

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009

COUNTY: DODGE

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Dodge County.

The report is a PDF (Adobe Acrobat) document and includes a total of 75 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Day Care Facility
COUNTY: DODGE

Facility Information

Facility Name: GOLDEN CARE ADULT DAY CENTER (100026)
Address: N8053 HWY 33, BEAVER DAM, WI 53916
License Status: REGULAR
Licensed/Certified/Registered 05/02/1996
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103787 **End Date:** 04/01/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099102 **End Date:** 04/18/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Day Care Facility
COUNTY: DODGE

Facility Information

Facility Name: TROSTEN HAUS (100027)
Address: 1223 MADISON ST, BEAVER DAM, WI 53916
License Status: REGULAR
Licensed/Certified/Registered 05/17/1994
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0101872 **End Date:** 06/05/2008 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100956 **End Date:** 01/24/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 3 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

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

Facility Information

Facility Name: COMPTON HOME (190102)
Address: 315 GROVE ST, BEAVER DAM, WI 53916
License Status: REGULAR
Licensed/Certified/Registered 09/02/1988
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0101714 **End Date:** 05/01/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GDCH11 Served 05/17/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		

This is Page 4 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

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

Enforcement History (COMPTON HOME)

Date: 05/14/2008 SOD #GDCH11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

This is Page 5 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

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

Facility Information

Facility Name: CLA JUNEAU (0011209)
Address: 320/322 FAIRFIELD AVE, JUNEAU, WI 53039
License Status: REGULAR
Licensed/Certified/Registered 12/28/2005
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0100689 **End Date:** 12/06/2007 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 6 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

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

Facility Information

Facility Name: CLEARVIEW COMMUNITY GROUP HOME (0010513)

Address: 750 NORTH MAIN ST, JUNEAU, WI 53039

License Status: REGULAR

Licensed/Certified/Registered 09/10/2004

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

Survey History

Survey ID: 0102832 **End Date:** 10/20/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098093 **End Date:** 11/01/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 7 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

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

Facility Information

Facility Name: TRAILVIEW ADULT FAMILY HOME (0011350)
Address: 196 HOME RD, JUNEAU, WI 53039
License Status: REGULAR
Licensed/Certified/Registered 07/17/2006
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0101735 **End Date:** 05/08/2008 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 8 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

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

Facility Information

Facility Name: CLA MAYVILLE (0010975)
Address: 1177-1179 DAYTON ST, MAYVILLE, WI 53050
License Status: REGULAR
Licensed/Certified/Registered 06/15/2005
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0099902 **End Date:** 08/06/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 9 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

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

Facility Information

Facility Name: BETHESDA GROUP HOME (0011670)
Address: 1113 LISBON ST, WATERTOWN, WI 53094
License Status: REGULAR
Licensed/Certified/Registered 12/08/2006
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0101098 **End Date:** 02/11/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098249 **End Date:** 11/21/2006 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 10 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

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

Complaint History (BETHESDA GROUP HOME)

Date Complaint Received: 01/09/2008

Date Investigation Completed: 02/11/2008

Subject Area(s)

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

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 11 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

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

Facility Information

Facility Name: BETHESDA LUTHERAN AFH (0009060)
Address: 1621 CARLSON PLACE, WATERTOWN, WI 53094
License Status: REGULAR
Licensed/Certified/Registered 08/15/2000
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103742 **End Date:** 04/01/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098901 **End Date:** 03/14/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 12 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

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

Facility Information

Facility Name: BETHESDA LUTHERAN AFH (0009061)
Address: 1633 CARLSON PLACE, WATERTOWN, WI 53094
License Status: REGULAR
Licensed/Certified/Registered 08/15/2000
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103786 **End Date:** 04/01/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098900 **End Date:** 03/14/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 13 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

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

Facility Information

Facility Name: BETHESDA LUTHERAN AFH (0009431)
Address: 1408 FAIRFIELD CRT, WATERTOWN, WI 53098
License Status: REGULAR
Licensed/Certified/Registered 10/17/2001
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103549 **End Date:** 02/18/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099182 **End Date:** 04/26/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 14 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

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

Facility Information

Facility Name: BETHESDA LUTHERAN AFH (0011647)
Address: 400 LEXINGTON COURT, WATERTOWN, WI 53098
License Status: REGULAR
Licensed/Certified/Registered 10/18/2006
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102592 **End Date:** 09/19/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098103 **End Date:** 10/17/2006 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

This is Page 15 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

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

Facility Information

Facility Name: CARING HOUSE DODGE INC (110528)
Address: 831 MADISON ST, BEAVER DAM, WI 53916
License Status: REGULAR
Licensed/Certified/Registered 02/01/1991
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0100046 **End Date:** 08/23/2007 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 16 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

Facility Information

Facility Name: CHARLTON HOUSE CBRF (110530)

Address: 216 W THIRD STREET, BEAVER DAM, WI 53916

License Status: REGULAR

Licensed/Certified/Registered 07/01/1995

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

Survey History

Survey ID: 0102655 **End Date:** 10/02/2008 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099552 **End Date:** 06/13/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 17 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

Facility Information

Facility Name: EAGLES WINGS (111039)

Address: 408 STONE ST, BEAVER DAM, WI 53916

License Status: REGULAR

Licensed/Certified/Registered 03/08/1998

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

Survey History

Survey ID: 0100034 **End Date:** 08/23/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 18 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

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

Facility Information

Facility Name: MACKIE STREET GROUP HOME (110529)
Address: 216 W MACKIE ST, BEAVER DAM, WI 53916
License Status: REGULAR
Licensed/Certified/Registered 05/15/1991
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0101502 **End Date:** 04/14/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #U2PG11 Served 05/02/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(d)	WHEREABOUTS UNKNOWN	04/01/2009	

Survey ID: 0099265 **End Date:** 05/03/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 19 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

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

Complaint History (MACKIE STREET GROUP HOME)

Date Complaint Received: 03/05/2008

Date Investigation Completed: 04/14/2008

Subject Area(s)
SUPERVISION
RESIDENT RIGHTS
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 20 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

Facility Information

Facility Name: PRAIRIE RIDGE ASSISTED LIVING (0012224)

Address: 212 EAST INDUSTRIAL DR, BEAVER DAM, WI 53916

License Status: REGULAR

Licensed/Certified/Registered 04/01/2009

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

Survey History

Survey ID: 0103735 **End Date:** 03/31/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0103519 **End Date:** 02/13/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #86TD13 Served 03/06/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	
83.16(1)(d)	SECURITY DEPOSIT	04/01/2009	
83.17(6)(a)	SECURITY DEPOSIT-INTEREST ACCOUNT	04/01/2009	
83.17(6)(b)	SECURITY DEPOSIT SEPARATE FROM FACILITY	04/01/2009	
83.42(3)(e)	QUARTERLY FIRE DRILLS	04/01/2009	
83.51(1)(e)	CLEARED PATHWAY FROM EXITS	04/01/2009	

This is Page 21 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

Survey ID: 0102470 **End Date: 08/18/2008** **Type: OTHER** **Purpose: SELF REPORT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #86TD12 Served 10/08/2008

<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	02/13/2009	Yes

Survey ID: 0102092 **End Date: 06/12/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #86TD11 Served 09/11/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(c)1	ADEQUATE STAFFING	08/18/2008	Yes

Survey ID: 0101450 **End Date: 04/03/2008** **Type: OTHER** **Purpose: CHOW--LICENSURE**

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 22 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

Enforcement History (PRAIRIE RIDGE ASSISTED LIVING)

Date: 03/05/2009 **SOD #86TD13** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
OTHER SANCTION
FORFEITURE---83.16(1)(d)
FORFEITURE---83.42(3)(e)

Date: 07/11/2008 **SOD #86TD11** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---SOD #86TD11

This is Page 23 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

Complaint History (PRAIRIE RIDGE ASSISTED LIVING)

Date Complaint Received: 02/11/2009

Date Investigation Completed: 02/13/2009

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS

Result

SUBSTANTIATED

SOD #

86TD13

Date Complaint Received: 01/07/2009

Date Investigation Completed: 02/13/2009

Subject Area(s)

RESIDENT RIGHTS

ADMISSION, TRANSFER & DISCHARGE

Result

SUBSTANTIATED

SUBSTANTIATED

SOD #

86TD13

86TD13

Date Complaint Received: 05/13/2008

Date Investigation Completed: 06/17/2008

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS

QUALITY OF LIFE

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

This is Page 24 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

Facility Information

Facility Name: REMEMBRANCE HOME (0009159)

Address: 1810 NORTH SPRING STREET, BEAVER DAM, WI 53916

License Status: REGULAR

Licensed/Certified/Registered 07/01/2001

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

Survey History

Survey ID: 0099535 **End Date:** 06/18/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 25 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

Facility Information

Facility Name: SYLVAN CROSSINGS AT HUNTER RIDGE (111056)

Address: 626 MONROE ST, BEAVER DAM, WI 53916

License Status: REGULAR

Licensed/Certified/Registered 05/07/1999

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

Survey History

Survey ID: 0099508 **End Date:** 06/13/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 26 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

Facility Information

Facility Name: BETHESDA LUTHERAN GROUP HOME (0009488)

Address: 103 EGGLESTON ST, FOX LAKE, WI 53933

License Status: REGULAR

Licensed/Certified/Registered 07/01/2002

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

Survey History

Survey ID: 0099914 **End Date:** 08/02/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 27 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

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

Facility Information

Facility Name: BETHESDA LUTHERAN GROUP HOME (0009489)

Address: 205 OCONNELL ST, FOX LAKE, WI 53933

License Status: REGULAR

Licensed/Certified/Registered 07/01/2002

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

Survey History

Survey ID: 0099913 **End Date:** 08/02/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 28 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: DODGE

Facility Information

Facility Name: ROLLING MEADOWS (0012351)

Address: 209 FOREST ST, FOX LAKE, WI 53933

License Status: PROBATIONARY

Licensed/Certified/Registered 07/25/2008

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

Survey History

Survey ID: 0102183 **End Date:** 05/21/2008 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

This is Page 29 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: DODGE

Complaint History (ROLLING MEADOWS)

Date Complaint Received: 06/17/2009

Date Investigation Completed: 07/22/2009

Subject Area(s)
RESIDENT RIGHTS
MEDICATIONS
ADMINISTRATION

Result
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

H4W111

This is Page 30 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

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

Facility Information

Facility Name: DAYBREAK INC HORICON (110532)
Address: 822 E WALNUT ST, HORICON, WI 53032
License Status: REGULAR
Licensed/Certified/Registered 08/01/1980
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0099893 **End Date:** 07/24/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 31 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

Facility Information

Facility Name: MARVINS MANOR (0012372)

Address: 839 DIVISION ST, HORICON, WI 53032

License Status: PROBATIONARY

Licensed/Certified/Registered 09/08/2008

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

Survey History

Survey ID: 0103927 **End Date:** 04/21/2009 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0103166 **End Date:** 12/23/2008 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102446 **End Date:** 08/27/2008 **Type:** OTHER **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

This is Page 32 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

Complaint History (MARVINS MANOR)

Date Complaint Received: 03/20/2009

Date Investigation Completed: 04/21/2009

Subject Area(s)
STAFF ADEQUACY
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 33 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

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

Facility Information

Facility Name: EVERGREEN MANOR III INC (0011807)
Address: 239 VICTORY ST, JUNEAU, WI 53039
License Status: REGULAR
Licensed/Certified/Registered 09/01/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0104184 **End Date:** 06/11/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099935 **End Date:** 08/10/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098780 **End Date:** 02/19/2007 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

This is Page 34 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

Facility Information

Facility Name: JUNEAU TERRACE (0011955)

Address: 420 WEST NORTH ST, JUNEAU, WI 53039

License Status: REGULAR

Licensed/Certified/Registered 12/01/2007

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

Survey History

Survey ID: 0100480 **End Date:** 10/30/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0099315 **End Date:** 05/10/2007 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

This is Page 35 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

Facility Information

Facility Name: DEERVIEW MEADOWS (0011352)

Address: 1071 N HORICON ST, MAYVILLE, WI 53050

License Status: REGULAR

Licensed/Certified/Registered 09/01/2006

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

Survey History

Survey ID: 0102538 **End Date:** 09/08/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 36 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

