

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 is a PDF (Adobe Acrobat) document and includes a total of 26 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: SHULKA AFH (0012050)
Address: 209 CO TRK JG, BLANCHARDVILLE, WI 53516
License Status: REGULAR
Licensed/Certified/Registered 08/27/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0100020 **End Date:** 08/16/2007 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 2 of 26 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

Facility Information

Facility Name: SHADY REST (0012350)
Address: 119 WEST MAIN ST, MARSHALL, WI 53559
License Status: REGULAR
Licensed/Certified/Registered 06/27/2008
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102017 **End Date:** 06/27/2008 **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: DANE

Facility Information

Facility Name: GILEAD NISSI HOME 2 (0012268)
Address: 1322 STRATFORD COURT, MIDDLETON, WI 53562
License Status: REGULAR
Licensed/Certified/Registered 04/02/2008
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102532 **End Date:** 09/10/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H7SU11 Served 09/23/2008

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

Survey ID: 0102196 **End Date:** 07/30/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101438 **End Date:** 04/02/2008 **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: DANE

Enforcement History (GILEAD NISSI HOME 2)

Date: 09/22/2008 SOD #H7SU11 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

Complaint History (GILEAD NISSI HOME 2)

Date Complaint Received: 08/28/2008

Date Investigation Completed: 09/10/2008

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/12/2008

Date Investigation Completed: 07/30/2008

Subject Area(s)

NUTRITION & FOOD SERVICES
ADMINISTRATION

Result

NOT SUBSTANTIATED
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: PINELANE ADULT FAMILY HOME (199025)
Address: 7439 BLACKHAWK RD, MIDDLETON, WI 53562
License Status: REGULAR
Licensed/Certified/Registered 09/30/1996
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0100592 **End Date:** 11/14/2007 **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: GRIMM RESIDENCE (0010609)
Address: 132 PEERLESS RD, NEW GLARUS, WI 53574
License Status: REGULAR
Licensed/Certified/Registered 05/01/2004
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102496 **End Date:** 09/08/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #F4T712 Served 09/17/2008

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

Survey ID: 0098198 **End Date:** 11/09/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008434 Served 11/29/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	09/08/2008	Yes

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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: HOLLYS HOUSE ADULT FAMILY HOME (0009948)

Address: 1902 SPRING RD, STOUGHTON, WI 53589

License Status: REGULAR

Licensed/Certified/Registered 01/27/2003

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

Survey History

Survey ID: 0100411 End Date: 10/18/2007 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
Adult Family Home
COUNTY: DANE

Facility Information

Facility Name: LINCOLN AFH (0010698)
Address: 1539 LINCOLN AVE, STOUGHTON, WI 53589
License Status: REGULAR
Licensed/Certified/Registered 09/01/2004
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0100012 **End Date:** 08/21/2007 **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: DANE

Facility Information

Facility Name: HARRINGTON HOUSE (0010074)
Address: 1265 CROSSING RIDGE TRAIL, SUN PRAIRIE, WI 53590
License Status: REGULAR
Licensed/Certified/Registered 05/12/2003
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0101403 **End Date:** 03/20/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #1T2P11 Served 04/05/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		

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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: HIGHLANDS HOUSE THE (0010678)
Address: 1326 ARMAGH LA, SUN PRAIRIE, WI 53590
License Status: REGULAR
Licensed/Certified/Registered 09/15/2004
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103782 **End Date:** 04/07/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099687 **End Date:** 06/07/2007 **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: HOUSE OF LIVING WELL (0009856)
Address: 2910 VANG RD, SUN PRAIRIE, WI 53590
License Status: REGULAR
Licensed/Certified/Registered 10/24/2002
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103746 **End Date:** 03/25/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9NKR14 Served 04/04/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	07/10/2009	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: 0099602 End Date: 06/14/2007 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9NKR13 Served 08/06/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	03/25/2009	Yes
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	03/25/2009	Yes
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	03/25/2009	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	03/25/2009	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	03/25/2009	Yes
88.07(3)(c)	MEDICATION ASSISTANCE	03/25/2009	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	03/25/2009	Yes
88.07(3)(e)2	MEDICATION- RECORD OF SIDE EFFECTS	03/25/2009	Yes

