Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Marathon County. The report is a PDF (Adobe Acrobat) document and includes a total of 32.00 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.
Facility Information

Facility Name: LAKE AIRE MANOR (0010689)
Address: N4589 NORRIE ROAD, BIRNAMWOOD, WI 54414
License Status: REGULAR
Licensed/Certified/Registered 12/21/2004  12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0128821   End Date: 12/17/2018   Type: OTHER   Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128210   End Date: 8/22/2018   Type: STANDARD   Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #SH9Q11  Served 10/6/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>50.065(3)(b)</td>
<td>COMPLETE BACKGROUND CHECK PROCESS</td>
<td>12/17/18</td>
<td>Yes</td>
</tr>
<tr>
<td>88.05(4)(d)2.c</td>
<td>SEMI-ANNUAL FIRE DRILLS</td>
<td>12/17/18</td>
<td>Yes</td>
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<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
<td>12/17/18</td>
<td>Yes</td>
</tr>
<tr>
<td>88.07(2)(b)4</td>
<td>RECORD OF MEDICAL VISITS AND REPORTS</td>
<td>12/17/18</td>
<td>Yes</td>
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<tr>
<td>88.07(3)(d)</td>
<td>MEDICATION- WRITTEN ORDER</td>
<td>12/17/18</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Survey ID: 0126404   End Date: 4/6/2018   Type: OTHER   Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 32 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 2/8/2017 to 2/8/2020
Adult Family Home

Survey ID: 0124405  End Date: 9/21/2017  Type: OTHER  Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MMKR11  Served 9/25/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
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<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.05(1)(a)</td>
<td>ENTITY SANCTION</td>
<td>Verified 4/6/18</td>
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</tbody>
</table>

Corrected: Yes

Enforcement History (LAKE AIRE MANOR--0010689)

Date: 10/3/2018  SOD #SH9Q11  Appealed: No
Sanctions
OTHER SANCTION

Date: 9/22/2017  SOD #MMKR11  Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Facility Information

Facility Name: JUST LIKE HOME (0012060)
Address: 707 COMMUNITY DRIVE, COLBY, WI 54421
License Status: REGULAR
Licensed/Certified/Registered 11/2/2007 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0128494  End Date: 11/6/2018  Type: OTHER  Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128369  End Date: 10/16/2018  Type: ABBREVIATED  Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #BXG011 Served 10/26/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
<td>Verified</td>
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<tr>
<td></td>
<td></td>
<td>11/6/18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Corrected</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

Complaint History (JUST LIKE HOME--0012060)

Date Complaint Received: 1/21/2020  Date Investigation Completed: 2/26/2020
Subject Area(s) Result
PROGRAM SERVICES NOT SUBSTANTIATED

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name:  WITHERS ADULT FAMILY HOME (0009503)
Address:  216504 STILL HILL RD, EDGAR, WI 54426
License Status:  REGULAR
Licensed/Certified/Registered 9/1/2001  12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID:  0130531     End Date:  6/11/2019     Type:  ABBREVIATED     Purpose:  SURVEY
Results:  NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name:  COUNTRY LIFE AFH (0010042)
Address:  174295 BOUNDARY ROAD, HATLEY, WI 54440
License Status:  REGULAR
Licensed/Certified/Registered 6/10/2003  12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

No survey activity during the period 2/8/17 to 2/8/20
## Facility Information

- **Facility Name:** KIM TRYBA AFH (0015740)
- **Address:** 212772 TRYBA RD, HATLEY, WI 54440
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 6/29/2015 12:00:00AM
- **Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

## Survey History

- **Survey ID:** 0123498
- **End Date:** 6/21/2017
- **Type:** STANDARD
- **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: CARLSONS KINSHIP HOME (0017792)
Address: 3100 POPP AVE, MARSHFIELD, WI 54449
License Status: REGULAR
Licensed/Certified/Registered 9/3/2019 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0131360  End Date: 8/29/2019  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: CEDAR GATE (0012689)
Address: S2929 N FREY AVENUE, MARSHFIELD, WI 54449
License Status: REGULAR
Licensed/Certified/Registered 5/4/2009 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