Complaint History (DEERVIEW MEADOWS)

Date Complaint Received: 07/18/2008

Date Investigation Completed: 09/08/2008

Subject Area(s)
RESIDENT RIGHTS
MEDICATIONS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 37 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

Facility Information

Facility Name: MOSSFLOWER HARBOUR II (0010813)

Address: 175 RIVERVIEW HEIGHTS, MAYVILLE, WI 53050

License Status: REGULAR

Licensed/Certified/Registered 07/01/2005

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

Survey History

Survey ID: 0104223 **End Date:** 06/05/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DD5O11 Served 06/26/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.39(3)	HAND WASHING		

Survey ID: 0099174 **End Date:** 04/23/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TJPV12 Served 05/02/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	04/01/2009	
83.33(3)(e)2.a	WRITTEN ORDER TO ADMINISTER MEDICATIONS	04/01/2009	

This is Page 38 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

Enforcement History (MOSSFLOWER HARBOUR II)

Date: 06/23/2009 SOD #DD5011 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

This is Page 39 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

Facility Information

Facility Name: GOLDEN YEARS OF RANDOLPH I (0011820)

Address: 131 ELLIS AVE, RANDOLPH, WI 53956

License Status: REGULAR

Licensed/Certified/Registered 11/01/2007

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

Survey History

Survey ID: 0102028 **End Date:** 06/17/2008 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9M6J12 Served 07/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(1)(a)	FINANCIAL STABILITY	04/01/2009	
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	

Survey ID: 0101208 **End Date:** 02/21/2008 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100245 **End Date:** 10/02/2007 **Type:** OTHER **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099209 **End Date:** 04/26/2007 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

This is Page 40 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

Enforcement History (GOLDEN YEARS OF RANDOLPH I)

Date: 07/07/2008

SOD #9M6J12

Appealed: Yes

Decision: STIPULATION

Sanctions

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

This is Page 41 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

Facility Information

Facility Name: GOLDEN YEARS OF RANDOLPH II (0011821)

Address: 137 ELLIS AVE, RANDOLPH, WI 53956

License Status: REGULAR

Licensed/Certified/Registered 11/01/2007

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

Survey History

Survey ID: 0102035 **End Date:** 06/17/2008 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4EI412 Served 07/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(1)(a)	FINANCIAL STABILITY	04/01/2009	
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	

Survey ID: 0101207 **End Date:** 02/21/2008 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100246 **End Date:** 10/02/2007 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099210 **End Date:** 04/26/2007 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

This is Page 42 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

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

Enforcement History (GOLDEN YEARS OF RANDOLPH II)

Date: 07/07/2008 SOD #4EI412 Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS

This is Page 43 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

Complaint History (GOLDEN YEARS OF RANDOLPH II)

Date Complaint Received: 09/27/2007

Date Investigation Completed: 10/02/2007

Subject Area(s)
RESIDENT RIGHTS
MEDICATIONS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 44 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

Facility Information

Facility Name: BETHESDA LUTHERAN GROUP HOME (0009596)

Address: 208 EAST HAVEN, WATERTOWN, WI 53094

License Status: REGULAR

Licensed/Certified/Registered 11/01/2002

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

Survey History

Survey ID: 0098092 **End Date:** 11/02/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 45 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

Facility Information

Facility Name: HIGHLAND HOUSE (110540)

Address: 125A HOSPITAL DR, WATERTOWN, WI 53098

License Status: REGULAR

Licensed/Certified/Registered 12/31/1995

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

Survey History

Survey ID: 0098499 **End Date:** 01/09/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 46 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

Facility Information

Facility Name: HIL MEADOWBROOK (0011747)

Address: 1405 WEDGEWOOD CRT, WATERTOWN, WI 53098

License Status: REGULAR

Licensed/Certified/Registered 07/01/2007

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

Survey History

Survey ID: 0104255 **End Date:** 06/17/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HZ0511 Served 06/29/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(g)	RIGHTS OF RESIDENTS: FREE OF PHYSICAL RESTRAINTS		
83.47(2)(d)	FIRE DRILLS		
83.47(3)	FIRE INSPECTION		
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY		
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE		

