

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility
COUNTY: DANE

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community Based Residential Facilities 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 98 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: ALL SAINTS ASSISTED LIVING AND MEMORY CARE (0012409)

Address: 8210 HIGHVIEW DRIVE, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 09/01/2009

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

Survey History

Survey ID: 0102984 **End Date:** 11/24/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102134 **End Date:** 07/16/2008 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

This is Page 2 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (ALL SAINTS ASSISTED LIVING AND MEMORY CARE)

Date Complaint Received: 10/14/2008

Date Investigation Completed: 11/24/2008

Subject Area(s)

NUTRITION & FOOD SERVICES
ADMINISTRATION
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 3 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: ARC DAYTON ST (110328)
Address: 2009 E DAYTON ST, MADISON, WI 53704
License Status: REGULAR
Licensed/Certified/Registered 01/31/1993
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102166 **End Date:** 07/21/2008 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 4 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: ARC HOUSE (110002)
Address: 202 N PATERSON ST, MADISON, WI 53703
License Status: REGULAR
Licensed/Certified/Registered 03/31/1982
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103373 **End Date:** 02/06/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ION911 Served 02/12/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	
83.53(3)(d)	CLEARED PATHWAY AWAY FROM FACILITY	04/01/2009	

This is Page 5 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: ARC MATERNAL & INFANT PROGRAM (110391)

Address: 4202 MONONA DR, MADISON, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 02/01/1995

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

Survey History

Survey ID: 0101482 **End Date:** 04/09/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #I51914 Served 04/16/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(3)(e)	QUARTERLY FIRE DRILLS	04/01/2009	

This is Page 6 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: ASHWABAY HOUSE (THE) (0009535)

Address: 7310 ASHWABAY LANE, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 08/01/2002

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

Survey History

Survey ID: 0102264 **End Date:** 08/04/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098811 **End Date:** 02/20/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008476 Served 03/07/2007

<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	08/04/2008	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	08/04/2008	Yes

Survey ID: 0097796 **End Date:** 09/15/2006 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 7 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (ASHWABAY HOUSE (THE))

Date Complaint Received: 06/12/2008

Date Investigation Completed: 08/04/2008

Subject Area(s)

RESIDENT RIGHTS
RESIDENT BEHAVIOR/FACILITY PRACTICE
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/09/2008

Date Investigation Completed: 08/04/2008

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 8 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: ATTIC CORRECTIONAL TREATMENT CENTER (110047)

Address: 4117 DWIGHT DR, MADISON, WI 53704

License Status: REGULAR

Licensed/Certified/Registered 12/01/1980

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

Survey History

Survey ID: 0102282 **End Date:** 07/31/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097835 **End Date:** 10/04/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 9 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Complaint History (ATTIC CORRECTIONAL TREATMENT CENTER)

Date Complaint Received: 03/20/2008

Date Investigation Completed: 07/31/2008

Subject Area(s)
MEDICATIONS

Result
NOT SUBSTANTIATED

SOD #

This is Page 10 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: AVALON ASSISTED LIVING COMMUNITY 500 (0011914)

Address: 2879 FISH HATCHERY RD, MADISON, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 12/01/2007

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

Survey History

Survey ID: 0102827 **End Date:** 10/14/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100603 **End Date:** 11/16/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099894 **End Date:** 07/25/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099353 **End Date:** 05/22/2007 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

This is Page 11 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (AVALON ASSISTED LIVING COMMUNITY 500)

Date Complaint Received: 09/29/2008

Date Investigation Completed: 10/14/2008

Subject Area(s)

Result

SOD #

ABUSE

SUBSTANTIATED

NOT RECORDED

Date Complaint Received: 09/12/2008

Date Investigation Completed: 10/14/2008

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE
HOMELIKE ENVIRONMENT & CLEANLINESS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 07/18/2007

Date Investigation Completed: 07/31/2007

Subject Area(s)

Result

SOD #

MEDICATIONS

NOT SUBSTANTIATED

Date Complaint Received: 05/29/2007

Date Investigation Completed: 07/25/2007

Subject Area(s)

Result

SOD #

STAFF ADEQUACY

NOT SUBSTANTIATED

This is Page 12 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: AVALON ASSISTED LIVING COMMUNITY 600 (0011927)

Address: 2879 FISH HATCHERY RD, MADISON, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 11/01/2007

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

Survey History

Survey ID: 0102837 **End Date:** 10/14/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J6HL12 Served 11/07/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(c)1	ADEQUATE STAFFING	04/01/2009	
83.19(1)	NOTIFICATION OF CHANGES & INCIDENTS	04/01/2009	
83.19(1)(e)2	REPORT OF ABUSE REQUIREMENTS	04/01/2009	
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	

Survey ID: 0100602 **End Date:** 11/16/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 13 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Survey ID: 0100278 **End Date: 09/27/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J6HL11 Served 10/12/2007

Deficiencies Cited
83.21(4)(o)

Subject Area
MEDICATIONS

Compliance
Verified
04/01/2009

Corrected

Survey ID: 0100221 **End Date: 09/19/2007** **Type: OTHER** **Purpose: SURVEY**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099937 **End Date: 07/25/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099691 **End Date: 05/29/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099380 **End Date: 04/17/2007** **Type: INITIAL** **Purpose: CHOW--DESK REVIEW**

