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.
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Day Care Facility

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>Verified</td>
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<tr>
<td>I.c.(2)</td>
<td>PLAN-IDENTIFIED NEEDS WITH 30 DAYS</td>
<td>Corrected</td>
</tr>
<tr>
<td>I.c.(3)</td>
<td>PLAN-REVIEWS &amp; UPDATED EVERY 6 MONTHS</td>
<td>Corrected</td>
</tr>
<tr>
<td>I.c.(4)</td>
<td>PLAN-QUARTERLY DOCUMENTING</td>
<td>Corrected</td>
</tr>
<tr>
<td>I.f.(3)(f)</td>
<td>MEDICATION-DOCUMENTED IN INK</td>
<td>Corrected</td>
</tr>
<tr>
<td>II.d.(4)</td>
<td>TRAINING-CONTINUING EDUCATION</td>
<td>Corrected</td>
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</tbody>
</table>

Enforcement History (HURLBURTS HAVEN--0012349)

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

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

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
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 5/31/1992  12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

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

<table>
<thead>
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<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
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<tbody>
<tr>
<td>0128499</td>
<td>11/7/2018</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td>0128360</td>
<td>9/28/2018</td>
<td>STANDARD</td>
<td>SURVEY/COMPLAINT</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td>0126409</td>
<td>4/6/2018</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
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</table>

**Statement of Deficiency:** #3Q1611 Served 10/18/2018

<table>
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<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
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</thead>
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<tr>
<td>88.06(3)(c)</td>
<td>ASSESSMENT IDENTIFY NEEDS &amp; ABILITIES</td>
<td>11/7/18</td>
<td>Yes</td>
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Provider Inspection Summary

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

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>
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<tr>
<th>Subject Area</th>
<th>Corrected</th>
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<tr>
<td>SMOKE DETECTORS-TESTING AND</td>
<td>Verified</td>
</tr>
<tr>
<td>MAINTENANCE</td>
<td>4/6/18</td>
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<td></td>
<td>Corrected</td>
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<tr>
<td></td>
<td>Yes</td>
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Complaint History (NICOLES ADULT FAMILY HOME--0009710)

Date Complaint Received: 9/12/2018   Date Investigation Completed: 9/28/2018

<table>
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<tr>
<th>Subject Area(s)</th>
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<tbody>
<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
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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

Survey ID: 0123786  End Date: 7/19/2017  Type: OTHER  Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (HOMEPLACE OF DURAND LLC (THE)--0011507)

Date Complaint Received: 7/6/2017  Date Investigation Completed: 7/19/2017
Subject Area(s)  Result  SOD #
ADMINISTRATION  NOT SUBSTANTIATED

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