

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

**Notes**

**This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Dane County.**

**The report includes only facilities located within the City of Madison. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 42 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: DANE

**Facility Information**

**Facility Name:** ARBOR HILLS AFH (0011223)  
**Address:** 2921 WIMBLEDON WAY, MADISON, WI 53711  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/11/2005  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0101749    **End Date:** 05/13/2008    **Type:** STANDARD    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**This is Page 2 of 42 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 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: DANE

**Complaint History (ARBOR HILLS AFH)**

**Date Complaint Received: 06/01/2009**

**Date Investigation Completed: 07/20/2009**

Subject Area(s)

Result

SOD #

SUPERVISION

SUBSTANTIATED

D3XD11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

D3XD11

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

**Facility Information**

**Facility Name:** ASTER HOME (199016)  
**Address:** 2634 MC KENNA BLVD, MADISON, WI 537113920  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/31/1999  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0099930    **End Date:** 08/01/2007    **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: DANE

**Facility Information**

**Facility Name:** BETHSAIDA FAMILY HOME 2 (0011985)  
**Address:** 3033 MAPLE GROVE DR, MADISON, WI 53719  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/08/2007  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0104217    **End Date:** 06/17/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #1I5511    Served 06/24/2009

Deficiencies Cited  
88.05(4)(c)1

Subject Area  
EXITING FROM THE FIRST FLOOR

Compliance  
Verified

Corrected

**Survey ID:** 0099936    **End Date:** 08/08/2007    **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: DANE

**Facility Information**

**Facility Name:** BETHSAIDA FAMILY HOME (0011332)  
**Address:** 7121 TURNBERRY RD, MADISON, WI 53719  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/11/2006  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102347    **End Date:** 08/12/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #24M611    Served 08/22/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)	ACCESS TO HOME AND WITHIN THE HOME		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

**Survey ID:** 0099855    **End Date:** 08/01/2007    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**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: DANE

**Survey ID: 0099545    End Date: 06/12/2007    Type: OTHER    Purpose: COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #XRTX11**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	08/01/2007	Yes
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM	08/01/2007	Yes
88.04(2)(a)	RESPONSIBILITIES		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.09(2)(a)	SERVICE PROVIDER RECORD		
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS		

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

**Enforcement History (BETHSAIDA FAMILY HOME)**

**Date: 06/19/2007      SOD #XRTX11      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS

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

**Complaint History (BETHSAIDA FAMILY HOME)**

**Date Complaint Received: 05/22/2007**

**Date Investigation Completed: 06/12/2007**

Subject Area(s)  
ABUSE

Result  
NOT SUBSTANTIATED

SOD #

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

**Facility Information**

**Facility Name:** BINEW HOME (0010017)  
**Address:** 6118 SANDSTONE DR, MADISON, WI 53719  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/27/2003  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0100604    **End Date:** 11/20/2007    **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: DANE

**Facility Information**

**Facility Name:** BLUFF POINT AFH (0011464)  
**Address:** 7018 BLUFF POINT DR, MADISON, WI 53718  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/19/2006  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102487    **End Date:** 09/12/2008    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0100795    **End Date:** 12/19/2007    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0099079    **End Date:** 04/17/2007    **Type:** OTHER    **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0097346    **End Date:** 07/14/2006    **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: DANE

**Facility Information**

**Facility Name:** BRIGHTER LIFE LIVING (0011142)  
**Address:** 924 EAST MIFFLIN ST, MADISON, WI 53703  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/01/2005  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0101104    **End Date:** 01/31/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #7TFE11    Served 02/20/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.06(3)(f)	REVIEW OF ISP		

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

**Enforcement History (BRIGHTER LIFE LIVING)**

**Date: 02/18/2008      SOD #7TFE11      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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

**Facility Information**

**Facility Name:** CCLS COTTAGE GROVE (190005)  
**Address:** 5210 COTTAGE GROVE RD, MADISON, WI 53716  
**License Status:** REGULAR  
**Licensed/Certified/Registered:** 11/07/1996  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103440    **End Date:** 01/29/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #LDL711    Served 02/26/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		

**Survey ID:** 0098213    **End Date:** 11/28/2006    **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: DANE

**Facility Information**

**Facility Name:** CCLS PEPIN (190006)  
**Address:** 5125 PEPIN DR, MADISON, WI 53705  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/31/1995  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103439    **End Date:** 02/05/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098663    **End Date:** 02/06/2007    **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: DANE

**Facility Information**

**Facility Name:** CCLS SAWMILL (190007)  
**Address:** 7202 SAWMILL RD, MADISON, WI 53717  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/31/1996  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0101895    **End Date:** 06/03/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #2Q1Y11    Served 06/16/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(3)(f)	REVIEW OF ISP		