Results: PROBATIONARY LICENSE ISSUED

This is Page 14 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Enforcement History (AVALON ASSISTED LIVING COMMUNITY 600)

Date: 11/06/2008 **SOD #J6HL12** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.15(1)(c)(1)
FORFEITURE---83.19(1)
FORFEITURE---83.19(1)(e)2

Date: 10/10/2007 **SOD #J6HL11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.21(4)(o)

This is Page 15 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (AVALON ASSISTED LIVING COMMUNITY 600)

Date Complaint Received: 09/27/2007

Date Investigation Completed: 11/16/2007

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
STAFF TRAINING AND PROFICIENCY
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/26/2007

Date Investigation Completed: 09/27/2007

Subject Area(s)

MEDICATIONS

Result

SUBSTANTIATED

SOD #

J6HL11

Date Complaint Received: 07/10/2007

Date Investigation Completed: 07/25/2007

Subject Area(s)

ADMINISTRATION
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/29/2007

Date Investigation Completed: 07/25/2007

Subject Area(s)

STAFF ADEQUACY

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/17/2007

Date Investigation Completed: 05/29/2007

Subject Area(s)

SUPERVISION
RESIDENT RIGHTS
RESIDENT BEHAVIOR/FACILITY PRACTICE
MEDICATIONS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 16 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

This is Page 17 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: AVALON ASSISTED LIVING COMMUNITY 700 (0011915)

Address: 2879 FISH HATCHERY RD, MADISON, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 12/01/2007

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

Survey History

Survey ID: 0102817 **End Date:** 10/14/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q7HS11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(d)	MAINTAIN BACKGROUND INFORMATION		
83.14(1)(a)3	CLIENT GROUP SPECIFIC TRAINING	04/01/2009	
83.14(1)(b)	LICENSEE: CAREGIVER BACKGROUND REQUIREMENTS	04/01/2009	
83.14(1)(c)	UNIVERSAL PRECAUTIONS	04/01/2009	
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	

This is Page 18 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Survey ID: 0100286 End Date: 09/27/2007 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DF3C11 Served 10/15/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE		
83.16(4)(a)	ABILITY TO PAY	04/01/2009	
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	04/01/2009	

Survey ID: 0099348 End Date: 05/22/2007 Type: INITIAL Purpose: CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

This is Page 19 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Enforcement History (AVALON ASSISTED LIVING COMMUNITY 700)

Date: 10/31/2008 **SOD #Q7HS11** **Appealed: No**

Sanctions

FORFEITURE---83.14(1)(a)
FORFEITURE---83.14(1)(b)
FORFEITURE---83.14(1)(c)
FORFEITURE---83.14(1)(d)

Date: 10/10/2007 **SOD #DF3C11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---50.065(2)(bb)

This is Page 20 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (AVALON ASSISTED LIVING COMMUNITY 700)

Date Complaint Received: 09/12/2008

Date Investigation Completed: 10/16/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
HOMELIKE ENVIRONMENT & CLEANLINESS ADMINISTRATION	SUBSTANTIATED NOT SUBSTANTIATED	Q7HS11
STAFF TRAINING AND PROFICIENCY STAFF ADEQUACY	SUBSTANTIATED NOT SUBSTANTIATED	Q7HS11
QUALITY OF LIFE	NOT SUBSTANTIATED	

This is Page 21 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: BRIGHTER LIFE LIVING (0011577)

Address: 901 PFLAUM RD, MADISON, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 02/01/2007

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

Survey History

Survey ID: 0103494 **End Date:** 02/23/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #YPHI12 Served 03/03/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	

Survey ID: 0099080 **End Date:** 04/12/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008494 Served 04/21/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(7)(b)	PERSONNEL RECORDS AVAILABLE FOR REVIEW	02/19/2009	Yes
83.16(1)	ADMISSIONS AGREEMENT	02/19/2009	Yes

Survey ID: 0097447 **End Date:** 07/31/2006 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

This is Page 22 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: CAPITOL LAKES TERRACES (110509)

Address: 345 W MAIN ST, MADISON, WI 53703

License Status: REGULAR

Licensed/Certified/Registered 10/01/1996

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

Survey History

Survey ID: 0099014 **End Date:** 04/04/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 23 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: CHAMOMILE ASSISTED LIVING LTD (0008514)

Address: 22 MILO LANE, MADISON, WI 53714

License Status: REGULAR

Licensed/Certified/Registered 06/30/1999

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

Survey History

Survey ID: 0099773 **End Date:** 07/11/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DY1512 Served 07/23/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	

This is Page 24 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: CHAMOMILE II ASSISTED LIVING LTD (0010867)

Address: 842 JUPITER DR, MADISON, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 12/01/2005

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

Survey History

Survey ID: 0101519 **End Date:** 04/17/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101114 **End Date:** 02/14/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DZLJ11 Served 02/23/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(d)	REVIEW OF PROGRESS	04/17/2008	Yes
83.33(2)(a)	SUPERVISION	04/17/2008	Yes

This is Page 25 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Enforcement History (CHAMOMILE II ASSISTED LIVING LTD)

