

Provider Inspection Summary

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

Wood

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community-Based Residential Facilities in Wood 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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ALICE & LOUISES II (0017158)

Address: 8679 STATE HWY 186, ARPIN, WI 54410

License Status: REGULAR

Licensed/Certified/Registered 03/01/2021 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147641 **End Date:** 07/01/2024 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UK3M12 Served 09/24/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.25	CONTINUING EDUCATION		
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION		
83.29(2)	ADMISSION AGREEMENT		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION		
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.35(2)	TEMPORARY SERVICE PLAN		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN
83.42(1)	RESIDENT RECORD MAINTAINED
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY
83.48(3)(b)	SENSITIVITY TESTING PERFORMED

Survey ID: 0144910 **End Date:** 09/11/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UK3M11 Served 11/29/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	6/20/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	7/1/24	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	7/1/24	No
83.38(1)(g)	HEALTH MONITORING	7/1/24	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	7/1/24	No

Survey ID: 0143693 **End Date:** 07/14/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140713 **End Date:** 08/31/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #BYVS11 Served 09/09/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	10/24/22	
83.46(3)	PUBLIC WATER SUPPLY OR WELL WATER TEST	10/24/22	
83.47(2)(e)	OTHER EVACUATION DRILLS	10/24/22	

Enforcement History (ALICE & LOUISES II--0017158)

Date: 09/24/2024 **SOD #**UK3M12 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---N0239 83.20(2)(a)-(d)
FORFEITURE---N0277 83.25
FORFEITURE---N0352 83.32(3)(h)
FORFEITURE---N0355 83.32(3)(k)
FORFEITURE---N0381 83.35(1)(a)
FORFEITURE---N0386 83.35(3)(a)
FORFEITURE---N0389 83.35(3)(d)
FORFEITURE---N0404 83.37(1)(e)
FORFEITURE---N0416 83.37(2)(e)
FORFEITURE---N0454 83.42(1)
FORFEITURE---N0538 83.48(3)(a)

Date: 11/29/2023 **SOD #**UK3M11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32 3H
FORFEITURE---83.38 1G

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (ALICE & LOUISES II--0017158)

Date Complaint Received: 05/21/2024

Date Investigation Completed: 07/01/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

UK3M12

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

UK3M12

PROGRAM SERVICES

SUBSTANTIATED

UK3M12

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

UK3M12

Date Complaint Received: 03/05/2024

Date Investigation Completed: 07/01/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

UK3M12

PROGRAM SERVICES

SUBSTANTIATED

UK3M12

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

UK3M12

Date Complaint Received: 06/16/2023

Date Investigation Completed: 09/11/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

UK3M11

Date Complaint Received: 02/06/2023

Date Investigation Completed: 07/14/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 05/11/2022

Date Investigation Completed: 08/31/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: DELANEY HOME LLC (0011989)

Address: 5342 3RD AVENUE, PITTSVILLE, WI 54466

License Status: REGULAR

Licensed/Certified/Registered 01/01/2008 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0144950 **End Date:** 10/03/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #6FEQ12 Served 12/04/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	1/18/24	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	1/18/24	Yes

Survey ID: 0141037 **End Date:** 07/11/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6FEQ11 Served 10/14/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	10/3/23	No
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	10/3/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Enforcement History (DELANEY HOME LLC--0011989)

Date: 10/14/2022

SOD #6FEQ11

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.17(2)(a)

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