

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009

COUNTY: COLUMBIA

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Columbia County.

The report is a PDF (Adobe Acrobat) document and includes a total of 52 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 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: COLUMBIA

Facility Information

Facility Name: KOEPP KOTTAGE (0011626)
Address: N3396 KOEPP RD, MERRIMAC, WI 53561
License Status: REGULAR
Licensed/Certified/Registered 09/19/2006
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103396 **End Date:** 02/05/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098986 **End Date:** 03/15/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097764 **End Date:** 09/19/2006 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: COLUMBIA

Facility Information

Facility Name: INFINITE ABILITY - KRISTEN (0010830)
Address: W7353 KRISTEN DR, PARDEEVILLE, WI 53954
License Status: REGULAR
Licensed/Certified/Registered 03/01/2005
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103744 **End Date:** 03/31/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099041 **End Date:** 04/05/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: COLUMBIA

Facility Information

Facility Name: LAURA (0012808)
Address: W7921 LAURA DRIVE, PARDEEVILLE, WI 53954
License Status: REGULAR
Licensed/Certified/Registered 05/27/2009
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0104034 **End Date:** 05/26/2009 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: COLUMBIA

Facility Information

Facility Name: SPRING PLACE (190000)
Address: 117 SPRING ST, PARDEEVILLE, WI 53954
License Status: REGULAR
Licensed/Certified/Registered 11/13/1992
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102626 **End Date:** 10/01/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101954 **End Date:** 06/23/2008 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: COLUMBIA

Facility Information

Facility Name: INFINITE ABILITY INC II (0010619)
Address: W9141 THUNDERBIRD RD, PORTAGE, WI 53901
License Status: REGULAR
Licensed/Certified/Registered 07/01/2004
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103715 **End Date:** 03/18/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #938211 Served 04/03/2009

Deficiencies Cited
88.04(2)(f)

Subject Area
CONDITION WHICH REPRESENTS RISK OR HARM

Compliance
Verified

Corrected

Survey ID: 0098749 **End Date:** 02/13/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: COLUMBIA

Enforcement History (INFINITE ABILITY INC II)

Date: 03/31/2009 SOD #938211 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: COLUMBIA

Facility Information

Facility Name: INFINITE ABILITY INC (0010022)
Address: W9188 REHDANTZ RD, PORTAGE, WI 53901
License Status: REGULAR
Licensed/Certified/Registered 06/02/2003
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0100969 **End Date:** 01/29/2008 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: COLUMBIA

Facility Information

Facility Name: JACKIES TLC HOME (0012319)
Address: N8813 CTY RD EE, PORTAGE, WI 53901
License Status: REGULAR
Licensed/Certified/Registered 04/18/2008
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0101562 **End Date:** 04/14/2008 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: COLUMBIA

Facility Information

Facility Name: REM EPONYMOUS (0009563)
Address: W8137 HWY 33, PORTAGE, WI 53901
License Status: REGULAR
Licensed/Certified/Registered 02/27/2002
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0099630 **End Date:** 06/27/2007 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: COLUMBIA

Facility Information

Facility Name: REM EVERGREEN TRAIL (199036)
Address: 657 659 EVERGREEN TRAIL, PORTAGE, WI 53901
License Status: REGULAR
Licensed/Certified/Registered 02/12/1998
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0100287 **End Date:** 09/27/2007 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: COLUMBIA

Facility Information

Facility Name: REM COLBY (0009538)
Address: 206 COLBY BLVD, POYNETTE, WI 53955
License Status: REGULAR
Licensed/Certified/Registered 02/14/2002
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0100025 **End Date:** 08/27/2007 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: COLUMBIA

Facility Information

Facility Name: LARSON HOUSE I (110452)

Address: 550 RIVER RD, COLUMBUS, WI 53925

License Status: REGULAR

Licensed/Certified/Registered 02/29/1996

Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103556 **End Date:** 02/19/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #QCN213 Served 03/13/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(d)	REVIEW OF PROGRESS	04/01/2009	
83.32(3)	SIGNING ASSESSMENT AND ISP	04/01/2009	
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS	04/01/2009	
83.43(5)(b)	LICENSED BEFORE 1-1-97 REQUIREMENTS	04/01/2009	

Survey ID: 0101901 **End Date:** 06/11/2008 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: COLUMBIA

Complaint History (LARSON HOUSE I)

Date Complaint Received: 01/26/2009

Date Investigation Completed: 02/17/2009

Subject Area(s)