Date: 02/19/2008 **SOD #DZLJ11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.32(2)(d)

FORFEITURE---83.33(2)(a)

This is Page 26 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (CHAMOMILE II ASSISTED LIVING LTD)

Date Complaint Received: 02/29/2008

Date Investigation Completed: 04/17/2008

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

This is Page 27 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: COVENANT OAKS (0008572)

Address: 6165 MINERAL POINT RD, MADISON, WI 53705

License Status: REGULAR

Licensed/Certified/Registered 05/01/2000

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

Survey History

Survey ID: 0100528 **End Date:** 10/30/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 28 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: FOSTER COMMUNITY CORRECTIONS CENTER (110377)

Address: 5706 ODANA RD, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 02/28/1994

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

Survey History

Survey ID: 0100588 **End Date:** 11/15/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #S3UM14 Served 11/21/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.08	ARMED FORCES BACKGROUND SEARCHES		
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE		
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	

This is Page 29 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: FOUNTAINHEAD HOMES (0009770)

Address: 5222 HAMMERSLEY RD, MADISON, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 08/01/2003

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

Survey History

Survey ID: 0101310 **End Date:** 03/18/2008 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101309 **End Date:** 03/12/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097797 **End Date:** 09/15/2006 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 30 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (FOUNTAINHEAD HOMES)

Date Complaint Received: 12/26/2007

Date Investigation Completed: 03/12/2008

Subject Area(s)

ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 31 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: GOODWILL JAMESTOWN GROUP HOME (110243)

Address: 5815 WILLIAMSBURG WAY, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 06/26/1989

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

Survey History

Survey ID: 0100024 **End Date:** 08/22/2007 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097872 **End Date:** 10/03/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 32 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Complaint History (GOODWILL JAMESTOWN GROUP HOME)

Date Complaint Received: 06/01/2007

Date Investigation Completed: 08/22/2007

Subject Area(s)
MEDICATIONS

Result
NOT SUBSTANTIATED

SOD #

This is Page 33 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: HANNAHS HOUSE (0012865)

Address: 510 N GAMMON RD, MADISON, WI 53717

License Status: PROBATIONARY

Licensed/Certified/Registered 08/18/2009

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

Survey History

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

This is Page 34 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: HARBOR SUITES (0009264)

Address: 734 MESTA LA, MADISON, WI 53704

License Status: REGULAR

Licensed/Certified/Registered 10/01/2001

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

Survey History

Survey ID: 0102815 **End Date:** 10/10/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UTG 513 Served 11/03/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(h)	NOT PERMIT A CONDITION OF RISK	04/01/2009	
83.21(4)(o)	MEDICATIONS	04/01/2009	
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	04/01/2009	

Survey ID: 0102219 **End Date:** 07/17/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UTG512 Served 08/05/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	04/01/2009	

This is Page 35 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Survey ID: 0101672 **End Date: 04/15/2008** **Type: OTHER** **Purpose: OTHER**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UTG511 Served 05/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(1)(b)	FIT AND QUALIFIED	07/17/2008	Yes

Survey ID: 0100968 **End Date: 01/16/2008** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099156 **End Date: 04/06/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008499 Served 04/27/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	01/15/2008	Yes

Survey ID: 0098673 **End Date: 02/02/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008467

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(4)(f)	FOOD STORED IN SANITARY CONDITIONS	01/15/2008	Yes
83.35(5)(c)	FROZEN AT 0 DEGREES F. OR BELOW	01/15/2008	Yes

Survey ID: 0097864 **End Date: 10/09/2006** **Type: STANDARD** **Purpose: COMPLAINT/SELF REPORT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 36 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Survey ID: 0097531 End Date: 07/13/2006 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008394 Served 08/10/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	10/09/2006	Yes

This is Page 37 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Enforcement History (HARBOR SUITES)

Date: 10/31/2008 **SOD #UTG 513** **Appealed: No**

Sanctions

FORFEITURE---83.11(3)(h)
FORFEITURE---83.21(4)(o) 2nd cite
FORFEITURE---83.32(2)(a)5

Date: 07/31/2008 **SOD #UTG512** **Appealed: No**

Sanctions

FORFEITURE---83.21(4)(o)

Date: 05/08/2008 **SOD #UTG511** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

NO NEW ADMISSIONS

Date: 04/25/2007 **SOD #10008499** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
PROVIDE TRAINING
FORFEITURE---83.12(5)(a)

Date: 02/13/2007 **SOD #10008467** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.35(4)(f)
FORFEITURE---83.35(5)(c)

This is Page 38 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Date: 08/07/2006

SOD #10008394

Appealed: No

Sanctions

FORFEITURE---83.19(3)(e)

This is Page 39 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (HARBOR SUITES)

Date Complaint Received: 09/29/2008

Date Investigation Completed: 10/10/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	UTG513
ABUSE	SUBSTANTIATED	UTG513
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	UTG513
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
ADMINISTRATION	SUBSTANTIATED	UTG513

Date Complaint Received: 06/03/2008

Date Investigation Completed: 07/17/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
MEDICATIONS	SUBSTANTIATED	UTG512

Date Complaint Received: 06/01/2008

Date Investigation Completed: 07/17/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
MEDICATIONS	SUBSTANTIATED	UTG512

