

## 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 is a PDF (Adobe Acrobat) document and includes a total of 36.00 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:** 505 PINE CONE PLACE (0013489)

**Address:** 505 PINE CONE PLACE, HOLMEN, WI 54636

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/9/2010 12:00:00AM

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

#### Survey History

**Survey ID:** 0121932    **End Date:** 11/30/2016    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0121049    **End Date:** 4/6/2016    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0119855    **End Date:** 3/3/2016    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #2T6211    Served 3/9/2016

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	4/15/16	Yes

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**Provider Inspection Summary**

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

Adult Family Home

**Complaint History (505 PINE CONE PLACE--0013489)**

**Date Complaint Received: 10/14/2016**

**Date Investigation Completed: 11/30/2016**

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:** 507 PINE CONE PLACE (0013490)

**Address:** 507 PINE CONE PLACE, HOLMEN, WI 54636

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/9/2010 12:00:00AM

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

### Survey History

**Survey ID:** 0123566    **End Date:** 6/28/2017    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0122704    **End Date:** 2/1/2017    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #G8BD11    Served 3/16/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	6/28/17	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	6/28/17	Yes
88.10(3)(q)	MEDICATIONS	6/28/17	Yes

**Survey ID:** 0119856    **End Date:** 3/2/2016    **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

### Enforcement History (507 PINE CONE PLACE--0013490)

**Date:** 3/16/2017      **SOD #**G8BD11      **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:** REM CHERRY LANE (0016126)

**Address:** 1204 CHERRY LANE S, HOLMEN, WI 54636

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/18/2016 12:00:00AM

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

### Survey History

**Survey ID:** 0129256    **End Date:** 2/4/2019    **Type:** OTHER    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0126518    **End Date:** 4/11/2018    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0125643    **End Date:** 1/8/2018    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0125084    **End Date:** 8/14/2017    **Type:** OTHER    **Purpose:** SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #JH1M11    Served 11/10/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	1/8/18	Yes

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**Provider Inspection Summary**

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

Adult Family Home

**Survey ID: 0121951    End Date: 11/30/2016    Type: OTHER    Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID: 0120178    End Date: 4/18/2016    Type: INITIAL    Purpose: SURVEY**

**Results:** LICENSE/CERT/REGISTRATION ISSUED

**Enforcement History (REM CHERRY LANE--0016126)**

**Date: 11/10/2017    SOD #JH1M11    Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

**Complaint History (REM CHERRY LANE--0016126)**

**Date Complaint Received: 1/24/2019**

**Date Investigation Completed: 2/7/2019**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 10/18/2016**

**Date Investigation Completed: 11/30/2016**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PROGRAM SERVICES

NOT SUBSTANTIATED  
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:** REM WISCONSIN III INC ELIZABETH DRIVE (0014310)

**Address:** N7050 ELIZABETH DRIVE, HOLMEN, WI 54636

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/1/2012 12:00:00AM

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

### Survey History

**Survey ID:** 0123592      **End Date:** 6/28/2017      **Type:** STANDARD      **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:** REM WISCONSIN III INC MALLARD DRIVE (0012652)

**Address:** 313 MALLARD DR, HOLMEN, WI 54636

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/8/2008 12:00:00AM

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

### Survey History

**Survey ID:** 0128075    **End Date:** 9/14/2018    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0127992    **End Date:** 8/29/2018    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #9BTZ11    Served 9/5/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	9/14/18	Yes

**Survey ID:** 0124374    **End Date:** 9/12/2017    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0120044    **End Date:** 4/4/2016    **Type:** OTHER    **Purpose:** DESK REVIEW

**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:** REM MARION ROAD (0016915)

**Address:** 2907 N MARION ROAD, LA CROSSE, WI 54601

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/13/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0125055    **End Date:** 11/9/2017    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

**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:** AURORA RESIDENTIAL ALTERNATIVES INC #107 (0014681)

**Address:** 1166 STUHR COURT, ONALASKA, WI 54650

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/21/2013 12:00:00AM

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

### Survey History

**Survey ID:** 0124734    **End Date:** 10/17/2017    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0124651    **End Date:** 10/3/2017    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #F8P711    Served 10/9/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.09(1)(a)	RESIDENT RECORDS	10/17/17	Yes

**Survey ID:** 0121047    **End Date:** 2/23/2016    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0121046    **End Date:** 2/16/2016    **Type:** OTHER    **Purpose:** DESK REVIEW

**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:** COULEE CARE MAIN STREET (0014307)  
**Address:** 1106 MAIN ST, ONALASKA, WI 54650  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 9/19/2012 12:00:00AM  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

**Survey History**

**Survey ID:** 0126322    **End Date:** 3/19/2018    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0125250    **End Date:** 9/27/2017    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #D8ZQ11    Served 12/6/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	3/19/18	Yes
88.05(3)(a)	HOME ENVIRONMENT	3/19/18	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	3/19/18	Yes

**Survey ID:** 0120932    **End Date:** 8/8/2016    **Type:** OTHER    **Purpose:** DESK REVIEW

**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:** 0120787    **End Date:** 7/19/2016    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #X9YE11    Served 7/25/2016

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	8/31/16	Yes

**Survey ID:** 0119834    **End Date:** 2/29/2016    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Enforcement History (COULEE CARE MAIN STREET--0014307)

**Date:** 12/6/2017    **SOD #**D8ZQ11    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

#### Complaint History (COULEE CARE MAIN STREET--0014307)

**Date Complaint Received:** 6/27/2016

**Date Investigation Completed:** 7/19/2016

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

Result  
NOT SUBSTANTIATED  
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:** CREATIVE COMMUNITY LIVING SERVICES CLIFFVIEW (0016715)

**Address:** 1422 CLIFFVIEW AVE, ONALASKA, WI 54650

**License Status:** REGULAR

**Licensed/Certified/Registered** 7/1/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0123513      **End Date:** 6/22/2017      **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:** CREATIVE COMMUNITY LIVING SERVICES INC (0009775)

**Address:** N5412 CIRCLE DRIVE W, ONALASKA, WI 54650

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/1/2002 12:00:00AM

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

#### Survey History

**Survey ID:** 0128831    **End Date:** 10/24/2018    **Type:** OTHER    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #S15D11    Served 12/20/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(b)5	MONITORING HEALTH		
88.07(2)(e)	ANNUAL HEALTH EXAM		

**Survey ID:** 0127996    **End Date:** 8/29/2018    **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: 0127603    End Date: 6/28/2018    Type: ABBREVIATED    Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #CZ0R11    Served 7/31/2018**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	8/29/18	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	8/29/18	Yes
88.07(2)(a)	SERVICES	8/29/18	Yes

**Enforcement History (CREATIVE COMMUNITY LIVING SERVICES INC--0009775)**

**Date: 12/20/2018    SOD #S15D11    Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
 COMPLY WITH REQUIREMENT

**Date: 7/27/2018    SOD #CZ0R11    Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

**Complaint History (CREATIVE COMMUNITY LIVING SERVICES INC--0009775)**

**Date Complaint Received: 10/5/2018    Date Investigation Completed: 10/10/2018**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	S15D11

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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 (590130)

**Address:** 837 MAIN STREET, ONALASKA, WI 54650

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/13/1997 12:00:00AM

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

### Survey History

**Survey ID:** 0123394    **End Date:** 6/6/2017    **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:** HOLTAN HOUSE 2 (0015771)

**Address:** 2147 ABBEY ROAD, ONALASKA, WI 54650

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/3/2015 12:00:00AM

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

### Survey History

**Survey ID:** 0129204    **End Date:** 1/2/2019    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0124563    **End Date:** 9/27/2017    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0124103    **End Date:** 7/18/2017    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ZN6F11    Served 8/31/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.06(2)(a)	ADMISSION-HEALTH EXAM	9/27/17	Yes
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	9/27/17	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	9/27/17	Yes