Survey ID: 0102467 **End Date:** 09/09/2008 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099807 **End Date:** 06/29/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 47 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

Survey ID: 0098361 **End Date:** 12/21/2006 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

This is Page 48 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

Enforcement History (HIL MEADOWBROOK)

Date: 06/25/2009 **SOD #**HZ0511 **Appealed:** No

Sanctions

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

This is Page 49 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

Facility Information

Facility Name: ZINZENDORF HALL INC (110538)

Address: 1148 BAYBERRY DR, WATERTOWN, WI 53098

License Status: REGULAR

Licensed/Certified/Registered 03/01/1990

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

Survey History

Survey ID: 0098131 **End Date:** 11/09/2006 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 50 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

Facility Information

Facility Name: CHRISTIAN HOMESTEAD (0009149)

Address: 1001 WEST BROWN ST, WAUPUN, WI 53963

License Status: REGULAR

Licensed/Certified/Registered 07/01/2001

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

Survey History

Survey ID: 0101342 **End Date:** 03/17/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099252 **End Date:** 04/25/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #190513 Served 05/12/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	03/17/2008	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	03/17/2008	Yes

This is Page 51 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

Enforcement History (CHRISTIAN HOMESTEAD)

Date: 05/09/2007 **SOD #190513** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.19(1)(d)

This is Page 52 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

Complaint History (CHRISTIAN HOMESTEAD)

Date Complaint Received: 03/21/2007

Date Investigation Completed: 04/25/2007

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
190513

This is Page 53 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

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

Facility Information

Facility Name: DAYBREAK INC WAUPUN (110539)
Address: 631 S MADISON ST, WAUPUN, WI 53963
License Status: REGULAR
Licensed/Certified/Registered 01/01/1996
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0101664 **End Date:** 05/07/2008 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 54 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

Facility Information

Facility Name: PRAIRIE RIDGE MEMORY CARE (0012604)

Address: 819 WILCOX ST, WAUPUN, WI 53963

License Status: PROBATIONARY

Licensed/Certified/Registered 12/02/2008

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

Survey History

Survey ID: 0104047 **End Date:** 05/21/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103655 **End Date:** 03/12/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BBE811 Served 03/25/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	
83.15(1)(a)	ADMINISTRATOR QUALIFIED: ASSOCIATE DEGREE	04/01/2009	
83.18(1)(d)2	OTHER INFORMATION REQUIRED IN RECORD	04/01/2009	
83.19(3)(c)	INVESTIGATE ALLEGATION	04/01/2009	
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	04/01/2009	
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	04/01/2009	
83.33(3)(j)1	DESTRUCTION OF MEDICATIONS	04/01/2009	
83.33(4)	CLIENT GROUP SPECIFIC SERVICES	04/01/2009	

This is Page 55 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

Survey ID: 0103001 **End Date: 12/02/2008** **Type: INITIAL** **Purpose: SURVEY**

Results: PROBATIONARY LICENSE ISSUED

This is Page 56 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

Enforcement History (PRAIRIE RIDGE MEMORY CARE)

Date: 03/24/2009 **SOD #BBE811** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
PROVIDE TRAINING
FORFEITURE---83.11(3)
FORFEITURE---83.15(1)(a)
FORFEITURE---83.18(1)(d)2
FORFEITURE---83.19(3)(c)
FORFEITURE---83.19(3)(e)
FORFEITURE---83.19(3)(f)
FORFEITURE---83.33(3)(j)
FORFEITURE---83.33(4)

This is Page 57 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

Complaint History (PRAIRIE RIDGE MEMORY CARE)

Date Complaint Received: 06/09/2009

Date Investigation Completed: 07/08/2009

Subject Area(s)

SUPERVISION
RESIDENT BEHAVIOR/FACILITY PRACTICE
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/29/2009

Date Investigation Completed: 07/08/2009

Subject Area(s)

SUPERVISION
RESIDENT BEHAVIOR/FACILITY PRACTICE
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/18/2009

Date Investigation Completed: 05/18/2009

Subject Area(s)

RESIDENT RIGHTS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/27/2009

Date Investigation Completed: 05/18/2009

Subject Area(s)