NUTRITION & FOOD SERVICES
MEDICATIONS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: COLUMBIA

Facility Information

Facility Name: LARSON HOUSE II (THE) (0009633)

Address: 550 RIVER RD, COLUMBUS, WI 53925

License Status: REGULAR

Licensed/Certified/Registered 01/01/2003

Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103572 **End Date:** 02/17/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #U5WZ11 Served 03/13/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.18(1)(d)2	OTHER INFORMATION REQUIRED IN RECORD	04/01/2009	
83.21(4)(r)	TREATMENT CHOICE	04/01/2009	
83.32(2)(d)	REVIEW OF PROGRESS	04/01/2009	
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS	04/01/2009	

Survey ID: 0101899 **End Date:** 06/11/2008 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098933 **End Date:** 03/22/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: COLUMBIA

Complaint History (LARSON HOUSE II (THE))

Date Complaint Received: 02/06/2009

Date Investigation Completed: 02/17/2009

Subject Area(s)

NUTRITION & FOOD SERVICES
MEDICATIONS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

U5WZ11

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: COLUMBIA

Facility Information

Facility Name: OUR HOUSE ASSISTED CARE (111036)

Address: 121 2ND ST, LODI, WI 53555

License Status: REGULAR

Licensed/Certified/Registered 02/28/1998

Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0099954 **End Date:** 08/01/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: COLUMBIA

Facility Information

Facility Name: CBL INC DBA THE REMINGTON HOUSE (0008879)

Address: 113 INDUSTRIAL DR, PARDEEVILLE, WI 53954

License Status: REGULAR

Licensed/Certified/Registered 07/01/2000

Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103342 **End Date:** 02/02/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100028 **End Date:** 08/21/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: COLUMBIA

Complaint History (CBL INC DBA THE REMINGTON HOUSE)

Date Complaint Received: 01/08/2009

Date Investigation Completed: 02/02/2009

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: COLUMBIA

Facility Information

Facility Name: GOLDEN YEARS INC (0011100)

Address: 107 GILLETTE ST, PARDEEVILLE, WI 53954

License Status: REGULAR

Licensed/Certified/Registered 04/01/2006

Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103851 **End Date:** 04/17/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102602 **End Date:** 09/15/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QUPQ11 Served 10/02/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(2)(b)	ANNUAL EVALUATION MORE THAN 2 MINUTES	04/17/2009	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	04/17/2009	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/17/2009	Yes

Survey ID: 0101183 **End Date:** 02/14/2008 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: COLUMBIA

Enforcement History (GOLDEN YEARS INC)

Date: 09/30/2008 **SOD #QUPQ11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH FACILITY PLAN OF CORRECTION

FORFEITURE---83.42(3)(e)

FORFEITURE---83.42(3)(f)

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: COLUMBIA

Complaint History (GOLDEN YEARS INC)

Date Complaint Received: 03/30/2009

Date Investigation Completed: 04/17/2009

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE
ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: COLUMBIA

Facility Information

Facility Name: AMERICANWAY OF PORTAGE DEMENTIA SPECIALTY I (0012512)

Address: 611 E ALBERT ST, PORTAGE, WI 53901

License Status: PROBATIONARY

Licensed/Certified/Registered 12/08/2008

Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103044 **End Date:** 12/08/2008 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: COLUMBIA

Facility Information

Facility Name: AMERICANWAY OF PORTAGE DEMENTIA SPECIALTY II (0012513)

Address: 613 EAST ALBERT ST, PORTAGE, WI 53901

License Status: PROBATIONARY

Licensed/Certified/Registered 12/08/2008

Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103045 **End Date:** 12/08/2008 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: COLUMBIA

Facility Information

Facility Name: AMERICANWAY OF PORTAGE I (0011822)

Address: 601 LATTON LA, PORTAGE, WI 53901

License Status: REGULAR

Licensed/Certified/Registered 01/01/2008

Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102029 **End Date:** 06/17/2008 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RSIW12 Served 07/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(1)(a)	FINANCIAL STABILITY	04/01/2009	
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	

Survey ID: 0101694 **End Date:** 05/01/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101210 **End Date:** 02/21/2008 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: COLUMBIA