No survey activity during the period 2/8/17 to 2/8/20
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: KRAMERS KOTTAGE FAMILY HOME (0016894)
Address: 203702 N FREY AVE, MARSHFIELD, WI 54449
License Status: REGULAR
Licensed/Certified/Registered 6/18/2018 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0128340  End Date: 10/11/2018  Type: OTHER  Purpose: OTHER
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126918  End Date: 5/29/2018  Type: ABBREVIATED  Purpose: CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: RIVER CITY ESTATES CTY RD C M313 (0014552)
Address: 112732 CTY RD C, MARSHFIELD, WI 54449
License Status: REGULAR
Licensed/Certified/Registered 6/23/2011 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0132112 End Date: 12/2/2019 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131367 End Date: 9/5/2019 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131236 End Date: 8/13/2019 Type: OTHER Purpose: COMPLAINT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #2H0812 Served 8/22/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
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<tbody>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>9/5/19</td>
<td>Yes</td>
</tr>
<tr>
<td>88.05(3)(i)</td>
<td>BATHROOM LOCK</td>
<td>9/5/19</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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### Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Adult Family Home

**Survey ID: 0130908**  
**End Date: 5/1/2019**  
**Type: OTHER**  
**Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #2H0811  
Served 7/25/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>88.03(5)(e)1</td>
<td>SIGNIFICANT CHANGE TO THE RESIDENT</td>
<td>Verified</td>
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<tr>
<td>88.10(3)(q)</td>
<td>MEDICATIONS</td>
<td>Corrected</td>
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</table>

**Survey ID: 0129466**  
**End Date: 2/28/2019**  
**Type: STANDARD**  
**Purpose: SURVEY**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID: 0122590**  
**End Date: 2/20/2017**  
**Type: STANDARD**  
**Purpose: SURVEY**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**Enforcement History (RIVER CITY ESTATES CTY RD C M313–0014552)**

**Date:** 7/24/2019  
**SOD #2H0811**  
**Appealed:** No

**Sanctions:** OTHER SANCTION

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## Complaint History (RIVER CITY ESTATES CTY RD C M313--0014552)

<table>
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<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
<th>Result</th>
<th>SOD #</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/4/2019</td>
<td>12/2/2019</td>
<td>RESIDENT RIGHTS NOT SUBSTANTIATED</td>
<td></td>
</tr>
<tr>
<td>7/29/2019</td>
<td>8/13/2019</td>
<td>PHYSICAL ENVIRONMENT/SAFETY SUBSTANTIATED</td>
<td>2H0812</td>
</tr>
<tr>
<td>4/24/2019</td>
<td>5/1/2019</td>
<td>PROGRAM SERVICES SUBSTANTIATED</td>
<td>2H0811</td>
</tr>
</tbody>
</table>
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

<table>
<thead>
<tr>
<th>Facility Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name: RIVER CITY ESTATES M311 (0013747)</td>
</tr>
<tr>
<td>Address: 112730 CTY RD C, MARSHFIELD, WI 54449</td>
</tr>
<tr>
<td>License Status: REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered 6/23/2011 12:00:00AM</td>
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<tr>
<td>Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790</td>
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<table>
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<tr>
<th>Survey History</th>
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<tbody>
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</tr>
<tr>
<td><strong>Survey ID:</strong> 0131237  <strong>End Date:</strong> 8/15/2019  <strong>Type:</strong> ABBREVIATED  <strong>Purpose:</strong> SURVEY/COMPLAINT  <strong>Results:</strong> STATEMENT OF DEFICIENCY ISSUED  <strong>Statement of Deficiency:</strong> #XKDO11 Served 8/22/2019</td>
</tr>
<tr>
<td><strong>Deficiencies Cited</strong>  <strong>Subject Area</strong></td>
</tr>
<tr>
<td>88.05(3)(a)  HOME ENVIRONMENT</td>
</tr>
<tr>
<td><strong>Compliance</strong>  <strong>Verified</strong>  <strong>Corrected</strong></td>
</tr>
<tr>
<td>Yes  9/5/19</td>
</tr>
<tr>
<td><strong>Survey ID:</strong> 0122589  <strong>End Date:</strong> 2/23/2017  <strong>Type:</strong> STANDARD  <strong>Purpose:</strong> SURVEY/COMPLAINT  <strong>Results:</strong> NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

This is Page 14 of 32 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 2/8/2017 to 2/8/2020

Adult Family Home

### Complaint History (RIVER CITY ESTATES M311--0013747)

<table>
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<tr>
<th>Date Complaint Received: 7/29/2019</th>
<th>Date Investigation Completed: 8/15/2019</th>
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<tbody>
<tr>
<td>Subject Area(s): PHYSICAL ENVIRONMENT/SAFETY</td>
<td>Result: SUBSTANTIATED</td>
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<tr>
<th>Date Complaint Received: 2/20/2017</th>
<th>Date Investigation Completed: 2/23/2017</th>
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<tbody>
<tr>
<td>Subject Area(s): RESIDENT RIGHTS</td>
<td>Result: NOT SUBSTANTIATED</td>
</tr>
</tbody>
</table>