Survey ID: 0097704 End Date: 07/27/2006 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008397 Served 09/18/2006

<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	06/14/2007	Yes
88.04(2)(a)	RESPONSIBILITIES		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	06/14/2007	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	06/14/2007	Yes
88.06(3)(f)	REVIEW OF ISP	06/14/2007	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	06/14/2007	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 (HOUSE OF LIVING WELL)

Date: 06/27/2007 SOD #9NKR13 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Date: 09/12/2006 SOD #10008397 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 (HOUSE OF LIVING WELL)

Date Complaint Received: 06/08/2009

Date Investigation Completed: 07/10/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ABUSE	NOT SUBSTANTIATED	
PHYSICAL PLANTS & SAFETY HAZARDS	SUBSTANTIATED	9NKR15
NUTRITION & FOOD SERVICES	SUBSTANTIATED	9NKR15
ADMINISTRATION	SUBSTANTIATED	9NKR15

Date Complaint Received: 05/29/2007

Date Investigation Completed: 06/14/2007

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
MEDICATIONS	SUBSTANTIATED	9NKR13

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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: INFINITE ABILITY INC (0012734)
Address: 2945 WYNDWOOD WAY, SUN PRAIRIE, WI 53590
License Status: REGULAR
Licensed/Certified/Registered 04/20/2009
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103857 **End Date:** 04/21/2009 **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: MCCLOSKEY HOME (THE) (0008901)
Address: 926 CAMPFIRE DR, SUN PRAIRIE, WI 53590
License Status: REGULAR
Licensed/Certified/Registered 12/23/1999
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0100953 **End Date:** 01/22/2008 **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: PALS PLACE (0012888)
Address: 208 QUEENS ST, SUN PRAIRIE, WI 53590
License Status: REGULAR
Licensed/Certified/Registered 07/30/2009
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
Adult Family Home
COUNTY: DANE

Facility Information

Facility Name: SONRISAS ASSISTED LIVING (0008657)
Address: 315 LLANOS ST, VERONA, WI 53593
License Status: REGULAR
Licensed/Certified/Registered 09/07/1999
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102887 **End Date:** 11/05/2008 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101821 **End Date:** 05/12/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4HNX12 Served 06/03/2008

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

Survey ID: 0099340 **End Date:** 05/02/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4HNX11 Served 05/25/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	05/12/2008	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	05/12/2008	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 (SONRISAS ASSISTED LIVING)

Date: 05/30/2008 **SOD #4HNX12** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Date: 05/22/2007 **SOD #4HNX11** **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

Complaint History (SONRISAS ASSISTED LIVING)

Date Complaint Received: 06/26/2008

Date Investigation Completed: 11/05/2008

Subject Area(s)
ADMINISTRATION
STAFF ADEQUACY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/24/2007

Date Investigation Completed: 05/15/2007

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
4HNX11

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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: SONRISAS II (0010801)
Address: 317 LLANOS ST, VERONA, WI 53593
License Status: REGULAR
Licensed/Certified/Registered 12/03/2004
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102888 **End Date:** 11/05/2008 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100521 **End Date:** 10/31/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #437S11 Served 11/10/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.05(2)	ACCESS TO HOME AND WITHIN THE HOME		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

Survey ID: 0093778 **End Date:** 12/31/2006 **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 (SONRISAS II)

Date: 11/08/2007 SOD #437S11 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 (SONRISAS II)

Date Complaint Received: 06/26/2008

Date Investigation Completed: 11/05/2008

Subject Area(s)
ADMINISTRATION
STAFF ADEQUACY
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
Adult Family Home
COUNTY: DANE

Facility Information

Facility Name: TENDER CARE ADULT FAMILY HOME (0012860)

Address: 8908 ANCIENT OAK LN, VERONA, WI 53593

License Status: REGULAR

Licensed/Certified/Registered 08/25/2009

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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