Survey ID: 0101215 **End Date: 02/19/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #1NVP12 Served 03/04/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0100864 **End Date: 12/13/2007** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1NVP11 Served 01/14/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.16(1)	ADMISSIONS AGREEMENT	02/19/2008	Yes
83.32(1)(b)	LICENSEE PROTECT CIVIL RIGHTS OF RESIDENTS	02/19/2008	Yes
83.33(2)(a)	SUPERVISION	02/19/2008	Yes
83.33(3)(c)1	CONTROLLED SUBSTANCES	02/19/2008	Yes

Survey ID: 0099641 **End Date: 06/27/2007** **Type: OTHER** **Purpose: CHOW--DESK REVIEW**

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: COLUMBIA

Enforcement History (AMERICANWAY OF PORTAGE I)

Date: 07/07/2008 **SOD #RSIW12** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS

Date: 02/29/2008 **SOD #1NVP12** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

SUBMIT POC (SOD APPEAL ONLY)

Date: 01/08/2008 **SOD #1NVP11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.16(1)

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: COLUMBIA

Complaint History (AMERICANWAY OF PORTAGE I)

Date Complaint Received: 02/27/2008

Date Investigation Completed: 05/01/2008

Subject Area(s)

NUTRITION & FOOD SERVICES
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

NOT RECORDED

Date Complaint Received: 01/16/2008

Date Investigation Completed: 02/19/2008

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
NUTRITION & FOOD SERVICES
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

1NVP12

Date Complaint Received: 11/28/2007

Date Investigation Completed: 12/10/2007

Subject Area(s)

ADMINISTRATION

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: COLUMBIA

Facility Information

Facility Name: AMERICANWAY OF PORTAGE II (0011823)

Address: 621 LATTON LA, PORTAGE, WI 53901

License Status: REGULAR

Licensed/Certified/Registered 10/01/2007

Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102030 **End Date:** 06/17/2008 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FMS312 Served 07/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(1)(a)	FINANCIAL STABILITY	04/01/2009	
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	

Survey ID: 0101209 **End Date:** 02/21/2008 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101216 **End Date:** 02/19/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XHI211 Served 03/04/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: COLUMBIA

Survey ID: 0101018 **End Date: 02/04/2008** **Type: OTHER** **Purpose: DESK REVIEW**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100949 **End Date: 01/09/2008** **Type: OTHER** **Purpose: DESK REVIEW**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LYDJ11 Served 01/28/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	02/04/2008	Yes

Survey ID: 0100479 **End Date: 10/22/2007** **Type: STANDARD** **Purpose: SURVEY**

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0099042 **End Date: 04/09/2007** **Type: OTHER** **Purpose: CHOW--LICENSURE**

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: COLUMBIA

Enforcement History (AMERICANWAY OF PORTAGE II)

Date: 07/07/2008 **SOD #FMS312** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
FORFEITURE---83.11(3)(a)
FORFEITURE---Forf not paid by stip date

Date: 02/29/2008 **SOD #XHI211** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

FORFEITURE---83.11(3)(a)

Date: 01/25/2008 **SOD #LYDJ11** **Appealed: No**

Sanctions

NO NEW ADMISSIONS
OTHER SANCTION

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: COLUMBIA

Complaint History (AMERICANWAY OF PORTAGE II)

Date Complaint Received: 01/16/2008

Date Investigation Completed: 02/19/2008

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
NUTRITION & FOOD SERVICES
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

HXI211

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: COLUMBIA

Facility Information

Facility Name: LAKE PLACE GROUP HOME (110023)

Address: 105 LAKE RD, PORTAGE, WI 53901

License Status: REGULAR

Licensed/Certified/Registered 07/01/1981

Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0101594 **End Date:** 04/18/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WYDJ14 Served 05/01/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS		
83.32(3)	SIGNING ASSESSMENT AND ISP	04/01/2009	
83.43(3)(b)1	TESTING BY SERVICE COMPANY	04/01/2009	
83.44(1)(f)	VERTICAL SMOKE SEPARATION	04/01/2009	

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: COLUMBIA

Enforcement History (LAKE PLACE GROUP HOME)

Date: 04/30/2008 **SOD #WYDJ14** **Appealed: No**

Sanctions

FORFEITURE---83.32(3)

FORFEITURE---83.43(3)(b)1

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: COLUMBIA

Facility Information

Facility Name: MAPLE RIDGE ELDERLY CARE (0008757)

Address: 2876 VILLAGE RD, PORTAGE, WI 53901

License Status: REGULAR

Licensed/Certified/Registered 05/01/2000

Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103584 **End Date:** 03/16/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MX1912 Served 03/19/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.16(1)	ADMISSIONS AGREEMENT	04/01/2009	