Date Complaint Received: 11/15/2007

Date Investigation Completed: 01/15/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED	
QUALITY OF LIFE	NOT SUBSTANTIATED	

Date Complaint Received: 02/08/2007

Date Investigation Completed: 04/06/2007

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
MEDICATIONS	SUBSTANTIATED	10008499
PROGRAM SERVICES	SUBSTANTIATED	10008499

This is Page 40 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Date Complaint Received: 12/04/2006

Subject Area(s)
HOMELIKE ENVIRONMENT & CLEANLINESS
QUALITY OF LIFE

Date Investigation Completed: 02/02/2007

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	10008467
SUBSTANTIATED	10008467

Date Complaint Received: 09/08/2006

Subject Area(s)
PHYSICAL PLANTS & SAFETY HAZARDS
STAFF ADEQUACY

Date Investigation Completed: 10/09/2006

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

This is Page 41 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: HARMONY OF MADISON (0008676)

Address: 705 ZIEGLER RD, MADISON, WI 53714

License Status: REGULAR

Licensed/Certified/Registered 01/01/2000

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

Survey History

Survey ID: 0104085 **End Date:** 05/13/2009 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GRCZ11 Served 06/03/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		

Survey ID: 0103359 **End Date:** 01/28/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LK1P12 Served 02/06/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	04/01/2009	
83.15(1)(a)	ADMINISTRATOR QUALIFIED: ASSOCIATE DEGREE	04/01/2009	
83.33(3)(d)2	SUPERVISED SELF-ADMINISTRATION	04/01/2009	
83.42(3)(e)	QUARTERLY FIRE DRILLS	04/01/2009	
83.43(7)(b)	INSTALLATION AND MAINTENANCE	04/01/2009	

This is Page 42 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Survey ID: 0101343 **End Date: 03/05/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LK1P11 Served 03/24/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	01/15/2009	Yes

Survey ID: 0100410 **End Date: 10/18/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100106 **End Date: 08/14/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #U2FP11 Served 09/13/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	10/18/2007	Yes
83.33(2)	GENERAL SERVICES	10/18/2007	Yes
83.35(2)	MODIFIED OR SPECIAL DIETS	10/18/2007	Yes

Survey ID: 0099263 **End Date: 05/09/2007** **Type: STANDARD** **Purpose: SURVEY/SELF REPORT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 43 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Enforcement History (HARMONY OF MADISON)

Date: 06/02/2009 **SOD #GRCZ11** **Appealed: No**

Sanctions

FORFEITURE---83.32(3)(h)

Date: 02/04/2009 **SOD #LK1P12** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.12(5)(a)

FORFEITURE---83.15(1)(a)

Date: 03/21/2008 **SOD #LK1P11** **Appealed: No**

Sanctions

FORFEITURE---83.21(4)(o)

Date: 09/12/2007 **SOD #U2FP11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.21(4)(o)

FORFEITURE---83.33(2)

FORFEITURE---83.35(2)

This is Page 44 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (HARMONY OF MADISON)

Date Complaint Received: 03/19/2009

Date Investigation Completed: 05/13/2009

Subject Area(s)
MEDICATIONS

Result
SUBSTANTIATED

SOD #
GRCZ11

Date Complaint Received: 12/19/2008

Date Investigation Completed: 02/04/2009

Subject Area(s)
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
ADMINISTRATION
STAFF ADEQUACY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

LK1P12
LK1P12

Date Complaint Received: 12/16/2008

Date Investigation Completed: 02/04/2009

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

Result
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #
LK1P12

LK1P12

LK1P12

Date Complaint Received: 12/15/2008

Date Investigation Completed: 02/04/2009

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

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

LK1P12
LK1P12

This is Page 45 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Date Complaint Received: 02/01/2008

Date Investigation Completed: 03/05/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ABUSE	NOT SUBSTANTIATED	
MEDICATIONS	SUBSTANTIATED	LK1P11
ADMINISTRATION	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	NOT RECORDED

Date Complaint Received: 08/28/2007

Date Investigation Completed: 10/18/2007

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	
QUALITY OF LIFE	NOT SUBSTANTIATED	

Date Complaint Received: 08/09/2007

Date Investigation Completed: 08/14/2007

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
MEDICATIONS	SUBSTANTIATED	U2FP11
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	

Date Complaint Received: 08/02/2007

Date Investigation Completed: 08/14/2007

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	2UFP11
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	

This is Page 46 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: HOPE HAVEN COLVIN MANOR (110013)
Address: 425 W JOHNSON ST, MADISON, WI 53703
License Status: REGULAR
Licensed/Certified/Registered 03/31/1983
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0100723 **End Date:** 12/04/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CY6913 Served 12/18/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(a)1	PRACTITIONER'S WRITTEN ORDER FOR MEDS	04/01/2009	
83.41(9)	CLEANLINESS OF ROOMS	04/01/2009	

This is Page 47 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: LEGACY GARDENS ASSISTED LIVING COMMUNITY (0010710)