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Facility Information

Facility Name: WOLFS DEN FAMILY HOME (0016895)
Address: 203700 N FREY AVE, MARSHFIELD, WI 54449
License Status: REGULAR
Licensed/Certified/Registered 6/18/2018 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0128339 End Date: 10/11/2018 Type: OTHER Purpose: OTHER
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126919 End Date: 5/29/2018 Type: ABBREVIATED Purpose: CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: AURORA RES ALTERNATIVES #123 (0010445)
Address: 796 STONE RIDGE DRIVE, MOSINEE, WI 54455
License Status: REGULAR
Licensed/Certified/Registered 3/11/2004 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

No survey activity during the period 2/8/17 to 2/8/20
Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES #124 (0010446)
Address: 798 STONE RIDGE DRIVE, MOSINEE, WI 54455
License Status: REGULAR
Licensed/Certified/Registered 3/11/2004 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0126205  End Date: 3/14/2018  Type: OTHER  Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126179  End Date: 2/16/2018  Type: ABBREVIATED  Purpose: SURVEY/COMPLAINT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #O0H411 Served 3/9/2018

<table>
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<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>88.07(3)(c)</td>
<td>MEDICATION ASSISTANCE</td>
<td>Verified 3/14/18</td>
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<tr>
<td></td>
<td></td>
<td>Corrected Yes</td>
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</table>

Complaint History (AURORA RESIDENTIAL ALTERNATIVES #124--0010446)

Date Complaint Received: 2/9/2018  Date Investigation Completed: 2/16/2018
Subject Area(s) Result  SOD #
PROGRAM SERVICES NOT SUBSTANTIATED

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Facility Information

Facility Name: RUSTIC WILLOWS (0011444)
Address: 142943 MOON ROAD, MOSINEE, WI 54455
License Status: REGULAR
Licensed/Certified/Registered 6/1/2006 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0131659  End Date: 10/2/2019  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131241  End Date: 6/10/2019  Type: ABBREVIATED  Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #3M4U11 Served 8/23/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(2)(g)1</td>
<td>HEALTH SCREENING FOR STAFF</td>
<td>Verified</td>
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<tr>
<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
<td>Verified</td>
</tr>
<tr>
<td>88.09(2)(a)</td>
<td>SERVICE PROVIDER RECORD</td>
<td>Verified</td>
</tr>
</tbody>
</table>

Enforcement History (RUSTIC WILLOWS--0011444)

Date: 8/21/2019  SOD #3M4U11  Appealed: No
Sanctions
OTHER SANCTION

This is Page 19 of 32 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Facility Information

Facility Name: ST RITA LLC ADULT FAMILY HOME 575 (0013441)
Address: 212976 Hwy B, MOSINEE, WI 54455
License Status: REGULAR
Licensed/Certified/Registered 10/13/2010 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0130996   End Date: 7/24/2019   Type: ABBREVIATED   Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123676   End Date: 7/13/2017   Type: OTHER       Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: ST RITA LLC ADULT FAMILY HOME 577 (0014216)
Address: 212978 Hwy B, MOSINEE, WI 54455
License Status: REGULAR
Licensed/Certified/Registered 7/20/2012 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0130995 End Date: 7/24/2019 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (ST RITA LLC ADULT FAMILY HOME 577--0014216)

Date Complaint Received: 7/17/2019 Date Investigation Completed: 7/24/2019
Subject Area(s) Result SOD #
ADMINISTRATION NOT SUBSTANTIATED

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Facility Information

Facility Name: EVEREST HOUSING LLC 2010 (0015224)
Address: 2010 BLOEDEL AVENUE, SCHOFIELD, WI 54476
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: 0128673    End Date: 11/16/2018    Type: STANDARD    Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124659    End Date: 10/4/2017    Type: OTHER    Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123003    End Date: 2/13/2017    Type: OTHER    Purpose: SELF REPORT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #EKD012 Served 4/21/2017

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<tbody>
<tr>
<td>DESCRIPTION OF SERVICES</td>
<td>88.06(3)(d)1</td>
<td>10/4/17</td>
<td>Yes</td>
</tr>
<tr>
<td>SELF-DIRECTION</td>
<td>88.10(3)(e)</td>
<td>10/4/17</td>
<td>Yes</td>
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<td>TREATMENT CHOICE</td>
<td>88.10(3)(j)</td>
<td>10/4/17</td>
<td>Yes</td>
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</table>