Survey ID: 0103132 **End Date:** 12/17/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MX1911 Served 12/24/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	03/11/2009	Yes
83.33(3)(e)6	MEDICATION ERRORS AND ADVERSE REACTIONS	03/11/2009	Yes

Survey ID: 0102834 **End Date:** 10/30/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: COLUMBIA

Survey ID: 0101629 **End Date: 05/01/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101264 **End Date: 03/04/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100747 **End Date: 12/05/2007** **Type: STANDARD** **Purpose: SURVEY/SELF REPORT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099817 **End Date: 06/28/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #6R0011 Served 07/25/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	12/05/2007	Yes

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: COLUMBIA

Enforcement History (MAPLE RIDGE ELDERLY CARE)

Date: 12/18/2008 **SOD #**MX1911 **Appealed:** No

Sanctions

FORFEITURE---83.21(4)(o)
FORFEITURE---83.33(3)(e)6

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: COLUMBIA

Complaint History (MAPLE RIDGE ELDERLY CARE)

Date Complaint Received: 02/27/2009

Date Investigation Completed: 03/16/2009

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

MX1912

Date Complaint Received: 11/11/2008

Date Investigation Completed: 12/17/2008

Subject Area(s)

NUTRITION & FOOD SERVICES
MEDICATIONS
ADMINISTRATION
STAFF ADEQUACY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

MX1911

Date Complaint Received: 10/24/2008

Date Investigation Completed: 10/30/2008

Subject Area(s)

SUPERVISION
HOMELIKE ENVIRONMENT & CLEANLINESS
STAFF ADEQUACY
QUALITY OF LIFE
MIGRATION ERROR

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: COLUMBIA

Date Complaint Received: 10/15/2008

Subject Area(s)
HOMELIKE ENVIRONMENT & CLEANLINESS
MEDICATIONS
ADMINISTRATION
STAFF ADEQUACY
PROGRAM SERVICES
QUALITY OF LIFE

Date Investigation Completed: 10/30/2008

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

Date Complaint Received: 10/09/2008

Subject Area(s)
RESIDENT RIGHTS
MEDICATIONS
ADMINISTRATION

Date Investigation Completed: 10/30/2008

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

Date Complaint Received: 03/27/2008

Subject Area(s)
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY
QUALITY OF LIFE

Date Investigation Completed: 04/30/2008

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

Date Complaint Received: 03/10/2008

Subject Area(s)
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Date Investigation Completed: 05/02/2008

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

Date Complaint Received: 03/06/2008

Subject Area(s)
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES
QUALITY OF LIFE

Date Investigation Completed: 04/30/2008

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: COLUMBIA

Date Complaint Received: 02/04/2008

Subject Area(s)
NUTRITION & FOOD SERVICES
MEDICATIONS
STAFF ADEQUACY
PROGRAM SERVICES

Date Investigation Completed: 03/05/2008

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

Date Complaint Received: 04/18/2007

Subject Area(s)
NUTRITION & FOOD SERVICES
ADMINISTRATION
PROGRAM SERVICES

Date Investigation Completed: 06/28/2007

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
SUBSTANTIATED	6R0011

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: COLUMBIA

Facility Information

Facility Name: CARING HEARTS ASSISTED LIVING LLC (0011036)

Address: 208 W NORTH ST, POYNETTE, WI 53955

License Status: REGULAR

Licensed/Certified/Registered 03/01/2006

Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0101268 **End Date:** 03/04/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TNLL12 Served 03/15/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	

Survey ID: 0097360 **End Date:** 07/06/2006 **Type:** STANDARD **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008388 Served 07/21/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(a)	ADMINISTRATOR QUALIFIED: ASSOCIATE DEGREE	03/11/2008	Yes
83.21(4)(g)	FAIR TREATMENT	03/11/2008	Yes
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: COLUMBIA

Enforcement History (CARING HEARTS ASSISTED LIVING LLC)

Date: 03/11/2008 **SOD #TNLL12** **Appealed: No**

Sanctions

FORFEITURE---83.21(4)(w)

Date: 07/20/2006 **SOD #10008388** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.21(4)(w)

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: COLUMBIA

Facility Information

Facility Name: AT HOME AGAIN (0012836)

Address: 403 LOWVILLE RD, RIO, WI 53960

License Status: PROBATIONARY

Licensed/Certified/Registered 07/23/2009

Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

No survey activity during the period 07/01/2006 through 06/30/2009.

