

Provider Inspection Summary

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

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community Based Residential Facilities 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 23.00 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BETHANY HEARTEN HOUSE I (510185)

Address: 2573 S 7TH ST, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 2/1/1991 12:00:00AM

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

Survey History

Survey ID: 0124991 **End Date:** 11/6/2017 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124856 **End Date:** 10/19/2017 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #BE7S11 Served 10/27/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(e)	OTHER EVACUATION DRILLS	11/6/17	Yes

Survey ID: 0121056 **End Date:** 4/13/2016 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 23 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0119796 End Date: 2/22/2016 Type: OTHER Purpose: VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #62Y012 Served 3/3/2016

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	3/7/16	Yes

This is Page 3 of 23 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BETHANY HEARTEN HOUSE II (510239)
Address: 2571 S 7TH STREET, LACROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered 12/8/1993 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0126334 **End Date:** 3/19/2018 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125442 **End Date:** 10/24/2017 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9CHT11 Served 12/20/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(g)	RIGHTS OF RESIDENTS: FREE OF PHYSICAL RESTRAINTS	3/19/18	Yes

Survey ID: 0119798 **End Date:** 2/22/2016 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (BETHANY HEARTEN HOUSE II--510239)

Date: 12/19/2017 **SOD #**9CHT11 **Appealed:**

Sanctions

FORFEITURE---83.32(3)(g)

This is Page 4 of 23 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BROOKDALE LACROSSE AL (510387)

Address: 3141 EAST AVE SOUTH, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 2/1/1999 12:00:00AM

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

Survey History

Survey ID: 0128498 **End Date:** 11/7/2018 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128358 **End Date:** 10/15/2018 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #QFRK11 Served 10/22/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	11/7/18	Yes

Survey ID: 0125030 **End Date:** 11/1/2017 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123624 **End Date:** 7/10/2017 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 5 of 23 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0123501 End Date: 6/21/2017 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #LM1011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	7/10/17	No
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	7/10/17	No

Complaint History (BROOKDALE LACROSSE AL--510387)

Date Complaint Received: 10/3/2018

Date Investigation Completed: 10/15/2018

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
QFRK11

Date Complaint Received: 10/16/2017

Date Investigation Completed: 11/1/2017

Subject Area(s)
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 6 of 23 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BROOKDALE LACROSSE MC (510386)

Address: 3161 EAST AVE SOUTH, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 2/1/1999 12:00:00AM

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

Survey History

Survey ID: 0128451 **End Date:** 9/10/2018 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8U1W11 Served 11/5/2018

<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		
83.37(1)(d)	DOCUMENTATION		
83.42(1)	RESIDENT RECORD MAINTAINED		

Survey ID: 0122892 **End Date:** 4/5/2017 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 7 of 23 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0122772 **End Date: 3/20/2017** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT/SELF REPORT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #3H5Y11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(1)(d)	HAZARDS		No

Survey ID: 0121050 **End Date: 2/23/2016** **Type: OTHER** **Purpose: DESK REVIEW**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (BROOKDALE LACROSSE MC--510386)

Date: 11/1/2018 **SOD #8U1W11** **Appealed:** **Decision: PENDING**

Sanctions

FORFEITURE---83.35(3)(d)
FORFEITURE---83.37(1)(d)
FORFEITURE---83.42(1)

Complaint History (BROOKDALE LACROSSE MC--510386)

Date Complaint Received: 9/5/2018 **Date Investigation Completed: 9/10/2018**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	8U1W11

Date Complaint Received: 2/16/2017 **Date Investigation Completed: 3/20/2017**

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

This is Page 8 of 23 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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: BRUNK HOUSE (510294)

Address: 2734 HARVEY STREET, LACROSSE, WI 54603

License Status: REGULAR

Licensed/Certified/Registered 10/1/1996 12:00:00AM

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

Survey History

Survey ID: 0124243 **End Date:** 9/13/2017 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123850 **End Date:** 7/28/2017 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #NSNY11 Served 9/1/2017

<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	9/13/17	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	9/13/17	Yes
83.47(3)	FIRE INSPECTION	9/13/17	Yes

This is Page 9 of 23 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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: CARE CENTER (0013220)

Address: 4647 MORMON COULEE RD, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 5/18/2010 12:00:00AM

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

Survey History

Survey ID: 0128633 **End Date:** 11/26/2018 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128052 **End Date:** 7/26/2018 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P5E311 Served 9/12/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(b)	NOTIFICATION: ABUSE AND NEGLECT ALLEGATIONS	11/26/18	Yes
83.38(1)(b)	SUPERVISION	11/26/18	Yes

Survey ID: 0123955 **End Date:** 8/15/2017 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 10 of 23 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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Survey ID: 0123847 End Date: 7/27/2017 Type: ABBREVIATED Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #RD8S11 Served 8/2/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)	TRAINING IN STANDARD PRECAUTIONS	8/15/17	Yes