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

**Facility Information**

**Facility Name:** DALE HEIGHTS (0011376)  
**Address:** 1310 DALE AVE, MADISON, WI 53705  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/31/2006  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103266      **End Date:** 01/15/2009      **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: DANE

**Facility Information**

**Facility Name:** ELAINES HOME (0009699)  
**Address:** 4341 BRITTA DR, MADISON, WI 53711  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/22/2002  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103833    **End Date:** 04/14/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #OXW812    Served 04/20/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

**Survey ID:** 0099184    **End Date:** 04/17/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008500    Served 05/03/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS	04/14/2009	Yes
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	04/14/2009	Yes

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

**Enforcement History (ELAINES HOME)**

**Date: 04/30/2007      SOD #10008500      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

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

**Facility Information**

**Facility Name:** EMMANUEL FAMILY HOME (0012650)  
**Address:** 2943 TRACEWAY DR, MADISON, WI 53713  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/26/2009  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103271    **End Date:** 01/22/2009    **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: DANE

**Facility Information**

**Facility Name:** FERGUSON FAMILY HOME (190037)  
**Address:** 6842 CHESTER DR, MADISON, WI 537191906  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/1998  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103034    **End Date:** 12/01/2008    **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: DANE

**Facility Information**

**Facility Name:** FRANKLIN HOUSE (0009715)  
**Address:** 133 NAUTILUS DR, MADISON, WI 53719  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/19/2002  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0099928    **End Date:** 08/07/2007    **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: DANE

**Facility Information**

**Facility Name:** HAMMERSLEY HOME (0010700)  
**Address:** 5101 HAMMERSLEY RD, MADISON, WI 53711  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/01/2004  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103753    **End Date:** 03/23/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #135R12    Served 04/07/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.05(4)(d)1	FIRE SAFETY EVACUATION PLAN		

**Survey ID:** 0098439    **End Date:** 12/13/2006    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10008447    Served 01/18/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS	03/18/2009	Yes

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

**Enforcement History (HAMMERSLEY HOME)**

**Date: 04/03/2009      SOD #135R12      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

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

**Facility Information**

**Facility Name:** HARTLAND HOUSE (199034)  
**Address:** 114 VIOLET CIRCLE, MADISON, WI 537142030  
**License Status:** REGULAR  
**Licensed/Certified/Registered:** 10/27/1997  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0100465    **End Date:** 10/18/2007    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #JYJ214    Served 11/06/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	08/04/2009	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	08/04/2009	No
88.09(2)(a)	SERVICE PROVIDER RECORD	08/04/2009	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	08/04/2009	Yes

**Survey ID:** 0098223    **End Date:** 11/24/2006    **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  
Adult Family Home  
COUNTY: DANE

**Enforcement History (HARTLAND HOUSE)**

**Date: 10/31/2007      SOD #JYJ214      Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT  
COMPLY WITH FACILITY PLAN OF CORRECTION

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

**Facility Information**

**Facility Name:** HELPING HANDS (0010616)  
**Address:** 7657 FARMINGTON WAY, MADISON, WI 53717  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/28/2004  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0104149    **End Date:** 05/28/2009    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #Q2LG16    Served 06/12/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(b)	AWAKE STAFF FOR CONTINUOUS CARE		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(b)	FREE OF HAZARDS		

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

**Survey ID: 0103821    End Date: 03/18/2009    Type: STANDARD    Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #Q2LG15    Served 04/16/2009**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	05/28/2009	Yes
88.05(3)(a)	HOME ENVIRONMENT	05/28/2009	No
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	05/28/2009	Yes
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	05/28/2009	Yes
88.07(3)(c)	MEDICATION ASSISTANCE	05/28/2009	Yes

**Survey ID: 0100219    End Date: 08/29/2007    Type: OTHER    Purpose: VERIFICATION VISIT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #Q2LG14    Served 10/05/2007**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(d)	MEDICATION- WRITTEN ORDER	03/18/2009	Yes

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

**Survey ID: 0099543 End Date: 06/06/2007 Type: OTHER Purpose: COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #Q2LG13 Served 06/21/2007**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	08/29/2007	Yes
88.04(2)(a)	RESPONSIBILITIES	08/29/2007	Yes
88.05(3)(o)	HOME NOT BE USED FOR OTHER BUSINESS	08/29/2007	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	08/29/2007	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	08/29/2007	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	08/29/2007	Yes
88.07(2)(c)	SERVICES DETERMINED BY ALL INVOLVED	08/29/2007	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(3)(e)2	MEDICATION- RECORD OF SIDE EFFECTS	08/29/2007	Yes
88.09(1)(e)	RESIDENT'S RECORD RETENTION	08/29/2007	Yes
88.09(2)(a)8	TRAINING DOCUMENTATION	08/29/2007	Yes