Address: 1601 WHEELER RD, MADISON, WI 537047056

License Status: REGULAR

Licensed/Certified/Registered 04/01/2005

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

Survey History

Survey ID: 0103561 **End Date:** 03/04/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #B2C612 Served 03/16/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	04/01/2009	
83.33(3)(f)2	REASSESSED QUARTERLY FOR MEDICATION	04/01/2009	

Survey ID: 0102094 **End Date:** 06/04/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #B2C611 Served 07/12/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	03/04/2009	Yes
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	04/01/2009	
83.33(3)(f)2	REASSESSED QUARTERLY FOR MEDICATION	04/01/2009	

This is Page 48 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Enforcement History (LEGACY GARDENS ASSISTED LIVING COMMUNITY)

Date: 03/12/2009 **SOD #B2C612** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.33(2)(g)3

FORFEITURE---83.33(3)(f)2

Date: 07/11/2008 **SOD #B2C611** **Appealed: No**

Sanctions

FORFEITURE---50.065(2)(bm)

FORFEITURE---83.33(2)(g)3

FORFEITURE---83.33(3)(f)2

This is Page 49 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (LEGACY GARDENS ASSISTED LIVING COMMUNITY)

Date Complaint Received: 02/11/2009

Date Investigation Completed: 03/04/2009

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
STAFF ADEQUACY
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 50 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: LSS DEAN AVENUE GROUP HOME (110077)
Address: 500 E DEAN AVE, MADISON, WI 53716
License Status: REGULAR
Licensed/Certified/Registered 06/01/1983
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0101750 **End Date:** 05/19/2008 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 51 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: NORTH BAY LODGE (110102)
Address: 3602 MEMORIAL DR, MADISON, WI 53704
License Status: REGULAR
Licensed/Certified/Registered 02/01/1981
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103838 **End Date:** 04/16/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101508 **End Date:** 04/15/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DJWD14 Served 04/19/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	

This is Page 52 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: NORTHPORT GROUP HOME (110130)
Address: 1602 NORTHPORT DR, MADISON, WI 53704
License Status: REGULAR
Licensed/Certified/Registered: 12/31/1982
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102277 **End Date:** 07/31/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #YWW914 Served 08/14/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	
83.41(5)(d)2	HOT WATER TEMPERATURES	04/01/2009	

Survey ID: 0097939 **End Date:** 10/05/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008419 Served 10/13/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(w)	SAFE ENVIRONMENT	07/31/2008	Yes
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	07/31/2008	Yes
83.41(10)(a)	BUILDING MAINTENANCE	07/31/2008	Yes

This is Page 53 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Enforcement History (NORTHPORT GROUP HOME)

Date: 10/12/2006 SOD #10008419 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.21(4)(w)
FORFEITURE---83.32(2)(c)1 third cite

This is Page 54 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: OAK PARK PLACE AUTUMN LANE II (0012511)

Address: 719 JUPITER DR, MADISON, WI 53718

License Status: PROBATIONARY

Licensed/Certified/Registered 11/19/2008

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

Survey History

Survey ID: 0103461 **End Date:** 02/13/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102974 **End Date:** 11/19/2008 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 55 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: OAK PARK PLACE AUTUMN LANE (0011449)

Address: 702 JUPITER DR, MADISON, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 12/01/2006

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

Survey History

Survey ID: 0102635 **End Date:** 10/02/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102283 **End Date:** 07/30/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101462 **End Date:** 03/26/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XDD912 Served 04/11/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	07/30/2008	Yes

This is Page 56 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Survey ID: 0100849 **End Date: 01/08/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #XDD911 Served 01/12/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(8)	DOCUMENTATION	04/01/2009	

Survey ID: 0098414 **End Date: 12/27/2006** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 57 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Enforcement History (OAK PARK PLACE AUTUMN LANE)

Date: 04/08/2008 **SOD #XDD912** **Appealed: No**

Sanctions

FORFEITURE---83.21(4)(o)

This is Page 58 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (OAK PARK PLACE AUTUMN LANE)

Date Complaint Received: 09/10/2008

Date Investigation Completed: 10/02/2008

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

NOT RECORDED

Date Complaint Received: 06/18/2008

Date Investigation Completed: 07/30/2008

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
MEDICATIONS
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/17/2008

Date Investigation Completed: 03/26/2008

Subject Area(s)

MEDICATIONS
STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

XDD912

Date Complaint Received: 11/28/2007

Date Investigation Completed: 01/09/2008

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
MEDICATIONS
STAFF TRAINING AND PROFICIENCY
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

XDD911

Date Complaint Received: 10/23/2006

Date Investigation Completed: 01/02/2007

Subject Area(s)

ADMINISTRATION

Result

NOT SUBSTANTIATED

SOD #

This is Page 59 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: OAKWOOD KNOLL (0009395)

Address: 5565 TANCHO DR, MADISON, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 04/01/2002

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

Survey History

Survey ID: 0104023 **End Date:** 04/30/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #488511 Served 05/27/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(2)(a)	BEDDING AND LAUNDRY		

Survey ID: 0099256 **End Date:** 05/09/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4BVZ12 Served 05/11/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(g)	FAIR TREATMENT	04/01/2009	
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	
83.41(5)(d)2	HOT WATER TEMPERATURES	04/01/2009	

This is Page 60 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Enforcement History (OAKWOOD KNOLL)

