

## Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

### 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 9.00 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 03/28/2021 to 03/27/2024

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 2 of 9 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 03/28/2021 to 03/27/2024

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

**Survey ID:** 0138310    **End Date:** 01/13/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**

For the period 03/28/2021 to 03/27/2024

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

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**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 Verified</u>	<u>Corrected</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

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## Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

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 Verified</u>	<u>Corrected</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

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## Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

**Results:** PROBATIONARY LICENSE ISSUED

### Enforcement History (Eagles Rest at Pepin--0019052)

**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)

**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)

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## Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (Eagles Rest at Pepin--0019052)

**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

**Date Complaint Received: 10/09/2023**

**Date Investigation Completed: 11/09/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 09/01/2023**

**Date Investigation Completed: 11/09/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 08/01/2023**

**Date Investigation Completed: 08/10/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

ZTUE11

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## Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 07/24/2023**

**Date Investigation Completed: 08/10/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

ZTUE11

**Date Complaint Received: 07/13/2023**

**Date Investigation Completed: 08/10/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

ZTUE11

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

ZTUE11

PROGRAM SERVICES

SUBSTANTIATED

ZTUE11

**Date Complaint Received: 03/07/2023**

**Date Investigation Completed: 08/10/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

ZTUE11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

ZTUE11

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## Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024  
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 3/28/21 to 3/27/24

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