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# Enforcement History (EVEREST HOUSING LLC 2010--0015224)

<table>
<thead>
<tr>
<th>Date</th>
<th>SOD #</th>
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<td>4/20/2017</td>
<td>EKD012</td>
<td>No</td>
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<td>COMPLY WITH REQUIREMENT</td>
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</tbody>
</table>

This is Page 23 of 32 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Facility Information

Facility Name: EVEREST HOUSING LLC 2012 (0015223)
Address: 2012 BLOEDEL AVENUE, SCHOFIELD, WI 54476
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: 0128675  End Date: 11/16/2018  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0122606  End Date: 2/15/2017  Type: OTHER  Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED
<table>
<thead>
<tr>
<th>Facility Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC 128 (0015376)</td>
</tr>
<tr>
<td>Address: 3308 HORIZON COURT, WESTON, WI 54476</td>
</tr>
<tr>
<td>License Status: REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered 12/15/2014 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Survey History</th>
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<tbody>
<tr>
<td>Survey ID: 0127466 End Date: 7/9/2018 Type: OTHER Purpose: OTHER</td>
</tr>
<tr>
<td>Results: NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

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Facility Information

Facility Name:  C OF L HAVEN 1 (0011588)
Address:  9207 ANDREA STREET, WESTON, WI 54476
License Status:  REGULAR
Licensed/Certified/Registered 10/20/2006  12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID:  0125551       End Date:  12/19/2017       Type:  ABBREVIATED       Purpose:  SURVEY
Results:  NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

**Facility Information**

- **Facility Name:** C OF L HAVEN 2 (0011589)
- **Address:** 9209 ANDREA STREET, WESTON, WI 54476
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 10/20/2006 12:00:00AM
- **Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

- **Survey ID:** 0125550
- **End Date:** 12/19/2017
- **Type:** ABBREVIATED
- **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: SEKARA LLC III (0015885)
Address: 3305 HORIZON CT, WESTON, WI 54476
License Status: REGULAR
Licensed/Certified/Registered 12/11/2015 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0123959  End Date: 8/15/2017  Type: OTHER  Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123881  End Date: 8/2/2017  Type: STANDARD  Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #RPNP11  Served 8/10/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
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<td>50.065(2)(b)intro</td>
<td>ENTITY BACKGROUND CHECK REQUIREMENTS</td>
<td>8/15/17</td>
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<tr>
<td>88.04(2)(g)1</td>
<td>HEALTH SCREENING FOR STAFF</td>
<td>8/15/17</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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Facility Information

Facility Name: SEKARA LLC IV (0015886)
Address: 3303 HORIZON CT, WESTON, WI 54476
License Status: REGULAR
Licensed/Certified/Registered 12/11/2015 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0123958   End Date: 8/15/2017   Type: OTHER   Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123882   End Date: 8/2/2017   Type: STANDARD   Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #507011 Served 8/10/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
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<tr>
<td>88.04(5)(b)</td>
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<td>8/15/17</td>
<td>Yes</td>
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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

<table>
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<tr>
<th>Facility Information</th>
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<tr>
<td>Facility Name: SEKARA LLC V (0016456)</td>
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<tr>
<td>Address: 4907 ANNABELLE CT, WESTON, WI 54476</td>
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<tr>
<td>License Status: REGULAR</td>
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<tr>
<td>Licensed/Certified/Registered 4/22/2017 12:00:00AM</td>
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<tr>
<td>Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790</td>
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<tr>
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<tbody>
<tr>
<td>Survey ID: 0129861 End Date: 4/10/2019 Type: STANDARD Purpose: SURVEY Results: NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>Survey ID: 0123064 End Date: 4/20/2017 Type: INITIAL Purpose: SURVEY Results: LICENSE/CERT/REGISTRATION ISSUED</td>
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</tbody>
</table>

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### Facility Information

- **Facility Name:** SEKARA LLC VI (0016514)
- **Address:** 4909 ANNABELLE CT, WESTON, WI 54476
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 4/22/2017 12:00:00AM
- **Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

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<td>0123076</td>
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Facility Information

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<tr>
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Survey History

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<th>Type: INITIAL</th>
<th>Purpose: SURVEY</th>
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<td>Results: LICENSE/CERT/REGISTRATION ISSUED</td>
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