Date: 05/22/2009 **SOD #488511** **Appealed: No**

Sanctions

FORFEITURE---83.41(2)(a)

Date: 05/09/2007 **SOD #4BVZ12** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

This is Page 61 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: OAKWOOD MEADOWS (0011119)

Address: 5565 TANCHO DR, MADISON, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 04/01/2006

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

Survey History

Survey ID: 0101500 **End Date:** 04/10/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099013 **End Date:** 04/02/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 62 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (OAKWOOD MEADOWS)

Date Complaint Received: 02/27/2007

Date Investigation Completed: 04/02/2007

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

ABUSE

NOT SUBSTANTIATED

RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED

This is Page 63 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: OAKWOOD SEASONS (0009394)

Address: 5565 TANCHI DR, MADISON, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 04/01/2002

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

Survey History

Survey ID: 0099257 **End Date:** 05/09/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 64 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: OAKWOOD VILLAGE TABOR OAKS (110198)

Address: 6175 MINERAL POINT RD, MADISON, WI 53705

License Status: REGULAR

Licensed/Certified/Registered 07/01/1993

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

Survey History

Survey ID: 0097556 **End Date:** 08/09/2006 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 65 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: OFFSHORE GROUP HOME (110075)
Address: 6418 OFFSHORE DR, MADISON, WI 53705
License Status: REGULAR
Licensed/Certified/Registered 05/31/1984
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103875 **End Date:** 04/22/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102816 **End Date:** 10/21/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099880 **End Date:** 07/24/2007 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FCY814 Served 08/09/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	10/21/2008	Yes

This is Page 66 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Survey ID: 0098200 End Date: 11/13/2006 Type: ABBREVIATED Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008436 Served 11/29/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	10/21/2008	Yes
83.13(7)(a)9	TRAINING AND INSERVICE REQUIREMENTS	07/24/2007	Yes
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	07/24/2007	Yes

This is Page 67 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Enforcement History (OFFSHORE GROUP HOME)

Date: 08/07/2007 SOD #FCY814 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---50.065(2)(bb)

Date: 11/28/2006 SOD #10008436 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---50.065(2)(bb)
FORFEITURE---83.17(3)(a)9
FORFEITURE---83.19(3)(e)

This is Page 68 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Complaint History (OFFSHORE GROUP HOME)

Date Complaint Received: 03/26/2009

Date Investigation Completed: 04/22/2009

Subject Area(s)

Result

SOD #

SUPERVISION
PHYSICAL PLANTS & SAFETY HAZARDS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 05/24/2007

Date Investigation Completed: 07/24/2007

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED

Date Complaint Received: 09/19/2006

Date Investigation Completed: 11/09/2006

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS
PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
PROGRAM SERVICES
QUALITY OF LIFE

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

This is Page 69 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: PINE VIEW OF MADISON (0011309)

Address: 8410 BLACKWOLF DR, MADISON, WI 53517

License Status: REGULAR

Licensed/Certified/Registered 11/01/2006

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

Survey History

Survey ID: 0102783 **End Date:** 10/01/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SWMT12 Served 10/28/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(3)(b)1	TESTING BY SERVICE COMPANY	04/01/2009	

Survey ID: 0097779 **End Date:** 09/14/2006 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008407 Served 09/28/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(3)(e)	QUARTERLY FIRE DRILLS	10/01/2008	Yes

This is Page 70 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Enforcement History (PINE VIEW OF MADISON)

Date: 10/24/2008 **SOD #SWMT12** **Appealed: No**

Sanctions

FORFEITURE---SOD #SWMT12

Date: 09/27/2006 **SOD #10008407** **Appealed: Yes** **Decision: DISMISSED**

Sanctions

SUBMIT POC (SOD APPEAL ONLY)

This is Page 71 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (PINE VIEW OF MADISON)

Date Complaint Received: 07/14/2008

Date Investigation Completed: 09/26/2008

Subject Area(s)

RESIDENT RIGHTS
ABUSE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/14/2006

Date Investigation Completed: 09/14/2006

Subject Area(s)

RESIDENT RIGHTS
ABUSE
ADMINISTRATION
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 72 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: PORCHLIGHT (110310)
Address: 902 NORTHPORT DR, MADISON, WI 53704
License Status: REGULAR
Licensed/Certified/Registered 06/30/1992
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103527 **End Date:** 02/16/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7HOQ13 Served 03/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(c)1	ADEQUATE STAFFING	04/01/2009	
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	04/01/2009	
83.41(9)	CLEANLINESS OF ROOMS	04/01/2009	

Survey ID: 0099249 **End Date:** 04/24/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7HOQ12 Served 05/10/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(c)1	ADEQUATE STAFFING	04/01/2009	
83.41(9)	CLEANLINESS OF ROOMS	04/01/2009	

This is Page 73 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Enforcement History (PORCHLIGHT)

Date: 03/05/2009 SOD #7HOQ13 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.32(2)(a)
FORFEITURE---83.33(2)(g)3

Date: 05/08/2007 SOD #7HOQ12 Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.15(1)(c)1
FORFEITURE---83.41(9)