SUPERVISION
MEDICATIONS
ADMINISTRATION

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

NOF

This is Page 58 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

Date Complaint Received: 04/07/2009

Date Investigation Completed: 05/18/2009

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

Date Complaint Received: 03/25/2009

Date Investigation Completed: 05/18/2009

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

Date Complaint Received: 03/19/2009

Date Investigation Completed: 05/18/2009

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

Date Complaint Received: 03/06/2009

Date Investigation Completed: 03/12/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	BBE811
RESIDENT RIGHTS	SUBSTANTIATED	BBE811
MEDICATIONS	SUBSTANTIATED	BBE811
ADMINISTRATION	SUBSTANTIATED	BBE811
QUALITY OF LIFE	SUBSTANTIATED	BBE811

This is Page 59 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

Date Complaint Received: 02/18/2009

Date Investigation Completed: 03/12/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
MEDICATIONS	SUBSTANTIATED	BBE811
ADMINISTRATION	SUBSTANTIATED	BBE811
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	BBE811
STAFF ADEQUACY	SUBSTANTIATED	BBE811
QUALITY OF LIFE	SUBSTANTIATED	BBE811

This is Page 60 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

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

Facility Information

Facility Name: CHARLESTON HOUSE LLC (0010427)
Address: 104 FAKES CT, BEAVER DAM, WI 53916
License Status: REGULAR
Licensed/Certified/Registered 11/01/2003
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103489 **End Date:** 02/17/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102510 **End Date:** 08/18/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 61 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

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

Complaint History (CHARLESTON HOUSE LLC)

Date Complaint Received: 01/27/2009

Date Investigation Completed: 02/23/2009

Subject Area(s)
RESIDENT RIGHTS
MEDICATIONS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/13/2008

Date Investigation Completed: 08/18/2008

Subject Area(s)
ADMISSION, TRANSFER & DISCHARGE

Result
SUBSTANTIATED

SOD #
NOT RECORDED

This is Page 62 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

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

Facility Information

Facility Name: STONE TERRACE RETIREMENT LIV CTR (0011956)

Address: 819 S UNVERSITY AVE, BEAVER DAM, WI 53916

License Status: REGULAR

Licensed/Certified/Registered 01/01/2007

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

Survey History

Survey ID: 0099270 **End Date:** 05/10/2007 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 63 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

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

Facility Information

Facility Name: WINCHESTER PLACE (0011921)
Address: 713 HORICON ST, HORICON, WI 53032
License Status: REGULAR
Licensed/Certified/Registered 05/02/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0104147 **End Date:** 06/10/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103811 **End Date:** 04/08/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102285 **End Date:** 08/11/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099215 **End Date:** 05/02/2007 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 64 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

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

Complaint History (WINCHESTER PLACE)

Date Complaint Received: 05/26/2009

Date Investigation Completed: 06/10/2009

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/06/2009

Date Investigation Completed: 04/08/2009

Subject Area(s)
NUTRITION & FOOD SERVICES
STAFF TRAINING AND PROFICIENCY

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
NOF

Date Complaint Received: 06/24/2008

Date Investigation Completed: 08/11/2008

Subject Area(s)
NUTRITION & FOOD SERVICES
MEDICATIONS
ADMINISTRATION
QUALITY OF LIFE

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 65 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

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

Facility Information

Facility Name: HOPE SENIOR LIVING INC (0011836)
Address: 475 GROVE ST, LOMIRA, WI 53048
License Status: REGULAR
Licensed/Certified/Registered 04/01/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0098999 **End Date:** 04/02/2007 **Type:** INITIAL **Purpose:** DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 66 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

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

Facility Information

Facility Name: CONTINENTAL MANOR (0010278)
Address: 502 SOUTH HIGH STREET, RANDOLF, WI 53956
License Status: REGULAR
Licensed/Certified/Registered 05/17/1999
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

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

This is Page 67 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

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

Facility Information

Facility Name: HIGHLAND VILLAGE APARTMENTS II (0010598)

Address: 1408 MEMORIAL DR, WATERTOWN, WI 53098

License Status: REGULAR

Licensed/Certified/Registered 06/01/2004

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

Survey History

Survey ID: 0099892 **End Date:** 07/24/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 68 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