Enforcement History (CARE CENTER--0013220)

Date: 9/13/2018 SOD #P5E311 Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.38(1)(b)

Complaint History (CARE CENTER--0013220)

Date Complaint Received: 7/18/2018 Date Investigation Completed: 7/26/2018

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	P5E311

This is Page 11 of 23 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CHILEDA INSTITUTE INC (0011556)
Address: 1825 VICTORY STREET, LACROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered 8/18/2006 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0125917 **End Date:** 2/13/2018 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125721 **End Date:** 1/17/2018 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #EJF911 Served 1/29/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	2/13/18	Yes

Survey ID: 0123682 **End Date:** 7/10/2017 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 12 of 23 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CHILED A INSTITUTE INC--0011556)

Date Complaint Received: 1/4/2018

Date Investigation Completed: 1/17/2018

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

This is Page 13 of 23 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: EAGLE CREST SOUTH CBRF (0015685)

Address: 622 BENNORA LEE COURT, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 7/6/2015 12:00:00AM

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

Survey History

Survey ID: 0126591 **End Date:** 4/24/2018 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124443 **End Date:** 9/13/2017 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0121083 **End Date:** 5/16/2016 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0120219 **End Date:** 4/25/2016 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5LIG11 Served 5/6/2016

Deficiencies Cited
83.47(4)(b)

Subject Area
FIRE EXTINGUISHERS: LOCATIONS

Compliance
Verified
5/27/16

Corrected
Yes

This is Page 14 of 23 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (EAGLE CREST SOUTH CBRF--0015685)

Date Complaint Received: 9/12/2017

Date Investigation Completed: 9/13/2017

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 4/4/2016

Date Investigation Completed: 4/25/2016

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED

SOD #

This is Page 15 of 23 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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: GERARD HALL (510021)

Address: 940 DIVISION STREET, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 4/1/1984 12:00:00AM

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

Survey History

Survey ID: 0127432 **End Date:** 6/28/2018 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126677 **End Date:** 3/29/2018 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LH5012 Served 5/24/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(1)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE	6/28/18	Yes

Survey ID: 0125588 **End Date:** 11/15/2017 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LH5011 Served 1/16/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(1)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE	3/29/18	No

This is Page 16 of 23 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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0119823 End Date: 2/25/2016 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (GERARD HALL--510021)

Date: 5/8/2018 SOD #LH5012 Appealed:

Sanctions

FORFEITURE---83.32(3)(1)

Date: 1/5/2018 SOD #LH5011 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

This is Page 17 of 23 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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: MENS RECOVERY HOUSE (0010477)
Address: 1005 JACKSON ST, LACROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered 3/18/2004 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0126335 **End Date:** 3/26/2018 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124725 **End Date:** 10/9/2017 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123708 **End Date:** 5/11/2017 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #O1L811 Served 7/19/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(4)(a)	REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN	10/9/17	Yes
83.38(1)(b)	SUPERVISION	10/9/17	Yes
83.60(1)	TOTAL/OPENABLE WINDOW AREA	10/9/17	Yes

Survey ID: 0119904 **End Date:** 3/10/2016 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 18 of 23 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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (MENS RECOVERY HOUSE--0010477)

Date: 7/19/2017 **SOD #**O1L811 **Appealed:**

Sanctions

FORFEITURE--83.38(1)(b)

Complaint History (MENS RECOVERY HOUSE--0010477)

Date Complaint Received: 5/9/2017

Date Investigation Completed: 5/11/2017

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
O1L811

Date Complaint Received: 5/4/2017

Date Investigation Completed: 5/11/2017

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Result
SUBSTANTIATED

SOD #
O1L811

This is Page 19 of 23 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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: UNITY HOUSE FOR MEN (510119)

Address: 1922-1924 MILLER ST, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 2/16/1981 12:00:00AM

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

Survey History

Survey ID: 0122355 **End Date:** 1/26/2017 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 20 of 23 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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: UNITY HOUSE FOR WOMEN (510151)
Address: 1312-5TH AVE S, LACROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered 8/1/1989 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0122489 **End Date:** 2/17/2017 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0122375 **End Date:** 1/26/2017 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WSLE11 Served 2/9/2017

<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	2/17/17	Yes

This is Page 21 of 23 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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: UNITY HOUSE I (510063)

Address: 1918 1920 MILLER ST, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 3/1/1983 12:00:00AM

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

Survey History

Survey ID: 0122352 **End Date:** 1/26/2017 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 22 of 23 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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: WOMENS RECOVERY HOUSE (0016334)

Address: 518 S TENTH ST, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 1/27/2017 12:00:00AM

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

Survey History

Survey ID: 0123377 **End Date:** 6/1/2017 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0122783 **End Date:** 1/27/2017 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 23 of 23 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.