

Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Pepin County.

The report is a PDF (Adobe Acrobat) document and includes a total of 14.00 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 01/30/2022 to 01/29/2025

Adult Day Care Center

Facility Information

Facility Name: Stepping Stones Care Center, LLC (0020872)

Address: 1227 East Prospect St., Durand, WI 54736

License Status: PENDING

Licensed/Certified/Registered 10/23/2024 12:00:00AM

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

Survey History

No survey activity during the period 1/30/22 to 1/29/25

This is Page 2 of 14 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 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: CBS Helping Hands House 5 (0019297)

Address: 1103 E Laneville Ave, Durand, WI 54736

License Status: REGULAR

Licensed/Certified/Registered 12/05/2022 12:00:00AM

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

Survey History

Survey ID: 0141538 **End Date:** 12/05/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 3 of 14 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 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: FLO'S ADULT FAMILY HOME (590027)

Address: 915 E WASHINGTON ST, DURAND, WI 54736

License Status: REGULAR

Licensed/Certified/Registered 05/31/1992 12:00:00AM

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

Survey History

No survey activity during the period 1/30/22 to 1/29/25

This is Page 4 of 14 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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Eagles Rest at Pepin (0019052)

Address: 1110 2nd Street, Pepin, WI 54759

License Status: REGULAR

Licensed/Certified/Registered 12/05/2022 12:00:00AM

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

Survey History

Survey ID: 0148466 **End Date:** 10/18/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XK2K12 Served 01/08/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED		
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED		
83.46(1)(b)	PORTABLE SPACE HEATERS PROHIBITED		

This is Page 5 of 14 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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0147192 **End Date:** 06/11/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XK2K11 Served 08/02/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.09(1)(l)	CARE	10/18/24	Yes
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	10/18/24	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	10/18/24	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	10/18/24	No
83.41(2)(c)	NUTRITION: MENUS	10/18/24	Yes

Survey ID: 0144920 **End Date:** 11/29/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 6 of 14 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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144882 End Date: 11/09/2023 Type: OTHER Purpose: COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZTUE12 Served 11/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	11/29/23	Yes
83.29(2)	ADMISSION AGREEMENT	11/29/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	11/29/23	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	11/29/23	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	11/29/23	Yes
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS	11/29/23	Yes

This is Page 7 of 14 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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144150 End Date: 08/10/2023 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZTUE11 Served 09/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	11/9/23	Yes
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	11/9/23	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	11/9/23	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	11/9/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	11/9/23	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	11/9/23	Yes
83.31(4)(c)	INVOLUNTARY DISCHARGE NOTICE REQUIREMENTS	11/9/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	11/9/23	Yes
83.35(1)(b)	SOURCES USED FOR ASSESSMENT INFORMATION	11/9/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	11/9/23	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	11/9/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	11/9/23	Yes
83.38(1)(g)	HEALTH MONITORING	11/9/23	Yes
83.42(2)	RESIDENT RECORDS SAFEGUARDED	11/9/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	11/9/23	Yes
83.45(3)	TOXIC SUBSTANCES	11/9/23	Yes

This is Page 8 of 14 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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141674 **End Date:** 12/05/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

This is Page 9 of 14 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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (Eagles Rest at Pepin--0019052)

Date: 01/08/2025 **SOD #**XK2K12 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.12(4)(b)
FORFEITURE---83.35(3)(b)

Date: 08/02/2024 **SOD #**XK2K11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---50.09(1)(l)
FORFEITURE---83.32(3)(d)

Date: 11/22/2023 **SOD #**ZTUE12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NNAO EXTENDED
ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(3)(c)

This is Page 10 of 14 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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 09/14/2023

SOD #ZTUE11

Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.12(4)(b)

FORFEITURE---83.12(4)(c)

FORFEITURE---83.21(1)-(3)

FORFEITURE---83.31(4)(c)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(1)(b)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.37(3)(c)

FORFEITURE---83.38(1)(g)

FORFEITURE---83.43(1)

This is Page 11 of 14 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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (Eagles Rest at Pepin--0019052)

Date Complaint Received: 07/09/2024

Date Investigation Completed: 10/18/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

XK2K12

Date Complaint Received: 05/14/2024

Date Investigation Completed: 06/11/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

XK2K11

Date Complaint Received: 02/06/2024

Date Investigation Completed: 06/11/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

XK2K11

Date Complaint Received: 11/07/2023

Date Investigation Completed: 11/09/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

ZTUE12

Date Complaint Received: 11/03/2023

Date Investigation Completed: 11/09/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

ZTUE12

Date Complaint Received: 10/24/2023

Date Investigation Completed: 11/09/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

ZTUE12

This is Page 12 of 14 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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 10/09/2023

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 11/09/2023

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/01/2023

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 11/09/2023

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/01/2023

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 08/10/2023

Result

SUBSTANTIATED

SOD #

ZTUE11

Date Complaint Received: 07/24/2023

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 08/10/2023

Result

SUBSTANTIATED

SOD #

ZTUE11

Date Complaint Received: 07/13/2023

Subject Area(s)

ADMINISTRATION

PHYSICAL ENVIRONMENT/SAFETY

PROGRAM SERVICES

Date Investigation Completed: 08/10/2023

Result

SUBSTANTIATED

SOD #

ZTUE11

SUBSTANTIATED

ZTUE11

SUBSTANTIATED

ZTUE11

Date Complaint Received: 03/07/2023

Subject Area(s)

ADMINISTRATION

STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 08/10/2023

Result

SUBSTANTIATED

SOD #

ZTUE11

SUBSTANTIATED

ZTUE11

This is Page 13 of 14 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 01/30/2022 to 01/29/2025
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: HOMEPLACE OF DURAND LLC (THE) (0011507)

Address: 315 COUNTRY LANE, DURAND, WI 54736

License Status: REGULAR

Licensed/Certified/Registered 06/08/2006 12:00:00AM

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

Survey History

No survey activity during the period 1/30/22 to 1/29/25

This is Page 14 of 14 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.