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: COLUMBIA

Facility Information

Facility Name: OUR HOUSE ASSISTED CARE (0010771)

Address: 1954 STATE RD 23, WISCONSIN DELLS, WI 53965

License Status: REGULAR

Licensed/Certified/Registered 07/01/2005

Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0099843 **End Date:** 07/23/2007 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099021 **End Date:** 04/05/2007 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: COLUMBIA

Complaint History (OUR HOUSE ASSISTED CARE)

Date Complaint Received: 02/26/2008

Date Investigation Completed: 07/31/2008

Subject Area(s)
STAFF ADEQUACY
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/07/2007

Date Investigation Completed: 07/24/2007

Subject Area(s)
RESIDENT RIGHTS
MEDICATIONS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/07/2007

Date Investigation Completed: 04/09/2007

Subject Area(s)
ADMISSION, TRANSFER & DISCHARGE
ADMINISTRATION

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: COLUMBIA

Facility Information

Facility Name: OUR HOUSE MEMORY CARE (0010772)

Address: 1950 STATE RD 23, WISCONSIN DELLS, WI 53965

License Status: REGULAR

Licensed/Certified/Registered 07/01/2005

Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0101348 **End Date:** 03/06/2008 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099866 **End Date:** 07/23/2007 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097718 **End Date:** 09/07/2006 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: COLUMBIA

Complaint History (OUR HOUSE MEMORY CARE)

Date Complaint Received: 06/24/2009

Date Investigation Completed: 07/29/2009

Subject Area(s)
QUALITY OF LIFE

Result
SUBSTANTIATED

SOD #
7UJU11

Date Complaint Received: 06/07/2007

Date Investigation Completed: 07/31/2007

Subject Area(s)
PHYSICAL PLANTS & SAFETY HAZARDS
MEDICATIONS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/07/2007

Date Investigation Completed: 04/09/2007

Subject Area(s)
ADMISSION, TRANSFER & DISCHARGE
ADMINISTRATION

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/11/2006

Date Investigation Completed: 09/07/2006

Subject Area(s)
PHYSICAL PLANTS & SAFETY HAZARDS
QUALITY OF LIFE

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: COLUMBIA

Facility Information

Facility Name: HERITAGE HOUSE RCAC (0012398)
Address: 2685 AIRPORT RD, PORTAGE, WI 53901
License Status: REGULAR
Licensed/Certified/Registered 05/31/2008
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103466 **End Date:** 02/11/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101956 **End Date:** 06/18/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101791 **End Date:** 05/27/2008 **Type:** OTHER **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: COLUMBIA

Complaint History (HERITAGE HOUSE RCAC)

Date Complaint Received: 01/20/2009

Date Investigation Completed: 02/11/2009

Subject Area(s)
SUPERVISION
ADMINISTRATION
QUALITY OF LIFE

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/06/2008

Date Investigation Completed: 06/18/2008

Subject Area(s)
SUPERVISION

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: COLUMBIA

Facility Information

Facility Name: MAPLE RIDGE ELDERLY CARE (0011859)
Address: 215 NORTHRIDGE DR, PORTAGE, WI 53901
License Status: REGULAR
Licensed/Certified/Registered 03/12/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103450 **End Date:** 02/11/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE		

Survey ID: 0102927 **End Date:** 11/13/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098846 **End Date:** 03/12/2007 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: COLUMBIA

Complaint History (MAPLE RIDGE ELDERLY CARE)

Date Complaint Received: 06/04/2009

Date Investigation Completed: 07/08/2009

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 10/23/2008

Date Investigation Completed: 11/13/2008

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE
NUTRITION & FOOD SERVICES
STAFF TRAINING AND PROFICIENCY
QUALITY OF LIFE

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 10/15/2008

Date Investigation Completed: 11/13/2008

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 10/09/2008

Date Investigation Completed: 11/13/2008

Subject Area(s)

Result

SOD #

ADMISSION, TRANSFER & DISCHARGE
ADMINISTRATION

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 10/02/2008

Date Investigation Completed: 11/13/2008

Subject Area(s)

Result

SOD #

NUTRITION & FOOD SERVICES
ADMISSION, TRANSFER & DISCHARGE
ADMINISTRATION

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: COLUMBIA

Date Complaint Received: 09/15/2008

Date Investigation Completed: 11/13/2008

Subject Area(s)

RESIDENT RIGHTS
NUTRITION & FOOD SERVICES
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

NOT RECORDED

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