**Survey ID:** 0121755    **End Date:** 11/2/2016    **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:** 0121136    **End Date:** 7/20/2016    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #WX8211    Served 9/1/2016

<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	11/2/16	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	11/2/16	Yes

**Enforcement History (HOLTAN HOUSE 2--0015771)**

**Date:** 8/31/2017    **SOD #**ZN6F11    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

**Date:** 8/26/2016    **SOD #**WX8211    **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

### Complaint History (HOLTAN HOUSE 2--0015771)

**Date Complaint Received: 11/26/2018**

**Date Investigation Completed: 1/2/2019**

Subject Area(s)  
ADMINISTRATION

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 7/20/2016**

**Date Investigation Completed: 7/20/2016**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 6/21/2016**

**Date Investigation Completed: 7/20/2016**

Subject Area(s)  
ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

Result  
SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #  
WX8211

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** HOLTAN HOUSE 3 (0017112)

**Address:** 2145 ABBEY RD, ONALASKA, WI 54650

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/2/2018 12:00:00AM

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

### Survey History

**Survey ID:** 0126720      **End Date:** 5/2/2018      **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:** HOLTAN HOUSE RESIDENTIAL SERVICES (0015131)

**Address:** 2149 ABBEY ROAD, ONALASKA, WI 54650

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/27/2014 12:00:00AM

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

### Survey History

**Survey ID:** 0129450    **End Date:** 1/2/2019    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #J5US11    Served 3/1/2019

<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		
88.06(1)(e)	INFORMATION TO DETERMINE SERVICES		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

**Survey ID:** 0127548    **End Date:** 7/19/2018    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0121796    **End Date:** 11/18/2016    **Type:** OTHER    **Purpose:** DESK REVIEW

**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: 0121683    End Date: 11/3/2016    Type: OTHER    Purpose: VERIFICATION VISIT**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #VBA612    Served 11/7/2016

<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	11/18/16	Yes

**Survey ID: 0121160    End Date: 7/20/2016    Type: STANDARD    Purpose: SURVEY/COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #VBA611    Served 9/2/2016

<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	11/3/16	Yes
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	11/3/16	Yes

**Enforcement History (HOLTAN HOUSE RESIDENTIAL SERVICES--0015131)**

**Date: 8/30/2016    SOD #VBA611    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

#### Complaint History (HOLTAN HOUSE RESIDENTIAL SERVICES--0015131)

**Date Complaint Received: 11/26/2018**

**Date Investigation Completed: 1/2/2019**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

J5US11

**Date Complaint Received: 6/21/2016**

**Date Investigation Completed: 7/20/2016**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

VBA611

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** KNAPP BIRKA LANE AFH (0014357)

**Address:** 1537 BIRKA LANE, ONALASKA, WI 54650

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/8/2012 12:00:00AM

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

### Survey History

**Survey ID:** 0128878    **End Date:** 12/20/2018    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0127814    **End Date:** 8/15/2018    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0127421    **End Date:** 5/23/2018    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #1Q6Q11    Served 7/11/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)1	FIRE SAFETY EVACUATION PLAN	8/15/18	Yes

**Survey ID:** 0123487    **End Date:** 6/8/2017    **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: 0122555    End Date: 12/20/2016    Type: STANDARD    Purpose: SURVEY/COMPLAINT**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #UQHQ11    Served 2/28/2017**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	3/10/17	No
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	3/10/17	No
88.07(1)(c)	ACTIVITIES AND SERVICES	3/10/17	No
88.10(3)(a)	FAIR TREATMENT	3/10/17	No
88.10(3)(q)	MEDICATIONS	3/10/15	No

**Enforcement History (KNAPP BIRKA LANE AFH--0014357)**

**Date: 7/11/2018    SOD #1Q6Q11    Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

**Complaint History (KNAPP BIRKA LANE AFH--0014357)**

**Date Complaint Received: 5/7/2018    Date Investigation Completed: 5/23/2018**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	1Q6Q11