**Survey ID: 0098336 End Date: 12/12/2006 Type: STANDARD Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10008443 Served 12/21/2006**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	06/06/2007	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

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

**Enforcement History (HELPING HANDS)**

**Date: 06/10/2009**      **SOD #Q2LG16**      **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT  
COMPLY WITH FACILITY PLAN OF CORRECTION

**Date: 04/14/2009**      **SOD #Q2LG15**      **Appealed: Yes**      **Decision: DISMISSED**

Sanctions

COMPLY WITH REQUIREMENT  
COMPLY WITH FACILITY PLAN OF CORRECTION  
NO NEW ADMISSIONS

**Date: 10/02/2007**      **SOD #Q2LG14**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

**Date: 06/18/2007**      **SOD #Q2LG13**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS

**Date: 12/19/2006**      **SOD #10008443**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

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

**Complaint History (HELPING HANDS)**

**Date Complaint Received: 04/05/2007**

**Date Investigation Completed: 06/06/2007**

Subject Area(s)

SUPERVISION  
RESIDENT BEHAVIOR/FACILITY PRACTICE  
ADMINISTRATION

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #

Q2LG13

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

**Facility Information**

**Facility Name:** HOME OF GOOD HOPE (0009449)  
**Address:** 2010 LAKE POINT DR, MADISON, WI 53713  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/12/2001  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102424    **End Date:** 09/03/2008    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102093    **End Date:** 06/19/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #KLQ812    Served 07/12/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.07(3)	RESIDENCY OR SIGNATORY CHANGE	09/03/2008	Yes
88.04(2)(a)	RESPONSIBILITIES	09/03/2008	Yes
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	09/03/2008	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	09/03/2008	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	09/03/2008	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	09/03/2008	Yes
88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS	09/03/2008	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	09/03/2008	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	09/03/2008	Yes

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

**Enforcement History (HOME OF GOOD HOPE)**

**Date: 07/11/2008**      **SOD #KLQ812**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS

**Date: 07/13/2006**      **SOD #10008387**      **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT  
NO NEW ADMISSIONS

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

**Facility Information**

**Facility Name:** REM BRADFORD (190013)  
**Address:** 22 BRADFORD LN, MADISON, WI 53714  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/12/1987  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102027    **End Date:** 06/30/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0097285    **End Date:** 07/03/2006    **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: DANE

**Facility Information**

**Facility Name:** REM CRESTLINE (199026)  
**Address:** 2506 CRESTLINE DR, MADISON, WI 53704  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/01/1997  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0099953      **End Date:** 08/07/2007      **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  
Adult Family Home  
COUNTY: DANE

**Facility Information**

**Facility Name:** REM MILLSTONE (190012)  
**Address:** 41 MILLSTONE RD, MADISON, WI 53717  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/01/1994  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102824    **End Date:** 10/27/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0097436    **End Date:** 07/05/2006    **Type:** INITIAL    **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: DANE

**Facility Information**

**Facility Name:** STRATHMORE HOME (0010699)  
**Address:** 6216 STRATHMORE LA, MADISON, WI 53711  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/01/2004  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0099772    **End Date:** 07/10/2007    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #9IRS12    Served 07/20/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

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

**Facility Information**

**Facility Name:** UNIFIED ADULT FAMILY HOME (0010494)  
**Address:** 5210 SIGGELKOW RD, MADISON, WI 53718  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/10/2004  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0101394    **End Date:** 03/12/2008    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0100639    **End Date:** 11/14/2007    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #WLE713    Served 12/03/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	03/12/2008	Yes
88.04(2)(a)	RESPONSIBILITIES		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.07(3)(c)	MEDICATION ASSISTANCE		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

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

**Enforcement History (UNIFIED ADULT FAMILY HOME)**

**Date: 11/29/2007      SOD #WLE713      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
NO NEW ADMISSIONS

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

**Facility Information**

**Facility Name:** YASMINS LOVING CARE (0011506)  
**Address:** 901 N OAK ST, MADISON, WI 53704  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/10/2006  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103665    **End Date:** 03/06/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #JNTU12    Served 03/27/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

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

**Survey ID: 0098807    End Date: 02/27/2007    Type: STANDARD    Purpose: SURVEY**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #10008474    Served 03/06/2007**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(h)	COMPLY WITH OSHA	03/06/2009	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	03/06/2009	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	03/06/2009	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	03/06/2009	No
88.07(3)(d)	MEDICATION- WRITTEN ORDER	03/06/2009	No
88.09(2)(a)	SERVICE PROVIDER RECORD	03/06/2009	Yes

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**Survey ID: 0097553    End Date: 08/10/2006    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: DANE

**Enforcement History (YASMINS LOVING CARE)**

**Date: 03/25/2009      SOD #JNTU12      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

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