

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 is a PDF (Adobe Acrobat) document and includes a total of 119 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: OUR HOUSE ASSISTED CARE (0009286)

Address: 201 WEST MADISON ST, CAMBRIDGE, WI 53523

License Status: REGULAR

Licensed/Certified/Registered 01/01/2002

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

Survey History

Survey ID: 0104308 **End Date:** 06/29/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 119 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: KINDREDHEARTS OF COTTAGE GROVE (0011775)
Address: 325 W COTTAGE GROVE RD, COTTAGE GROVE, WI 53527
License Status: REGULAR
Licensed/Certified/Registered 08/01/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103886 **End Date:** 04/15/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FBWK11 Served 04/30/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(c)	LEISURE TIME ACTIVITIES		
83.44(2)(b)	LIVING UNITS SHALL BE SEPARATE ENTITIES		

Survey ID: 0099375 **End Date:** 05/14/2007 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #GWZ511 Served 05/31/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(c)	LEISURE TIME ACTIVITIES	04/01/2009	

Survey ID: 0098593 **End Date:** 01/30/2007 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Enforcement History (KINDREDHEARTS OF COTTAGE GROVE)

Date: 04/28/2009 **SOD #**FBWK11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.38(1)c

FORFEITURE---83.44(2)b

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (KINDREDHEARTS OF COTTAGE GROVE)

Date Complaint Received: 04/23/2007

Date Investigation Completed: 05/14/2007

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	NOT RECORDED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: KINDREDHEARTS OF COTTAGE GROVE (0011776)

Address: 505 W LAWN DR, COTTAGE GROVE, WI 53527

License Status: REGULAR

Licensed/Certified/Registered 02/01/2008

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

Survey History

Survey ID: 0102370 **End Date:** 08/19/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #EE4U14 Served 08/27/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(8)	DOCUMENTATION	04/01/2009	
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Survey ID: 0100964 **End Date: 01/09/2008** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EE4U13 Served 01/31/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	08/19/2008	Yes
83.32(1)(b)	LICENSEE PROTECT CIVIL RIGHTS OF RESIDENTS	08/19/2008	Yes
83.33(3)(a)	MEDICATIONS	08/19/2008	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	08/19/2008	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	08/19/2008	Yes
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS	08/19/2008	Yes

Survey ID: 0099878 **End Date: 07/18/2007** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EE4U12

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	08/19/2008	Yes

Survey ID: 0099392 **End Date: 05/07/2007** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EE4U11 Served 06/02/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	07/18/2007	Yes
83.15(1)(a)	ADMINISTRATOR QUALIFIED: ASSOCIATE DEGREE	07/18/2007	Yes
83.16(1)	ADMISSIONS AGREEMENT	07/18/2007	Yes
83.33(4)(h)	ACTIVITY PROGRAMMING FOR DEMENTIA	07/18/2007	Yes
83.35(6)(a)	FOOD PREPARATION	07/18/2006	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Survey ID: 0098594 **End Date: 01/30/2007** **Type: INITIAL** **Purpose: CHOW--LICENSURE**

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Enforcement History (KINDREDHEARTS OF COTTAGE GROVE)

Date: 01/28/2008 **SOD #EE4U13** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.21(4)(o) 2nd cite

FORFEITURE---83.32(1)(b)

FORFEITURE---83.33(3)(a)

FORFEITURE---83.42(3)(e)

Date: 08/07/2007 **SOD #EE4U12** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

COMPLY WITH FACILITY PLAN OF CORRECTION

PROVIDE TRAINING

FORFEITURE---83.21(4)(o)

Date: 05/31/2007 **SOD #EE4U11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

PROVIDE TRAINING

FORFEITURE---83.15(1)(a)

FORFEITURE---83.16(1)

FORFEITURE---83.33(4)(h)

FORFEITURE---83.35(6)(a)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (KINDREDHEARTS OF COTTAGE GROVE)

Date Complaint Received: 07/08/2008

Date Investigation Completed: 08/27/2008

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: GIRLIES MANOR III (0008704)

Address: 2620 MILITARY RD, CROSS PLAINS, WI 53528

License Status: REGULAR

Licensed/Certified/Registered 02/01/2000

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

Survey History

Survey ID: 0100150 **End Date:** 09/13/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098796 **End Date:** 02/28/2007 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097972 **End Date:** 10/19/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (GIRLIES MANOR III)

Date Complaint Received: 09/11/2006

Date Investigation Completed: 10/19/2006

Subject Area(s)

Result

SOD #

MEDICATIONS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

NOT RECORDED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: HELENS HAPPY HOME (0011805)

Address: 15 STATE ST, DEERFIELD, WI 53531

License Status: REGULAR

Licensed/Certified/Registered 09/01/2007

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

Survey History

Survey ID: 0101752 **End Date:** 05/20/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100331 **End Date:** 10/11/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099929 **End Date:** 08/09/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098782 **End Date:** 02/21/2007 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (HELENS HAPPY HOME)

Date Complaint Received: 05/08/2008

Date Investigation Completed: 05/20/2008

Subject Area(s)
SUPERVISION
RESIDENT RIGHTS
ABUSE

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

Date Complaint Received: 09/20/2007

Date Investigation Completed: 10/11/2007

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

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: FOUNTAINHEAD HOMES/RAYMOND HOUSE (THE) (0012297)

Address: 825 SOUTHBOUND DR, DEFOREST, WI 53532

License Status: REGULAR

Licensed/Certified/Registered 06/04/2008

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

Survey History

Survey ID: 0102643 **End Date:** 10/06/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101826 **End Date:** 06/02/2008 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (FOUNTAINHEAD HOMES/RAYMOND HOUSE (THE))

Date Complaint Received: 09/03/2008

Date Investigation Completed: 10/06/2008

Subject Area(s)

Result

SOD #

QUALITY OF LIFE

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: SERENITY HOMES I (0011760)

Address: 504 BASSETT ST, DEFOREST, WI 53532

License Status: REGULAR

Licensed/Certified/Registered 07/01/2007

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

Survey History

Survey ID: 0104159 **End Date:** 06/03/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #K1BY11 Served 06/12/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS		

Survey ID: 0103149 **End Date:** 12/18/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BDZ912 Served 12/31/2008

<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	
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	04/01/2009	
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	04/01/2009	
83.21(4)(w)	SAFE ENVIRONMENT	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	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Survey ID: 0099628 **End Date: 06/14/2007** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BDZ911 Served 06/30/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(10)(a)	BUILDING MAINTENANCE	12/18/2008	Yes

Survey ID: 0098405 **End Date: 01/04/2007** **Type: INITIAL** **Purpose: CHOW--LICENSURE**

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Enforcement History (SERENITY HOMES I)

Date: 06/11/2009 **SOD #K1BY11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.47(2)(d)

Date: 12/29/2008 **SOD #BDZ912** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.19(1)(d)
FORFEITURE---83.21(4)(p)
FORFEITURE---83.21(5)(a)
FORFEITURE---83.42(2)(a)

Date: 06/26/2007 **SOD #BDZ911** **Appealed: No**

Sanctions

SUBMIT POC (SOD APPEAL ONLY)
FORFEITURE---83.41(10)a

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (SERENITY HOMES I)

Date Complaint Received: 11/15/2008

Date Investigation Completed: 12/18/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	BDZ912
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	BDZ912
PROGRAM SERVICES	SUBSTANTIATED	BDZ912

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: SERENITY HOMES II (0011761)

Address: 506 BASSETT ST, DEFOREST, WI 53532

License Status: REGULAR

Licensed/Certified/Registered 07/01/2007

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

Survey History

Survey ID: 0103917 **End Date:** 04/29/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZFE911 Served 05/05/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS		

Survey ID: 0099587 **End Date:** 06/14/2007 **Type:** OTHER **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8GW411 Served 06/27/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	

Survey ID: 0098403 **End Date:** 01/04/2007 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Enforcement History (SERENITY HOMES II)

Date: 05/01/2009 **SOD #ZFE911** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.47(2)(d)

Date: 06/25/2007 **SOD #8GW411** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.21(4)(w)
FORFEITURE---83.41(10)(a)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (SERENITY HOMES II)

Date Complaint Received: 03/20/2009

Date Investigation Completed: 04/29/2009

Subject Area(s)

SUPERVISION
PHYSICAL PLANTS & SAFETY HAZARDS
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: WALNUT GROVE DEFOREST (0012541)

Address: 206 N MAIN ST, DEFOREST, WI 53532

License Status: PROBATIONARY

Licensed/Certified/Registered 01/02/2009

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

Survey History

Survey ID: 0103174 **End Date:** 01/02/2009 **Type:** OTHER **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: SYLVAN CROSSINGS AT CHAPEL VALLEY (0008561)

Address: 5765 CHAPEL VALLEY RD, FITCHBURG, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 08/31/1999

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

Survey History

Survey ID: 0103042 **End Date:** 12/01/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100329 **End Date:** 10/15/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (SYLVAN CROSSINGS AT CHAPEL VALLEY)

Date Complaint Received: 11/13/2008

Date Investigation Completed: 12/01/2008

Subject Area(s)
RESIDENT RIGHTS
ADMINISTRATION

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: SYLVAN CROSSINGS OF FITCHBURG (110524)

Address: 5784 CHAPEL VALLEY RD, FITCHBURG, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 04/01/1997

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

Survey History

Survey ID: 0104037 **End Date:** 05/14/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103099 **End Date:** 12/10/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098624 **End Date:** 02/01/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (SYLVAN CROSSINGS OF FITCHBURG)

Date Complaint Received: 04/23/2009

Date Investigation Completed: 05/14/2009

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS
PROGRAM SERVICES
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/30/2008

Date Investigation Completed: 12/10/2008

Subject Area(s)

MEDICATIONS
ADMINISTRATION
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: SIENNA CREST MARSHALL (111052)

Address: 604 LEWELLEN STREET, MARSHALL, WI 53559

License Status: REGULAR

Licensed/Certified/Registered 07/31/1998

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

Survey History

Survey ID: 0101459 **End Date:** 04/09/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: SO CLOSE TO HOME (0012837)

Address: 202 LAKEWOOD TERR, MARSHALL, WI 53559

License Status: PROBATIONARY

Licensed/Certified/Registered 08/12/2009

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

Survey History

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: HARMONY OF MCFARLAND (0009003)

Address: 5206 PAULSON CRT, MCFARLAND, WI 53558

License Status: REGULAR

Licensed/Certified/Registered 11/01/2000

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

Survey History

Survey ID: 0101933 **End Date:** 06/10/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100803 **End Date:** 12/18/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #LCQZ11 Served 12/31/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	06/10/2008	Yes

Survey ID: 0100226 **End Date:** 09/27/2007 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098337 **End Date:** 12/12/2006 **Type:** STANDARD **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (HARMONY OF MCFARLAND)

Date Complaint Received: 12/18/2007

Date Investigation Completed: 12/18/2007

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS

Result

SUBSTANTIATED

SOD #

LCQZ11

Date Complaint Received: 07/31/2007

Date Investigation Completed: 09/27/2007

Subject Area(s)

ABUSE
NUTRITION & FOOD SERVICES
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/26/2006

Date Investigation Completed: 12/12/2006

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/02/2006

Date Investigation Completed: 12/12/2006

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: MARIANNES ELDER HOUSE INC (110170)

Address: 6229 RENEE CT, MCFARLAND, WI 53558

License Status: REGULAR

Licensed/Certified/Registered 07/31/1995

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

Survey History

Survey ID: 0103210 **End Date:** 12/18/2008 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LQ6113 Served 01/14/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	04/01/2009	
83.13(7)(a)	EMPLOYE PERSONNEL RECORD	04/01/2009	
83.14(1)	TRAINING	04/01/2009	
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	04/01/2009	
83.33(2)(c)	LEISURE TIME ACTIVITIES	04/01/2009	
83.41(5)(d)2	HOT WATER TEMPERATURES	04/01/2009	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Survey ID: 0098538 **End Date: 01/18/2007** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008452 Served 01/27/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	12/18/2008	Yes
83.14(7)(b)	CONTINUING EDUCATION	12/18/2008	Yes
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	12/18/2008	Yes
83.41(10)(a)	BUILDING MAINTENANCE	12/18/2008	Yes
83.41(4)(c)	PORTABLE SPACE HEATERS PROHIBITED	12/18/2008	Yes
83.41(4)(f)	NO COMBUSTIBLE MATERIALS	12/18/2008	Yes
83.41(5)(d)2	HOT WATER TEMPERATURES	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	12/18/2008	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Enforcement History (MARIANNES ELDER HOUSE INC)

Date: 01/09/2009 **SOD #LQ6113** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.19(1)(d)
FORFEITURE---83.33(2)(c)
FORFEITURE---83.41(5)(d)2

Date: 01/24/2007 **SOD #10008452** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.14(7)(b)01242007
FORFEITURE---83.33(3)(b)2.d
FORFEITURE---83.41(4)(f)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (MARIANNES ELDER HOUSE INC)

Date Complaint Received: 11/25/2008

Date Investigation Completed: 12/29/2008

Subject Area(s)

NUTRITION & FOOD SERVICES
MEDICATIONS
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

LQ6113

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: ATTIC ANGEL PLACE HAVEN (0012016)

Address: 8301 OLD SAUK RD, MIDDLETON, WI 53562

License Status: REGULAR

Licensed/Certified/Registered 03/01/2008

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

Survey History

Survey ID: 0101112 **End Date:** 02/07/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0100134 **End Date:** 09/11/2007 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: CLARE BRIDGE OF MIDDLETON (110304)

Address: 6701 STONEFIELD RD, MIDDLETON, WI 53562

License Status: REGULAR

Licensed/Certified/Registered 07/31/1994

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

Survey History

Survey ID: 0098160 **End Date:** 11/01/2006 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097413 **End Date:** 07/12/2006 **Type:** STANDARD **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (CLARE BRIDGE OF MIDDLETON)

Date Complaint Received: 09/19/2006

Date Investigation Completed: 11/01/2006

Subject Area(s)
SUPERVISION
RESIDENT RIGHTS
ABUSE

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: OAK PARK PLACE MIDDLETON (0012543)

Address: 5330 CENTURY AVE, MIDDLETON, WI 53562

License Status: PROBATIONARY

Licensed/Certified/Registered 01/01/2009

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

Survey History

Survey ID: 0103928 **End Date:** 04/29/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103233 **End Date:** 01/08/2009 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (OAK PARK PLACE MIDDLETON)

Date Complaint Received: 03/25/2009

Date Investigation Completed: 04/29/2009

Subject Area(s)

RESIDENT RIGHTS
HOMELIKE ENVIRONMENT & CLEANLINESS
MEDICATIONS
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: PARKSIDE HEIGHTS (110193)

Address: 6805 CENTURY AVE, MIDDLETON, WI 53562

License Status: REGULAR

Licensed/Certified/Registered 08/31/1997

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

Survey History

Survey ID: 0099868 **End Date:** 07/26/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #6JW914 Served 08/06/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(e)2.b	INJECTIONS	04/01/2009	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: STERLING HOUSE OF MIDDLETON (111027)

Address: 6916 CENTURY AVE, MIDDLETON, WI 53562

License Status: REGULAR

Licensed/Certified/Registered 04/30/1998

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

Survey History

Survey ID: 0103493 **End Date:** 02/17/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100948 **End Date:** 12/19/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CU6611 Served 01/25/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	02/17/2009	Yes
83.19(3)(c)	INVESTIGATE ALLEGATION	02/17/2009	Yes

Survey ID: 0099101 **End Date:** 04/11/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098273 **End Date:** 12/06/2006 **Type:** STANDARD **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Survey ID: 0097361 **End Date: 07/12/2006** **Type: STANDARD** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Enforcement History (STERLING HOUSE OF MIDDLETON)

Date: 01/23/2008 **SOD #CU6611** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.19(3)(c)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (STERLING HOUSE OF MIDDLETON)

Date Complaint Received: 10/26/2007

Date Investigation Completed: 12/19/2007

Subject Area(s)

MEDICATIONS
ADMINISTRATION

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

CU6611
CU6611

Date Complaint Received: 11/28/2006

Date Investigation Completed: 12/06/2006

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: WALNUT GROVE MIDDLETON I (0012542)

Address: 5340 CENTURY AVE, MIDDLETON, WI 53562

License Status: PROBATIONARY

Licensed/Certified/Registered 01/02/2009

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

Survey History

Survey ID: 0104051 **End Date:** 05/04/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #M3GP11 Served 06/11/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		

Survey ID: 0103357 **End Date:** 01/13/2009 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Enforcement History (WALNUT GROVE MIDDLETON I)

Date: 05/28/2009 **SOD #M3GP11** **Appealed: No**

Sanctions

FORFEITURE---83.32(3)(i)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (WALNUT GROVE MIDDLETON I)

Date Complaint Received: 03/25/2009

Date Investigation Completed: 05/04/2009

Subject Area(s)

RESIDENT RIGHTS
HOMELIKE ENVIRONMENT & CLEANLINESS
STAFF ADEQUACY

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

M3GP11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: REYNOLDS ASSISTED LIVING (0011746)

Address: 5318 SCHLUETER RD, MONONA, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 08/01/2007

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

Survey History

Survey ID: 0103930 **End Date:** 04/22/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HJZO11 Served 05/22/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

Survey ID: 0099633 **End Date:** 06/26/2007 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098632 **End Date:** 02/05/2007 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Enforcement History (REYNOLDS ASSISTED LIVING)

Date: 05/04/2009 **SOD #HJZO11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: TELLURIAN UCAN ADULT RESIDENTIAL SERVICES (110522)

Address: 300 FEMRITE DR, MONONA, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 02/05/1997

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

Survey History

Survey ID: 0103334 **End Date:** 01/26/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098858 **End Date:** 02/28/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008477 Served 03/13/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	01/27/2009	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	01/27/2009	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Enforcement History (TELLURIAN UCAN ADULT RESIDENTIAL SERVICES)

Date: 03/05/2007 **SOD #**10008477 **Appealed:** No

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION

FORFEITURE---83.14(1)(d)

FORFEITURE---83.42(3)(f)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: TELLURIAN UCAN TRANSITIONAL HOUSING (0009432)

Address: 300 FEMRITE DR, MONONA, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 10/01/2002

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

Survey History

Survey ID: 0098859 **End Date:** 03/08/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (TELLURIAN UCAN TRANSITIONAL HOUSING)

Date Complaint Received: 08/17/2006

Date Investigation Completed: 03/08/2007

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: GIRLIES MANOR (0010746)

Address: 104 LINCOLN CRT, MT HOREB, WI 53572

License Status: REGULAR

Licensed/Certified/Registered 05/01/2005

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

Survey History

Survey ID: 0102534 **End Date:** 09/17/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #K1T611 Served 09/23/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(a)	CLIENT RELATED TRAINING	04/01/2009	
83.14(1)(b)	LICENSEE: CAREGIVER BACKGROUND REQUIREMENTS	04/01/2009	
83.42(3)(e)	QUARTERLY FIRE DRILLS	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: INGLEHAVEN (110196)

Address: 512 ALAN DR, MT HOREB, WI 53572

License Status: REGULAR

Licensed/Certified/Registered 01/01/1988

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

Survey History

Survey ID: 0097621 **End Date:** 08/22/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: MAIN STREET QUARTERS (110279)

Address: 354 N MAIN ST, OREGON, WI 53575

License Status: REGULAR

Licensed/Certified/Registered 04/01/1990

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

Survey History

Survey ID: 0102045 **End Date:** 06/11/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SKP114 Served 07/09/2008

<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	
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Enforcement History (MAIN STREET QUARTERS)

Date: 06/30/2008 **SOD #SKP114** **Appealed: No**

Sanctions

FORFEITURE---83.15(1)(c)1

FORFEITURE---83.21(4)(w)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: SIENNA CREST OREGON (111073)

Address: 981 PARK STREET, OREGON, WI 53575

License Status: REGULAR

Licensed/Certified/Registered 03/25/1999

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

Survey History

Survey ID: 0098539 **End Date:** 01/17/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097916 **End Date:** 08/09/2006 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (SIENNA CREST OREGON)

Date Complaint Received: 11/17/2006

Date Investigation Completed: 01/24/2007

Subject Area(s)

RESIDENT RIGHTS
ABUSE
HOMELIKE ENVIRONMENT & CLEANLINESS
MEDICATIONS
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/23/2006

Date Investigation Completed: 11/22/2006

Subject Area(s)

ADMINISTRATION

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: SIENNA MEADOWS OF OREGON (0009869)

Address: 989 PARK ST, OREGON, WI 53575

License Status: REGULAR

Licensed/Certified/Registered 01/01/2004

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

Survey History

Survey ID: 0100126 **End Date:** 09/06/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098197 **End Date:** 11/17/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: CAMPBELL HOUSE (110505)
Address: 7197 LOPER RD, SAUK CITY, WI 53583
License Status: REGULAR
Licensed/Certified/Registered 05/31/1992
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102998 **End Date:** 11/25/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100280 **End Date:** 09/27/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Complaint History (CAMPBELL HOUSE)

Date Complaint Received: 10/13/2008

Date Investigation Completed: 11/25/2008

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: HARBOR HOUSE (0011059)

Address: 1221 E MAIN ST, STOUGHTON, WI 53589

License Status: REGULAR

Licensed/Certified/Registered 05/01/2006

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

Survey History

Survey ID: 0104039 **End Date:** 05/05/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QWRD11 Served 05/28/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(1)(e)	ELECTRICAL, MECHANICAL, WATER SUPPLY		

Survey ID: 0103380 **End Date:** 02/03/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100728 **End Date:** 12/05/2007 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TGSS11 Served 12/18/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(4)(b)2	GAS FURNACE SERVICED EVERY 3 YEARS	02/03/2009	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Survey ID: 0099604 End Date: 06/20/2007 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Enforcement History (HARBOR HOUSE)

Date: 05/27/2009 SOD #QWRD11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH FACILITY PLAN OF CORRECTION

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (HARBOR HOUSE)

Date Complaint Received: 04/23/2009

Date Investigation Completed: 05/05/2009

Subject Area(s)

Result

SOD #

PHYSICAL PLANTS & SAFETY HAZARDS

NOT SUBSTANTIATED

Date Complaint Received: 12/23/2008

Date Investigation Completed: 02/04/2009

Subject Area(s)

Result

SOD #

ABUSE
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
MEDICATIONS
ADMINISTRATION

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 10/12/2007

Date Investigation Completed: 12/05/2007

Subject Area(s)

Result

SOD #

SUPERVISION
QUALITY OF LIFE

SUBSTANTIATED
NOT SUBSTANTIATED
TGSS11

Date Complaint Received: 05/03/2007

Date Investigation Completed: 06/20/2007

Subject Area(s)

Result

SOD #

PHYSICAL PLANTS & SAFETY HAZARDS
STAFF ADEQUACY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: HARMONY OF STOUGHTON (0008677)

Address: 2321 JACKSON ST, STOUGHTON, WI 53589

License Status: REGULAR

Licensed/Certified/Registered 01/01/2000

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

Survey History

Survey ID: 0103265 **End Date:** 01/07/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H5XD12 Served 01/26/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	
83.33(2)(a)	SUPERVISION	04/01/2009	

Survey ID: 0101022 **End Date:** 01/07/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H5XD11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(a)	SUPERVISION	04/01/2009	

Survey ID: 0098012 **End Date:** 10/26/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Enforcement History (HARMONY OF STOUGHTON)

Date: 01/23/2009 **SOD #H5XD12** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
FORFEITURE---83.21(4)(w)
FORFEITURE---83.33(2)(a) 3rd cite

Date: 02/04/2008 **SOD #H5XD11** **Appealed: No**

Sanctions

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (HARMONY OF STOUGHTON)

Date Complaint Received: 11/26/2007

Date Investigation Completed: 01/07/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	
QUALITY OF LIFE	NOT SUBSTANTIATED	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: HERITAGE CENTER (111086)

Address: 400 NORTH MORRIS ST, STOUGHTON, WI 53589

License Status: REGULAR

Licensed/Certified/Registered 01/31/1999

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

Survey History

Survey ID: 0099689 **End Date:** 06/27/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: WILLOW POINTE MEMORY CARE OF STOUGHTON (0011514)

Address: 1940 JACKSON ST, STOUGHTON, WI 53589

License Status: REGULAR

Licensed/Certified/Registered 01/01/2007

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

Survey History

Survey ID: 0102565 End Date: 09/23/2008 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #E1ZC12 Served 09/27/2008

<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	
83.21(4)(o)	MEDICATIONS	04/01/2009	
83.33(2)(a)	SUPERVISION	04/01/2009	

Survey ID: 0101274 End Date: 02/27/2008 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #E1ZC11 Served 03/13/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(b)2.e	REFRIGERATED MEDICATION IN LOCKED BOX	09/23/2008	Yes

Survey ID: 0097105 End Date: 12/31/2006 Type: INITIAL Purpose: CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Enforcement History (WILLOW POINTE MEMORY CARE OF STOUGHTON)

Date: 09/26/2008 **SOD #E1ZC12** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.12(5)(a)

FORFEITURE---83.21(4)(o)

FORFEITURE---83.33(2)(a)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (WILLOW POINTE MEMORY CARE OF STOUGHTON)

Date Complaint Received: 07/31/2008

Date Investigation Completed: 09/23/2008

Subject Area(s)
MEDICATIONS

Result
SUBSTANTIATED

SOD #
E1ZC12

Date Complaint Received: 01/14/2008

Date Investigation Completed: 03/11/2008

Subject Area(s)
ADMISSION, TRANSFER & DISCHARGE
ADMINISTRATION
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: HAACKS TENDERCARE (0010588)

Address: 1249 SCHOOL ST, SUN PRAIRIE, WI 53590

License Status: REGULAR

Licensed/Certified/Registered 12/01/2004

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

Survey History

Survey ID: 0103822 **End Date:** 03/30/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5OU411 Served 04/17/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.07(10)(a)1	PLAN OF CORRECTION	04/01/2009	

Survey ID: 0102601 **End Date:** 09/29/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DHD011 Served 10/03/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(1)	RESIDENT RECORD MAINTAINED	04/01/2009	

Survey ID: 0100945 **End Date:** 01/18/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Survey ID: 0098338 End Date: 12/08/2006 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008442 Served 01/03/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	01/18/2008	Yes
83.33(3)(e)2.b	INJECTIONS	01/18/2008	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Enforcement History (HAACKS TENDERCARE)

Date: 04/14/2009 **SOD #5OU411** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

FORFEITURE---\$10/day for 95 days.

FORFEITURE---+ \$10/day starting 4/15: 5OU411

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (HAACKS TENDERCARE)

Date Complaint Received: 05/29/2009

Date Investigation Completed: 07/14/2009

Subject Area(s)

ABUSE
NUTRITION & FOOD SERVICES
MEDICATIONS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

NOF

Date Complaint Received: 09/15/2008

Date Investigation Completed: 09/29/2008

Subject Area(s)

ABUSE
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/11/2008

Date Investigation Completed: 09/29/2008

Subject Area(s)

ABUSE

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/07/2008

Date Investigation Completed: 01/18/2008

Subject Area(s)

MEDICATIONS
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: HARMONY OF SUN PRAIRIE (0008678)

Address: 35 TOWER DR, SUN PRAIRIE, WI 53590

License Status: REGULAR

Licensed/Certified/Registered 07/01/2000

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

Survey History

Survey ID: 0098804 **End Date:** 03/02/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: LIGHTHOUSE (THE) (0008808)

Address: 131 CLARMAR DR, SUN PRAIRIE, WI 53590

License Status: REGULAR

Licensed/Certified/Registered 08/01/2000

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

Survey History

Survey ID: 0104310 **End Date:** 06/24/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6BNO11 Served 07/07/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION		
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS		
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72		
83.60(2)	INSECT-PROOF SCREENS ON OPENABLE WINDOWS		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Survey ID: 0103058 **End Date: 12/05/2008** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LTDW1D Served 12/16/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	04/01/2009	
83.33(2)(i)	ADVANCE DIRECTIVES	04/01/2009	

Survey ID: 0102016 **End Date: 05/28/2008** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LTDW1C Served 07/05/2008

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

Survey ID: 0101043 **End Date: 01/23/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LTDW1B Served 02/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(1)(b)	LICENSEE PROTECT CIVIL RIGHTS OF RESIDENTS	05/28/2008	Yes
83.33(2)	GENERAL SERVICES	05/28/2008	Yes
83.35(6)(c)	HOT 150 DEGREE F., COLD 40 DEGREES F.	05/28/2008	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Survey ID: 0100161 End Date: 09/10/2007 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LTDW1A Served 09/17/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(2)(c)	DEATH REPORTING NOT RELATED RESTRAINT	01/23/2008	Yes
83.33(2)	GENERAL SERVICES	05/28/2008	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Enforcement History (LIGHTHOUSE (THE))

Date: 12/15/2008 **SOD #LTDW1D** **Appealed: No**

Sanctions

PROVIDE TRAINING
FORFEITURE---83.21(4)(o)

Date: 07/02/2008 **SOD #LTDW1C** **Appealed: No**

Sanctions

FORFEITURE---83.21(4)(o)

Date: 02/06/2008 **SOD #LTDW1B** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.32(1)(b)
FORFEITURE---83.33(2)
FORFEITURE---83.35(6)(c)

Date: 09/13/2007 **SOD #LTDW1A** **Appealed: No**

Sanctions

FORFEITURE---83.19(2)(c)
FORFEITURE---83.33(2)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (LIGHTHOUSE (THE))

Date Complaint Received: 06/26/2009

Date Investigation Completed: 08/14/2009

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

Date Complaint Received: 06/05/2009

Date Investigation Completed: 06/24/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
MEDICATIONS	SUBSTANTIATED	6BNO11
ADMINISTRATION	SUBSTANTIATED	6BNO11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	6BNO11
STAFF ADEQUACY	SUBSTANTIATED	6BNO11

Date Complaint Received: 10/09/2008

Date Investigation Completed: 12/05/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
MEDICATIONS	SUBSTANTIATED	LTDW1D
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	LTDW1D

Date Complaint Received: 10/06/2008

Date Investigation Completed: 11/26/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
MEDICATIONS	SUBSTANTIATED	LTDW1D
ADMINISTRATION	SUBSTANTIATED	LTDW1D
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Date Complaint Received: 04/18/2008

Date Investigation Completed: 05/28/2008

Subject Area(s)
MEDICATIONS

Result
SUBSTANTIATED

SOD #
LTDW1C

Date Complaint Received: 11/28/2007

Date Investigation Completed: 01/23/2008

Subject Area(s)
PHYSICAL PLANTS & SAFETY HAZARDS
NUTRITION & FOOD SERVICES
MEDICATIONS
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

LTDW1B

Date Complaint Received: 07/07/2007

Date Investigation Completed: 09/10/2007

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result
SUBSTANTIATED

SOD #
LTDW1A

Date Complaint Received: 06/25/2007

Date Investigation Completed: 08/28/2007

Subject Area(s)
SUPERVISION
MEDICATIONS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: PINE VIEW OF SUN PRAIRIE (0011310)

Address: 605 WOOD VIOLET LANE, SUN PRAIRIE, WI 53590

License Status: REGULAR

Licensed/Certified/Registered 11/01/2006

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

Survey History

Survey ID: 0103957 **End Date:** 04/28/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #U1UD11 Served 05/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	ADMINISTRATOR QUALIFICATIONS		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Survey ID: 0103353 End Date: 01/21/2009 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9BRE14 Served 02/05/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE		
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE	04/01/2009	
83.33(3)(e)2.a	WRITTEN ORDER TO ADMINISTER MEDICATIONS	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	

Survey ID: 0100824 End Date: 12/14/2007 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9BRE13 Served 01/10/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(c)1	ADEQUATE STAFFING	01/21/2009	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Survey ID: 0098794 **End Date: 02/27/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008472 Served 03/02/2007

<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)(c)1	ADEQUATE STAFFING	04/01/2009	
83.33(2)(a)	SUPERVISION	04/01/2009	

Survey ID: 0098311 **End Date: 11/29/2006** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008438 Served 12/21/2006

<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	
83.35(6)(c)	HOT 150 DEGREE F., COLD 40 DEGREES F.	02/28/2007	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Enforcement History (PINE VIEW OF SUN PRAIRIE)

Date: 05/07/2009 **SOD #U1UD11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.35(3)(a)

Date: 02/04/2009 **SOD #9BRE14** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---50.065(2)(bb)
FORFEITURE---83.11(3)(a)
FORFEITURE---83.21(4)(w)
FORFEITURE---83.32(2)(a)
FORFEITURE---83.33(2)(g)1
FORFEITURE---83.42(3)(e)
FORFEITURE---83.42(3)(f)
FORFEITURE---83.43(3)(a)
FORFEITURE---83.43(3)(b)1

Date: 01/04/2008 **SOD #9BRE13** **Appealed: No**

Sanctions

FORFEITURE---83.15(1)(c)1

Date: 02/28/2007 **SOD #10008472** **Appealed: No**

Sanctions

FORFEITURE---83.12 (5)(a)
FORFEITURE---83.15 (1)(c)1
FORFEITURE---83.33 (2)(a)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Date: 12/12/2006

SOD #10008438

Appealed: No

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---83.15(1)(d)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (PINE VIEW OF SUN PRAIRIE)

Date Complaint Received: 03/05/2009

Date Investigation Completed: 04/28/2009

Subject Area(s)

RESIDENT RIGHTS
NUTRITION & FOOD SERVICES
MEDICATIONS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

U1UD11

Date Complaint Received: 10/26/2007

Date Investigation Completed: 12/21/2007

Subject Area(s)

ADMINISTRATION

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/06/2007

Date Investigation Completed: 02/28/2007

Subject Area(s)

QUALITY OF LIFE

Result

SUBSTANTIATED

SOD #

10008472

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: PRAIRIE GARDENS (0010589)

Address: 900 OKEEFFE AVE, SUN PRAIRIE, WI 53590

License Status: REGULAR

Licensed/Certified/Registered 11/01/2004

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

Survey History

Survey ID: 0103996 **End Date:** 05/18/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102469 **End Date:** 08/28/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UIRE11 Served 09/12/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(7)(b)	CONTINUING EDUCATION	04/01/2009	
83.21(4)(n)4	FREE FROM PHYSICAL RESTRAINTS	04/01/2009	
83.32(1)(b)	LICENSEE PROTECT CIVIL RIGHTS OF RESIDENTS	04/01/2009	
83.32(2)(a)1	PHYSICAL HEALTH	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	
83.43(3)(b)1	TESTING BY SERVICE COMPANY	04/01/2009	

Survey ID: 0097766 **End Date:** 09/20/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Enforcement History (PRAIRIE GARDENS)

Date: 09/11/2008 **SOD #UIRE11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.14(7)(b)

FORFEITURE---83.21(4)(n)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: STERLING HOUSE OF SUN PRAIRIE (110491)

Address: 650 BROADWAY DR, SUN PRAIRIE, WI 53590

License Status: REGULAR

Licensed/Certified/Registered 04/30/1998

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

Survey History

Survey ID: 0103926 **End Date:** 04/21/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WMO211 Served 05/06/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION		
83.44(2)(a)	BUILDING CONTROLLED BY CBRF OWNER		

Survey ID: 0102957 **End Date:** 11/11/2008 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JSEG13 Served 11/26/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	
83.41(9)	CLEANLINESS OF ROOMS	04/01/2009	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Survey ID: 0101815 **End Date: 05/15/2008** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #JSEG12 Served 05/31/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.16(1)(b)	RATE	11/11/2008	Yes

Survey ID: 0100863 **End Date: 12/21/2007** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JSEG11 Served 01/12/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(7)(b)1	WORK AREAS AND EQUIPMENT	05/15/2008	Yes

Survey ID: 0100388 **End Date: 10/22/2007** **Type: ABBREVIATED** **Purpose: SURVEY/SELF REPORT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098132 **End Date: 11/07/2006** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Enforcement History (STERLING HOUSE OF SUN PRAIRIE)

Date: 05/04/2009 **SOD #WMO211** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

FORFEITURE---83.32(3)(k)

FORFEITURE---83.44(2)(a)

Date: 11/25/2008 **SOD #JSEG13** **Appealed: No**

Sanctions

FORFEITURE---83.21(4)(w)

FORFEITURE---83.41(9)

Date: 05/30/2008 **SOD #JSEG12** **Appealed: Yes** **Decision: WITHDRAWN APPEAL (NO STIPULATIO**

Sanctions

SUBMIT POC (SOD APPEAL ONLY)

COMPLY WITH FACILITY PLAN OF CORRECTION

Date: 01/08/2007 **SOD #JSEG11** **Appealed: No**

Sanctions

FORFEITURE---83.35(7)(b)1

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (STERLING HOUSE OF SUN PRAIRIE)

Date Complaint Received: 03/16/2009

Date Investigation Completed: 04/21/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ABUSE	NOT SUBSTANTIATED	
HOMELIKE ENVIRONMENT & CLEANLINESS	SUBSTANTIATED	WMO211
MEDICATIONS	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	
QUALITY OF LIFE	NOT SUBSTANTIATED	

Date Complaint Received: 03/04/2009

Date Investigation Completed: 04/09/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	WMO211
PROGRAM SERVICES	NOT SUBSTANTIATED	
QUALITY OF LIFE	NOT SUBSTANTIATED	

Date Complaint Received: 04/04/2008

Date Investigation Completed: 05/15/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMISSION, TRANSFER & DISCHARGE	SUBSTANTIATED	JSEG12

Date Complaint Received: 12/04/2007

Date Investigation Completed: 12/21/2007

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
PHYSICAL PLANTS & SAFETY HAZARDS	SUBSTANTIATED	JSEG11
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	
QUALITY OF LIFE	NOT SUBSTANTIATED	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Date Complaint Received: 10/18/2007

Date Investigation Completed: 12/21/2007

Subject Area(s)
MEDICATIONS

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 09/19/2006

Date Investigation Completed: 11/07/2006

Subject Area(s)
ABUSE
ADMINISTRATION

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: SUN PRAIRIE RETIREMENT CENTER (110453)

Address: 228 WEST MAIN ST, SUN PRAIRIE, WI 53590

License Status: REGULAR

Licensed/Certified/Registered 01/31/1996

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

Survey History

Survey ID: 0098616 **End Date:** 01/26/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: AUTUMN LIGHT HOME (0009413)

Address: 1003 TAMARACK WAY, VERONA, WI 53593

License Status: REGULAR

Licensed/Certified/Registered 05/01/2002

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

Survey History

Survey ID: 0104174 **End Date:** 06/03/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1QIC11 Served 06/19/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.26(1)	DOCUMENTATION OF REQUIRED EMPLOYEE TRAINING		
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE		
83.35(4)	RESIDENT SATISFACTION EVALUATION		
83.38(1)(a)	PERSONAL CARE		
83.39(3)	HAND WASHING		
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION		
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Survey ID: 0101192 **End Date: 02/13/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OL8V13 Served 02/28/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(12)	MAINTENANCE OF EXITS	04/01/2009	