This is Page 74 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: REBOS CHRIS FARLEY HOUSE (110151)
Address: 810 W OLIN AVE, MADISON, WI 53715
License Status: REGULAR
Licensed/Certified/Registered 03/31/1990
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0099056 **End Date:** 04/05/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008492 Served 04/17/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	

This is Page 75 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: SCHWERT AODA TREATMENT CENTER (110289)

Address: 3501 KIPLING DR, MADISON, WI 53704

License Status: REGULAR

Licensed/Certified/Registered 01/08/1991

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

Survey History

Survey ID: 0102433 **End Date:** 08/27/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097440 **End Date:** 07/26/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 76 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: SEBRING ASSISTED CARE RESIDENCE (0009868)

Address: 7710 SOUTH BROOKLINE DRIVE, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 09/01/2004

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

Survey History

Survey ID: 0102835 **End Date:** 10/28/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097953 **End Date:** 10/19/2006 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 77 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: SEGOE GARDENS ASSISTED LIVING (0009246)

Address: 606 NORTH SEGOE RD, MADISON, WI 53705

License Status: REGULAR

Licensed/Certified/Registered 10/01/2001

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

Survey History

Survey ID: 0102102 **End Date:** 07/08/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L7BO11 Served 07/18/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(6)(a)	SECURITY DEPOSIT-INTEREST ACCOUNT	04/01/2009	
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	04/01/2009	
83.21(4)(o)	MEDICATIONS	04/01/2009	

Survey ID: 0101948 **End Date:** 06/05/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #F6XI11 Served 06/26/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	04/01/2009	

Survey ID: 0098009 **End Date:** 10/23/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 78 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Enforcement History (SEGOE GARDENS ASSISTED LIVING)

Date: 07/16/2008 **SOD #L7BO11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH FACILITY PLAN OF CORRECTION
FORFEITURE---83.19(1)(d)
FORFEITURE---83.21(4)(b)

Date: 06/24/2008 **SOD #F6XI11** **Appealed: No**

Sanctions

FORFEITURE---83.33(2)(g)3

This is Page 79 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (SEGOE GARDENS ASSISTED LIVING)

Date Complaint Received: 06/05/2008

Date Investigation Completed: 07/08/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	LZBO11
MEDICATIONS	SUBSTANTIATED	LZBO11
ADMINISTRATION	SUBSTANTIATED	LZBO11

Date Complaint Received: 04/11/2008

Date Investigation Completed: 06/05/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	F6XI11
QUALITY OF LIFE	NOT SUBSTANTIATED	

Date Complaint Received: 10/16/2006

Date Investigation Completed: 10/25/2006

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	

This is Page 80 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: SWANTON HOUSE (0010015)

Address: 4702 MILWAUKEE ST, MADISON, WI 53714

License Status: REGULAR

Licensed/Certified/Registered 10/01/2003

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

Survey History

Survey ID: 0104130 **End Date:** 05/21/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JN2611 Served 06/15/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(a)	REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN		
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK		
83.32(3)(g)	RIGHTS OF RESIDENTS: FREE OF PHYSICAL RESTRAINTS		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE		
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS		

Survey ID: 0100823 **End Date:** 01/03/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 81 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Enforcement History (SWANTON HOUSE)

Date: 06/09/2009 **SOD #JN2611** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.12(4)(a)

FORFEITURE---83.17(1)

FORFEITURE---83.32(3)(g)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.36(1)(b)

FORFEITURE---83.59(1)(g)

This is Page 82 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (SWANTON HOUSE)

Date Complaint Received: 04/09/2009

Date Investigation Completed: 05/21/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
LICENSED CAPACITY /CLASS OF LICENSE	NOT SUBSTANTIATED	
SUPERVISION	SUBSTANTIATED	JN2611
RESIDENT RIGHTS	SUBSTANTIATED	JN2611
ADMINISTRATION	SUBSTANTIATED	JN2611
STAFF ADEQUACY	SUBSTANTIATED	JN2611

Date Complaint Received: 10/30/2007

Date Investigation Completed: 01/04/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ABUSE	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
QUALITY OF LIFE	NOT SUBSTANTIATED	

This is Page 83 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: TELLURIAN UCAN ACEWOOD HOUSE (110326)
Address: 221 ACEWOOD BLVD, MADISON, WI 53714
License Status: REGULAR
Licensed/Certified/Registered 12/31/1997
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0100593 **End Date:** 11/01/2007 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TROG12 Served 11/21/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	

This is Page 84 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Complaint History (TELLURIAN UCAN ACEWOOD HOUSE)

Date Complaint Received: 08/27/2007

Date Investigation Completed: 11/08/2007

Subject Area(s)

RESIDENT RIGHTS
MEDICATIONS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/23/2007

Date Investigation Completed: 11/08/2007

Subject Area(s)

ABUSE
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 85 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: TELLURIAN UCAN CRAWFORD HOUSE (110366)

Address: 4326 CRAWFORD DR, MADISON, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 04/26/1994

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

Survey History

Survey ID: 0100320 **End Date:** 10/03/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 86 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: TIMBERWOOD HOMES (0010792)

Address: 7102 TIMBERWOOD DR, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 12/01/2005

