10/22/2001 12:00:00AM

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

Survey History

Survey ID: 0127981 **End Date:** 8/30/2018 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0119876 **End Date:** 3/2/2016 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: ROBINS NEST (0016200)

Address: 2133 SUNSET LANE, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 8/5/2016 12:00:00AM

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

Survey History

Survey ID: 0127929 **End Date:** 8/20/2018 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0127670 **End Date:** 7/25/2018 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124726 **End Date:** 10/9/2017 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123835 **End Date:** 5/18/2017 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XL4811 Served 8/11/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	10/9/17	Yes

Survey ID: 0120939 **End Date:** 8/5/2016 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (ROBINS NEST--0016200)

Date: 8/1/2017 **SOD #**XL4811 **Appealed:** No

Sanctions

OTHER SANCTION

Complaint History (ROBINS NEST--0016200)

Date Complaint Received: 8/13/2018

Date Investigation Completed: 8/20/2018

Subject Area(s)

ADMINISTRATION

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: STACEYS ADULT FAMILY HOME (0010095)

Address: 2505 FIRST AVE W, LACROSSE, WI 54603

License Status: REGULAR

Licensed/Certified/Registered 6/8/2003 12:00:00AM

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

Survey History

Survey ID: 0127979 **End Date:** 8/29/2018 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0119877 **End Date:** 3/2/2016 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: SUNRISE (0015110)

Address: 2119 SUNSET LANE, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 6/3/2014 12:00:00AM

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

Survey History

Survey ID: 0127931 **End Date:** 8/20/2018 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0127528 **End Date:** 7/20/2018 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0127198 **End Date:** 6/13/2018 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #QB8S11 Served 6/29/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(q)	MEDICATIONS	7/20/18	Yes

Survey ID: 0122975 **End Date:** 4/6/2017 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0121488 End Date: 9/16/2016 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Z4S712 Served 10/17/2016

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	4/6/17	Yes

Survey ID: 0120389 End Date: 5/20/2016 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Z4S711 Served 6/13/2016

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	9/16/16	No
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	9/16/16	Yes

Enforcement History (SUNRISE--0015110)

Date: 10/13/2016 SOD #Z4S712 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Date: 6/3/2016 SOD #Z4S711 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

This is Page 42 of 44 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary

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

Adult Family Home

Complaint History (SUNRISE--0015110)

Date Complaint Received: 2/11/2019

Date Investigation Completed: 2/20/2019

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

CVCS11

Date Complaint Received: 8/13/2018

Date Investigation Completed: 8/20/2018

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: SUNSET (0015313)

Address: 2121 SUNSET LANE, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 10/10/2014 12:00:00AM

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

Survey History

Survey ID: 0121575 **End Date:** 10/17/2016 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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