

Scott Walker  
Governor



State of Wisconsin  
Department of Health Services

DIVISION OF QUALITY ASSURANCE  
MADISON/SOUTHERN REGIONAL OFFICE  
P.O. Box 7940  
MADISON WI 53707-7940

Kitty Rhoades  
Secretary

Telephone: 608-264-9888  
FAX: 608-264-9889  
dhs.wisconsin.gov

August 9, 2016

Mindy Eitsert  
PO Box 28  
Viroqua, WI 54601

Dear Ms. Eitsert:

Re: **Robin's Nest**  
**2133 Sunset Ln**  
**La Crosse, WI 54601**

Enclosed is the license for the above-named facility. Pursuant to Section 50.033(2), Wisconsin Stats., licenses will be valid until revoked or suspended under this section. Therefore, licenses will no longer have expiration dates. The effective dates of this initial license are 8/5/16 – 7/31/18.

Please contact this office if this license does not reflect current information. An amended license will be issued. Any additional changes to your license must be requested through this office.

This license should be posted in a conspicuous place in the facility.

If you have any questions, please contact the regional office at 715-836-4790.

Sincerely,

A handwritten signature in cursive script that reads "Alfred Johnson".

/ las

Alfred Johnson, Director  
Bureau of Assisted Living  
Division of Quality Assurance

Enclosure

cc: Ombudsman, La Crosse County  
County Aging/Disability Resource Center, La Crosse County  
La Crosse County Human Services  
Managed Care Organization(s)  
Division of Long Term Care – Bureau of Long Term Support  
Local Fire Department  
Disability Rights Wisconsin



# State of Wisconsin

Department of Health Services

Division of Quality Assurance

## ADULT FAMILY HOME LICENSE

EITSERT FAMILY CARES INC

PO BOX 28

VIROQUA, WI 54601

IS LICENSED TO OPERATE A FACILITY KNOWN AS

ROBINS NEST

2133 SUNSET LANE

LACROSSE, WI 54601

MAXIMUM CAPACITY: 4  
LICENSE NUMBER: 0016200  
DATE ISSUED: 08/05/2016

CLIENT GROUPS SERVED: DEVELOPMENTALLY DISABLED      EMOTIONALLY DISTURBED/MENTAL ILLNESS      PHYSICALLY DISABLED

Handwritten signature of Otis Woods in cursive.

Otis Woods, Administrator  
Division of Quality Assurance

Handwritten signature of Kitty Rhoades in cursive.

Kitty Rhoades, Secretary  
Department of Health Services

THIS LICENSE IS EFFECTIVE UNLESS REVOKED, SUSPENDED OR VOLUNTARILY SURRENDERED AND IS NOT TRANSFERABLE OR ASSIGNABLE  
POST IN A CONSPICUOUS PLACE ON PREMISES

