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 7.00 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:** HURLBURTS HAVEN (0012349)
- **Address:** 1215 EAST PROSPECT ST, DURAND, WI 54736
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 6/18/2008 12:00:00AM
- **Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

- **Survey ID:** 0130746
- **End Date:** 4/22/2019
- **Type:** ABBREVIATED
- **Purpose:** SURVEY
- **Results:** ENFORCEMENT ACTION

### Statement of Deficiency:

**#MRJR11** Served 7/11/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.b.(3)</td>
<td>SIGNED BY PARTICIPANT</td>
<td></td>
</tr>
<tr>
<td>I.c.(2)</td>
<td>PLAN-IDENTIFIED NEEDS WITH 30 DAYS</td>
<td></td>
</tr>
<tr>
<td>I.c.(3)</td>
<td>PLAN-REVIEWED &amp; UPDATED EVERY 6 MONTHS</td>
<td></td>
</tr>
<tr>
<td>I.c.(4)</td>
<td>PLAN-QUARTERLY DOCUMENTING</td>
<td></td>
</tr>
<tr>
<td>I.f.(3)(f)</td>
<td>MEDICATION-DOCUMENTED IN INK</td>
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<tr>
<td>II.d.(4)</td>
<td>TRAINING-CONTINUING EDUCATION</td>
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</tbody>
</table>

### Enforcement History (HURLBURTS HAVEN--0012349)

- **Date:** 7/8/2019
- **SOD #MRJR11**
- **Appealed:** No
- **Sanctions:**
- **OTHER SANCTION:**

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*This is Page 2 of 7 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: ASSISTED LIVING OF DURAND (0010435)
Address: 1103 E LANEVILLE AVE, DURAND, WI 54736
License Status: REGULAR
Licensed/Certified/Registered 12/17/2003 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0126590 End Date: 2/5/2018 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: FLO'S ADULT FAMILY HOME (590027)
Address: 915 E WASHINGTON ST, DURAND, WI 54736
License Status: REGULAR
Licensed/Certified/Registered 5/31/1992 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0133027       End Date: 3/24/2020       Type: OTHER       Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0132927       End Date: 2/26/2020       Type: OTHER       Purpose: SELF REPORT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #51DO11 Served 3/13/2020

<table>
<thead>
<tr>
<th>Subject Area</th>
<th>Deficiencies Cited</th>
<th>Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFE PHYSICAL ENVIRONMENT</td>
<td>88.10(3)(l)</td>
<td>3/24/20</td>
<td>Yes</td>
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</tbody>
</table>

Survey ID: 0127242       End Date: 6/22/2018       Type: ABBREVIATED       Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: NICOLES ADULT FAMILY HOME (0009710)
Address: 620 4TH AVE E, DURAND, WI 54736
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: 0128499 End Date: 11/7/2018 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128360 End Date: 9/28/2018 Type: STANDARD Purpose: SURVEY/COMPLAINT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #3Q1611 Served 10/18/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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</thead>
<tbody>
<tr>
<td>88.06(3)(c)</td>
<td>ASSESSMENT IDENTIFY NEEDS &amp; ABILITIES</td>
<td>Verified 11/7/18</td>
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</table>

Survey ID: 0126409 End Date: 4/6/2018 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 8/11/2017 to 8/10/2020
Adult Family Home

Survey ID: 0126281   End Date: 3/15/2018   Type: STANDARD   Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #IP4C11 Served 3/23/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
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<th>Compliance</th>
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</thead>
<tbody>
<tr>
<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
<td>Verified 4/6/18, Corrected Yes</td>
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Complaint History (NICOLES ADULT FAMILY HOME--0009710)

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<th>Date Complaint Received: 9/12/2018</th>
<th>Date Investigation Completed: 9/28/2018</th>
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<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
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</tbody>
</table>

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### Facility Information

- **Facility Name:** HOMEPLACE OF DURAND LLC (THE) (0011507)
- **Address:** 315 COUNTRY LANE, DURAND, WI 54736
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 6/8/2006 12:00:00AM
- **Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

- **Survey ID:** 0130057
- **End Date:** 4/22/2019
- **Type:** ABBREVIATED
- **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED