

**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Residential Care Apartment Complex  
COUNTY: DANE

**Notes**

**This report includes Provider Inspection Summaries (Facility Profiles) for Residential Care Apartment Complexes in Dane County.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 25 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  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: DANE

**Facility Information**

**Facility Name:** ANGELUS RETIREMENT COMMUNITY ARROWWOOD GREEN (0012237)

**Address:** 139 E REYNOLDS ST, COTTAGE GROVE, WI 53527

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/08/2008

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

**Survey History**

**Survey ID:** 0101401    **End Date:** 03/31/2008    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID:** 0100839    **End Date:** 01/08/2008    **Type:** OTHER    **Purpose:** CHOW--DESK REVIEW

**Results:** LICENSE/CERT/REGISTRATION ISSUED  
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***This is Page 2 of 25 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  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: DANE

**Complaint History (ANGELUS RETIREMENT COMMUNITY ARROWWOOD GREEN)**

**Date Complaint Received: 03/17/2008**

**Date Investigation Completed: 03/31/2008**

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  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: DANE

**Facility Information**

**Facility Name:** PARKSIDE ASSISTED LIVING (0012840)  
**Address:** 6902 PARKSIDE CIRCLE, DEFOREST, WI 53532  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/15/2009  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0104188      **End Date:** 06/15/2009      **Type:** OTHER      **Purpose:** CHOW--DESK REVIEW  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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

**Facility Information**

**Facility Name:** CHAPEL VALLEY II (0010287)  
**Address:** 5781 CHAPEL VALLEY ROAD, FITCHBURG, WI 53711  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/01/2000  
**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  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: DANE

**Facility Information**

**Facility Name:** AVALON ASSISTED LIVING COMMUNITY (0012841)

**Address:** 2879 FISH HATCHERY RD, MADISON, WI 53713

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/10/2009

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

**Survey History**

**Survey ID:** 0104144    **End Date:** 06/09/2009    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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

**Facility Information**

**Facility Name:** CAPITOL LAKES (0010301)  
**Address:** 333 W MAIN ST, MADISON, WI 53703  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/01/2002  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0098826      **End Date:** 03/07/2007      **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  
Residential Care Apartment Complex (REGISTERED)  
COUNTY: DANE

**Complaint History (CAPITOL LAKES)**

**Date Complaint Received: 02/20/2007**

**Date Investigation Completed: 03/07/2007**

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  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: DANE

**Facility Information**

**Facility Name:** INDEPENDENT LIVING RETIREMENT COMMUNITY (0010306)

**Address:** 602 NORTH SEGOE RD, MADISON, WI 53705

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2003

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

**Survey History**

**Survey ID:** 0102284    **End Date:** 08/07/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0099349    **End Date:** 05/18/2007    **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  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: DANE

**Complaint History (INDEPENDENT LIVING RETIREMENT COMMUNITY)**

**Date Complaint Received: 07/01/2008**

**Date Investigation Completed: 08/07/2008**

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE  
PHYSICAL PLANTS & SAFETY HAZARDS  
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 04/12/2007**

**Date Investigation Completed: 05/18/2007**

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS  
HOMELIKE ENVIRONMENT & CLEANLINESS

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 03/27/2007**

**Date Investigation Completed: 05/18/2007**

Subject Area(s)

MEDICATIONS

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 09/18/2006**

**Date Investigation Completed: 10/10/2006**

Subject Area(s)

SUPERVISION  
RESIDENT RIGHTS

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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

**Facility Information**

**Facility Name:** MEADOWMERE - MADISON (0012218)  
**Address:** 5601 BURKE RD, MADISON, WI 53718  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/2008  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0100818      **End Date:** 12/26/2007      **Type:** INITIAL      **Purpose:** CHOW--LICENSURE  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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

**Facility Information**

**Facility Name:** OAK PARK PLACE THE GROVE I (0011402)  
**Address:** 702 JUPITER DR, MADISON, WI 53718  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/01/2006  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0100847    **End Date:** 01/08/2008    **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  
Residential Care Apartment Complex (REGISTERED)  
COUNTY: DANE

**Complaint History (OAK PARK PLACE THE GROVE I)**

**Date Complaint Received: 11/21/2007**

**Date Investigation Completed: 01/08/2008**

Subject Area(s)

NUTRITION & FOOD SERVICES  
MEDICATIONS  
ADMINISTRATION  
STAFF TRAINING AND PROFICIENCY  
QUALITY OF LIFE

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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

**Facility Information**

**Facility Name:** OAK PARK PLACE THE GROVE II (0012509)  
**Address:** 719 JUPITER DR, MADISON, WI 53718  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/19/2008  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102977    **End Date:** 11/11/2008    **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  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: DANE

**Facility Information**

**Facility Name:** OAKWOOD VILLAGE APTS INC (0012187)  
**Address:** 6209 MINERAL POINT RD, MADISON, WI 53705  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/01/2007  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0100387    **End Date:** 10/23/2007    **Type:** ABBREVIATED    **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  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: DANE

**Facility Information**

**Facility Name:** OAKWOOD VILLAGE EAST (0011192)  
**Address:** 5555 TANCHI 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:** 0100966      **End Date:** 01/29/2008      **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  
Residential Care Apartment Complex (REGISTERED)  
COUNTY: DANE

**Facility Information**

**Facility Name:** ATTIC ANGEL PLACE (0010286)  
**Address:** 8301 OLD SAUK ROAD, MIDDLETON, WI 53562  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/01/2000  
**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  
Residential Care Apartment Complex (REGISTERED)  
COUNTY: DANE

**Facility Information**

**Facility Name: INGLEWOOD ASSISTED LIVING APARTMENTS (0010289)**

**Address: 405 NORTH 8TH STREET, MT HOREB, WI 53572**

**License Status: REGULAR**

**Licensed/Certified/Registered 04/01/2001**

**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  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: DANE

**Facility Information**

**Facility Name:** CROWN POINT VILLAGE (0012519)  
**Address:** 881 LIBERTY BLVD, SUN PRAIRIE, WI 53590  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/13/2008  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102670    **End Date:** 10/08/2008    **Type:** OTHER    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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

**Facility Information**

**Facility Name:** KINDREDHEARTS OF SUN PRAIRIE (0011225)  
**Address:** 605 CHASE BLVD, SUN PRAIRIE, WI 53590  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/02/2006  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103710    **End Date:** 03/26/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103126    **End Date:** 12/10/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0100922    **End Date:** 01/17/2008    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #EIEZ11    Served 01/25/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(c)	SERVICES		

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

**Complaint History (KINDREDHEARTS OF SUN PRAIRIE)**

**Date Complaint Received: 03/12/2009**

**Date Investigation Completed: 03/26/2009**

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE  
ADMINISTRATION

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 10/23/2008**

**Date Investigation Completed: 12/10/2008**

Subject Area(s)

NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 01/14/2008**

**Date Investigation Completed: 01/17/2008**

Subject Area(s)

ABUSE  
STAFF ADEQUACY

Result

SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

EIEZ11

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

**Facility Information**

**Facility Name:** SUN PRAIRIE HEALTH CARE CENTER (0011727)

**Address:** 228 W MAIN ST, SUN PRAIRIE, WI 53590

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/07/2007

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

**Survey History**

**Survey ID:** 0098659    **End Date:** 02/07/2007    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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

**Facility Information**

**Facility Name:** WILLOW POINTE ASSISTED LIVING (0010298)  
**Address:** 1125 NORTH EDGE TRAIL, VERONA, WI 53593  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/01/2001  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0101258    **End Date:** 02/19/2008    **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  
Residential Care Apartment Complex (REGISTERED)  
COUNTY: DANE

**Complaint History (WILLOW POINTE ASSISTED LIVING)**

**Date Complaint Received: 01/28/2008**

**Date Investigation Completed: 03/03/2008**

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

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

**Facility Information**

**Facility Name:** WAUNAKEE MANOR RCAC (0010280)  
**Address:** 800 HOLIDAY DRIVE, WAUNAKEE, WI 53597  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/10/1999  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0101245    **End Date:** 02/21/2008    **Type:** OTHER    **Purpose:** OTHER  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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