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

Facility Information

Facility Name: CHRISTIAN HOME ASSISTED LIVING CENTER (0010292)

Address: 331 BLY STREET, WAUPUN, WI 53963

License Status: REGULAR

Licensed/Certified/Registered 10/01/2000

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

Survey History

Survey ID: 0101945 **End Date:** 06/16/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098726 **End Date:** 02/14/2007 **Type:** STANDARD **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 69 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

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

Complaint History (CHRISTIAN HOME ASSISTED LIVING CENTER)

Date Complaint Received: 06/13/2008

Date Investigation Completed: 06/16/2008

Subject Area(s)

Result

SOD #

PHYSICAL PLANTS & SAFETY HAZARDS

NOT SUBSTANTIATED

Date Complaint Received: 01/12/2007

Date Investigation Completed: 02/14/2007

Subject Area(s)

Result

SOD #

STAFF ADEQUACY
QUALITY OF LIFE

NOT SUBSTANTIATED
NOT SUBSTANTIATED

This is Page 70 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

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

Facility Information

Facility Name: PRAIRIE RIDGE ASSISTED LIVING (0010669)
Address: 819 WILCOX ST, WAUPUN, WI 53963
License Status: REGULAR
Licensed/Certified/Registered 08/01/2004
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0104329 **End Date:** 06/29/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104025 **End Date:** 05/14/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103812 **End Date:** 03/31/2009 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BLU211 Served 04/13/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	05/14/2009	Yes
89.34(16)	TENANT RIGHTS	05/14/2009	Yes
89.34(17)	TENANT RIGHTS	05/14/2009	Yes

This is Page 71 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

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

Survey ID: 0103023 End Date: 11/20/2008 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #50K711 Served 12/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(b)2	SERVICES		
89.26(1)	COMPREHENSIVE ASSESSMENT		
89.27(4)	SERVICE AGREEMENT		
89.28(6)	RISK AGREEMENT		

Survey ID: 0099430 End Date: 05/07/2007 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097648 End Date: 08/22/2006 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 72 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

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

Enforcement History (PRAIRIE RIDGE ASSISTED LIVING)

Date: 04/09/2009 SOD #BLU211 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---89.34(16)

Date: 12/05/2008 SOD #50K711 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---89.26(1)
FORFEITURE---89.27(4)
FORFEITURE---89.28(6)

This is Page 73 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

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

Complaint History (PRAIRIE RIDGE ASSISTED LIVING)

Date Complaint Received: 04/16/2009

Date Investigation Completed: 05/14/2009

Subject Area(s)
SUPERVISION
MEDICATIONS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/18/2009

Date Investigation Completed: 03/31/2009

Subject Area(s)
RESIDENT RIGHTS
ABUSE
PHYSICAL PLANTS & SAFETY HAZARDS
ADMINISTRATION
MEDICATIONS
STAFF TRAINING AND PROFICIENCY

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

SOD #

Date Complaint Received: 03/06/2009

Date Investigation Completed: 03/31/2009

Subject Area(s)
SUPERVISION
ADMINISTRATION
QUALITY OF LIFE

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/02/2009

Date Investigation Completed: 03/31/2009

Subject Area(s)
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 74 of 75 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

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

Date Complaint Received: 02/18/2009

Subject Area(s)
MEDICATIONS
ADMINISTRATION

Date Investigation Completed: 03/31/2009

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

Date Complaint Received: 11/04/2008

Subject Area(s)
LICENSED CAPACITY /CLASS OF LICENSE
SUPERVISION
MEDICATIONS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

Date Investigation Completed: 11/20/2008

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
SUBSTANTIATED	50K711
NOT SUBSTANTIATED	
SUBSTANTIATED	50K711
NOT SUBSTANTIATED	
SUBSTANTIATED	50K711

Date Complaint Received: 09/16/2008

Subject Area(s)
MEDICATIONS

Date Investigation Completed: 11/20/2008

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

Date Complaint Received: 04/05/2007

Subject Area(s)
NUTRITION & FOOD SERVICES
MEDICATIONS
ADMINISTRATION

Date Investigation Completed: 05/10/2007

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

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

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