Survey ID: 0099382 **End Date: 05/16/2007** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OL8V12 Served 05/31/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(f)2	REASSESSED QUARTERLY FOR MEDICATION	02/13/2008	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	02/13/2008	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Enforcement History (AUTUMN LIGHT HOME)

Date: 06/17/2009 **SOD #1QIC11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---50.03(5g)(c)1

Date: 05/30/2007 **SOD #OL8V12** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (AUTUMN LIGHT HOME)

Date Complaint Received: 12/18/2007

Date Investigation Completed: 02/13/2008

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: FOUR WINDS LODGE (110368)

Address: 309 SCHWEITZER DRIVE, VERONA, WI 53593

License Status: REGULAR

Licensed/Certified/Registered 05/24/1994

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

Survey History

Survey ID: 0102063 **End Date:** 06/23/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CPME11 Served 07/10/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(d)	REVIEW OF PROGRESS	04/01/2009	
83.42(3)(e)	QUARTERLY FIRE DRILLS	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	

Survey ID: 0099254 **End Date:** 05/08/2007 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Enforcement History (FOUR WINDS LODGE)

Date: 07/09/2008 **SOD #**CPME11 **Appealed:** No

Sanctions

FORFEITURE---83.32(2)(d)

FORFEITURE---83.42(3)(f)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: ORCHID HOME (0011780)

Address: 1013 GATEWAY PASS, VERONA, WI 53593

License Status: REGULAR

Licensed/Certified/Registered 11/01/2007

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

Survey History

Survey ID: 0100355 **End Date:** 10/09/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099318 **End Date:** 05/10/2007 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: REST HAVEN HEALTH CARE CENTER LLC (0009018)

Address: 7672 WEST MINERAL POINT RD, VERONA, WI 53593

License Status: REGULAR

Licensed/Certified/Registered 11/01/2000

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

Survey History

Survey ID: 0102874 **End Date:** 11/06/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: WILLOW POINTE MEMORY CARE LLC (0009421)

Address: 143 PRAIRIE OAKS DR, VERONA, WI 53593

License Status: REGULAR

Licensed/Certified/Registered 03/01/2002

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

Survey History

Survey ID: 0103054 **End Date:** 12/02/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CK7L12 Served 12/16/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE		
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	04/01/2009	
83.43(3)(b)1	TESTING BY SERVICE COMPANY	04/01/2009	

Survey ID: 0097858 **End Date:** 09/26/2006 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008410 Served 10/11/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	12/02/2008	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	04/01/2009	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Enforcement History (WILLOW POINTE MEMORY CARE LLC)

Date: 12/15/2008 **SOD #CK7L12** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---50.065(2)(bb)

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

Date: 10/09/2006 **SOD #10008410** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (WILLOW POINTE MEMORY CARE LLC)

Date Complaint Received: 08/03/2006

Date Investigation Completed: 09/21/2006

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
ADMISSION, TRANSFER & DISCHARGE
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: CREEKWOOD CBRF (0008584)

Address: 200 CROSS ST, WAUNAKEE, WI 53597

License Status: REGULAR

Licensed/Certified/Registered 11/01/1999

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

Survey History

Survey ID: 0099933 **End Date:** 08/10/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: HOMESTEAD LIVING INC (0012266)

Address: 1040 QUINN DR, WAUNAKEE, WI 53597

License Status: PROBATIONARY

Licensed/Certified/Registered 12/30/2008

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

Survey History

Survey ID: 0103165 **End Date:** 12/30/2008 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: SYLVAN CROSSINGS IN WESTSHIRE VILLAGE (0010729)

Address: 5475 WESTSHIRE CIRCLE, WAUNAKEE, WI 53597

License Status: REGULAR

Licensed/Certified/Registered 06/01/2005

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

Survey History

Survey ID: 0103573 **End Date:** 02/18/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #FMT712 Served 03/16/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(d)	REVIEW OF PROGRESS	04/01/2009	

Survey ID: 0100285 **End Date:** 09/06/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Survey ID: 0098501 **End Date:** 01/10/2007 **Type:** STANDARD **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Enforcement History (SYLVAN CROSSINGS IN WESTSHIRE VILLAGE)

Date: 10/08/2007 **SOD #**FMT711 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (SYLVAN CROSSINGS IN WESTSHIRE VILLAGE)

Date Complaint Received: 01/27/2009

Date Investigation Completed: 02/18/2009

Subject Area(s)
SUPERVISION
STAFF ADEQUACY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/27/2006

Date Investigation Completed: 01/10/2007

Subject Area(s)
STAFF ADEQUACY

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: WAUNAKEE MANOR CBRF RETIREMENT WING (110316)

Address: 801 S KLEIN DR, WAUNAKEE, WI 53597

License Status: REGULAR

Licensed/Certified/Registered 08/01/1991

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

Survey History

Survey ID: 0101811 **End Date:** 05/22/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098201 **End Date:** 11/17/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (WAUNAKEE MANOR CBRF RETIREMENT WING)

Date Complaint Received: 04/01/2008

Date Investigation Completed: 05/15/2008

Subject Area(s)
MEDICATIONS
STAFF ADEQUACY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: PINE VIEW OF WINDSOR (0011311)

Address: 6797 VALIANT DR, WINDSOR, WI 53598

License Status: REGULAR

Licensed/Certified/Registered 11/01/2006

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

Survey History

Survey ID: 0103057 **End Date:** 12/10/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097920 **End Date:** 10/11/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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