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

Survey History

Survey ID: 0100878 **End Date:** 01/10/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 87 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Survey ID: 0099849 End Date: 07/03/2007 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OHGK12 Served 08/02/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	01/10/2008	Yes
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM	01/10/2008	Yes
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	
83.13(7)(a)	EMPLOYE PERSONNEL RECORD	04/01/2009	
83.13(7)(b)	PERSONNEL RECORDS AVAILABLE FOR REVIEW	04/01/2009	
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	
83.16(1)	ADMISSIONS AGREEMENT	04/01/2009	
83.18(1)(d)	RESIDENT RECORD SHALL INCLUDE	04/01/2009	
83.32(1)(b)	LICENSEE PROTECT CIVIL RIGHTS OF RESIDENTS	04/01/2009	
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	
83.32(3)	SIGNING ASSESSMENT AND ISP	04/01/2009	
83.33(3)(e)2.a	WRITTEN ORDER TO ADMINISTER MEDICATIONS	04/01/2009	
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	04/01/2009	
83.42(3)(e)	QUARTERLY FIRE DRILLS	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS	04/01/2009	
83.43(3)(b)1	TESTING BY SERVICE COMPANY	04/01/2009	
83.43(7)(b)	INSTALLATION AND MAINTENANCE	04/01/2009	

This is Page 88 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Enforcement History (TIMBERWOOD HOMES)

Date: 07/26/2007 SOD #OHGK12 Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

FORFEITURE---50.065(2)(b)

FORFEITURE---83.11(3)(a)

FORFEITURE---83.13(4)(a)

FORFEITURE---83.13(7)(a)

FORFEITURE---83.13(7)(b)

FORFEITURE---83.14(1)(c)

FORFEITURE---83.14(1)(a)

FORFEITURE---83.14(1)(b)

FORFEITURE---83.14(1)(d)

FORFEITURE---83.14(2)

FORFEITURE---83.16(1)

FORFEITURE---83.32(1)(b)

FORFEITURE---83.32(3)

FORFEITURE---83.33(3)(e)2.a 2nd cite

FORFEITURE---83.42(2)(a) 2nd cite

FORFEITURE---83.42(3)(e) 2nd cite

FORFEITURE---83.43(3)(a)

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

FORFEITURE---83.43(7)(b) 2nd cite

This is Page 89 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (TIMBERWOOD HOMES)

Date Complaint Received: 05/02/2007

Date Investigation Completed: 07/12/2007

Subject Area(s)
RESIDENT RIGHTS
ADMINISTRATION
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

OHGK12

This is Page 90 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: TRINITY SENIOR COMMUNITY LLC (0012677)

Address: 5565 BURKE RD, MADISON, WI 53718

License Status: PROBATIONARY

Licensed/Certified/Registered 03/30/2009

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

Survey History

Survey ID: 0103685 **End Date:** 03/26/2009 **Type:** OTHER **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

This is Page 91 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: TRINITY SENIOR COMMUNITY LLC (0012678)

Address: 5555 BURKE RD, MADISON, WI 53718

License Status: PROBATIONARY

Licensed/Certified/Registered 03/30/2009

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

Survey History

Survey ID: 0103687 **End Date:** 03/26/2009 **Type:** OTHER **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

This is Page 92 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: TRINITY SENIOR COMMUNITY LLC (0012679)

Address: 5575 BURKE RD, MADISON, WI 53718

License Status: PROBATIONARY

Licensed/Certified/Registered 03/30/2009

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

Survey History

Survey ID: 0104233 **End Date:** 06/04/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #F5CG11 Served 07/02/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.38(1)(c)	LEISURE TIME ACTIVITIES		
83.38(1)(i)	BEHAVIOR MANAGEMENT		

Survey ID: 0103686 **End Date:** 03/26/2009 **Type:** OTHER **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

This is Page 93 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Enforcement History (TRINITY SENIOR COMMUNITY LLC)

Date: 06/24/2009

SOD #F5CG11

Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---83.35(3)(a)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(c)

FORFEITURE---83.38(1)i

This is Page 94 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (TRINITY SENIOR COMMUNITY LLC)

Date Complaint Received: 05/29/2009

Date Investigation Completed: 06/04/2009

Subject Area(s)
QUALITY OF LIFE

Result
SUBSTANTIATED

SOD #
F5CG11

This is Page 95 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: WHITNEY LODGE II (THE) (0011717)
Address: 209 N WHITNEY WAY, MADISON, WI 53705
License Status: REGULAR
Licensed/Certified/Registered 10/01/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0100185 **End Date:** 09/12/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #RBLE11 Served 09/28/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	

Survey ID: 0099338 **End Date:** 04/06/2007 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

Survey ID: 0098464 **End Date:** 01/17/2007 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 96 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: WOMEN IN TRANSITION (110025)
Address: 2842 MOLAND ST, MADISON, WI 53704
License Status: REGULAR
Licensed/Certified/Registered 04/30/1981
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0099632 **End Date:** 06/26/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098990 **End Date:** 03/30/2007 **Type:** OTHER **Purpose:** DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 97 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: WYNWOOD MADISON WEST (110331)

Address: 413 S YELLOWSTONE DR, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 02/04/1992

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

Survey History

Survey ID: 0101570 **End Date:** 04/18/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 98 of 98 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.