**Date Complaint Received: 11/17/2016    Date Investigation Completed: 12/20/2016**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	UQHQ11
PROGRAM SERVICES	SUBSTANTIATED	UQHQ11

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** REM HURRICANE COURT (0016914)

**Address:** N5009 HURRICANE COURT, ONALASKA, WI 54650

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/13/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0125051      **End Date:** 11/9/2017      **Type:** INITIAL      **Purpose:** CHOW--DESK REVIEW

**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:** REM KRISTY LANE (0011302)

**Address:** 1038/1040 KRISTY LANE, ONALASKA, WI 54650

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/8/2006 12:00:00AM

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

### Survey History

**Survey ID:** 0127440    **End Date:** 7/9/2018    **Type:** ABBREVIATED    **Purpose:** SURVEY/SELF REPORT

**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:** REM TIDAL WAVE (0016913)

**Address:** N5005 HURRICANE COURT, ONALASKA, WI 54650

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/13/2017 12:00:00AM

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

#### Survey History

**Survey ID:** 0126294    **End Date:** 3/22/2018    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0126207    **End Date:** 3/6/2018    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #2KHY11    Served 3/14/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.08	TERMINATION OF PLACEMENT	3/22/18	Yes

**Survey ID:** 0125049    **End Date:** 11/9/2017    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

**Results:** LICENSE/CERT/REGISTRATION ISSUED

#### Complaint History (REM TIDAL WAVE--0016913)

**Date Complaint Received:** 2/26/2018

**Date Investigation Completed:** 3/6/2018

Subject Area(s)  
ADMINISTRATION

Result  
SUBSTANTIATED

SOD #  
2KHY11

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** REM WISCONSIN III INC EMERALD DRIVE A (0013941)

**Address:** 3724 EMERALD DR, ONALASKA, WI 54650

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/1/2011 12:00:00AM

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

### Survey History

**Survey ID:** 0129105    **End Date:** 12/4/2018    **Type:** OTHER    **Purpose:** SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #OJ7F11    Served 1/29/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(q)	MEDICATIONS	2/28/19	Yes

**Survey ID:** 0126011    **End Date:** 2/14/2018    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0125472    **End Date:** 10/10/2017    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #HCNQ11    Served 12/21/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	2/14/18	Yes

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**Provider Inspection Summary**

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

Adult Family Home

**Survey ID: 0119857    End Date: 3/2/2016    Type: OTHER    Purpose: VERIFICATION VISIT**

**Results: NO STATEMENT OF DEFICIENCY ISSUED**

**Enforcement History (REM WISCONSIN III INC EMERALD DRIVE A--0013941)**

**Date: 1/29/2019    SOD #OJ7F11    Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

**Date: 12/21/2017    SOD #HCNQ11    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:** REM WISCONSIN III INC EMERALD DRIVE B (0013940)

**Address:** 3722 EMERALD DR, ONALASKA, WI 54650

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/1/2011 12:00:00AM

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

### Survey History

**Survey ID:** 0119825      **End Date:** 2/24/2016      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### 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:** REGENT MANOR (0011840)

**Address:** 856 E GARLAND ST, WEST SALEM, WI 54669

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/1/2007 12:00:00AM

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

#### Survey History

**Survey ID:** 0123453    **End Date:** 6/14/2017    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0122440    **End Date:** 2/13/2017    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0122357    **End Date:** 1/18/2017    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #5F1611    Served 2/6/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	2/13/17	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	2/13/17	Yes

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## Provider Inspection Summary

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

Adult Family Home

### Complaint History (REGENT MANOR--0011840)

**Date Complaint Received:** 12/16/2016

**Date Investigation Completed:** 1/18/2017

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
5F1611

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** REM WISCONSIN III INC WEST ISLE (0012532)

**Address:** N5532 HWY 108, WEST SALEM, WI 54669

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/12/2008 12:00:00AM

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

### Survey History

**Survey ID:** 0127873      **End Date:** 8/15/2018      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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