

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

COUNTY: GRANT

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 19 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

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

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

Facility Information

Facility Name: CORNERSTONE FOUNDATION (0008616)
Address: 1775 11TH ST, FENNIMORE, WI 53809
License Status: REGULAR
Licensed/Certified/Registered 04/01/1999
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0101224 **End Date:** 02/27/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 19 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Facility Information

Facility Name: CORNERSTONE FOUNDATION (0009042)
Address: 440 SOUTH CLIFTON ST, LIVINGSTON, WI 53554
License Status: REGULAR
Licensed/Certified/Registered 06/19/2000
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102369 **End Date:** 08/25/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097522 **End Date:** 07/25/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: CORNERSTONE FOUNDATION (0009584)
Address: 204 FOUNTAIN ST, MONTFORT, WI 53569
License Status: REGULAR
Licensed/Certified/Registered 03/12/2002
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0104232 **End Date:** 06/22/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102379 **End Date:** 08/25/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097515 **End Date:** 07/25/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Complaint History (CORNERSTONE FOUNDATION)

Date Complaint Received: 05/21/2009

Date Investigation Completed: 06/22/2009

Subject Area(s)
RESIDENT RIGHTS
QUALITY OF LIFE

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: REM PACKERS COURT (0010793)
Address: 1520 PACKERS CRT, PLATTEVILLE, WI 53818
License Status: REGULAR
Licensed/Certified/Registered 01/18/2005
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0100224 **End Date:** 09/24/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098183 **End Date:** 11/14/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008432 Served 11/24/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	09/24/2007	Yes
88.05(3)(g)	WINDOWS AND VENTILATION	09/24/2007	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	09/24/2007	Yes

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

Enforcement History (REMPACKERS COURT)

Date: 11/22/2006 SOD #10008432 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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

Complaint History (REMPACKERS COURT)

Date Complaint Received: 10/26/2006

Date Investigation Completed: 11/14/2006

Subject Area(s)
SUPERVISION
QUALITY OF LIFE

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GRANT

Facility Information

Facility Name: VISTA HOUSE LLC (0009247)

Address: 111 VISTA PLACE, BOSCOBEL, WI 53805

License Status: REGULAR

Licensed/Certified/Registered 09/01/2001

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

Survey History

Survey ID: 0101927 **End Date:** 06/12/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #FSQF11 Served 06/21/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(c)1	CONTROLLED SUBSTANCES	04/01/2009	
83.41(5)(d)2	HOT WATER TEMPERATURES	04/01/2009	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GRANT

Facility Information

Facility Name: FENNIMORE COMMUNITY GOOD SAMARITAN CENTER (0009363)

Address: 1850 11TH ST, FENNIMORE, WI 53809

License Status: REGULAR

Licensed/Certified/Registered 01/01/2002

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

Survey History

Survey ID: 0102434 **End Date:** 08/27/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097792 **End Date:** 09/26/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GRANT

Facility Information

Facility Name: CLA LANCASTER (110393)

Address: 1330 ARBOR OAKS LANE, LANCASTER, WI 53813

License Status: REGULAR

Licensed/Certified/Registered 04/18/1995

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

Survey History

Survey ID: 0101930 **End Date:** 06/11/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GRANT

Facility Information

Facility Name: MORNINGSIDE ASSISTED LIVING (0009040)

Address: 850 CITY LIMITS ST, LANCASTER, WI 53813

License Status: REGULAR

Licensed/Certified/Registered 01/01/2001

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

Survey History

Survey ID: 0100664 **End Date:** 11/26/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GRANT

Facility Information

Facility Name: GRACIOUS WAY ASSISTED LIVING (0012687)

Address: 435 W WALNUT ST, MUSCODA, WI 53573

License Status: REGULAR

Licensed/Certified/Registered 03/02/2009

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

Survey History

Survey ID: 0103490 **End Date:** 02/23/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GRANT

Facility Information

Facility Name: LYGHHOUSE LLC (0008993)

Address: 1976 OLD LANCASTER RD, PLATTEVILLE, WI 53818

License Status: REGULAR

Licensed/Certified/Registered 11/01/2000

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

Survey History

Survey ID: 0102032 **End Date:** 06/11/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ODNG11 Served 07/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(8)	DOCUMENTATION	04/01/2009	
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	04/01/2009	
83.33(2)(c)	LEISURE TIME ACTIVITIES	04/01/2009	
83.33(3)(c)1	CONTROLLED SUBSTANCES	04/01/2009	
83.33(3)(c)2	PROOF-OF-USE RECORDS MAINTAINED	04/01/2009	

Survey ID: 0097393 **End Date:** 07/19/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GRANT

Enforcement History (LYGHTHOUSE LLC)

Date: 07/07/2008 **SOD #**ODNG11 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
COMPLY WITH FACILITY PLAN OF CORRECTION
FORFEITURE---83.14(8)
FORFEITURE---83.19(3)(f)
FORFEITURE---83.33(2)(c)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GRANT

Facility Information

Facility Name: OUR HOUSE LLC (111043)

Address: 1735 NORTH WATER ST, PLATTEVILLE, WI 53818

License Status: REGULAR

Licensed/Certified/Registered 04/30/1998

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

Survey History

Survey ID: 0098988 **End Date:** 03/21/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GRANT

Facility Information

Facility Name: PARK PLACE ASSISTED LIVING (0012395)

Address: 1015 ELM ST, PLATTEVILLE, WI 53818

License Status: REGULAR

Licensed/Certified/Registered 08/21/2008

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

Survey History

Survey ID: 0102416 **End Date:** 08/21/2008 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GRANT

Facility Information

Facility Name: PARK PLACE MEMORY CARE (0012396)

Address: 1155 ELM ST, PLATTEVILLE, WI 53818

License Status: REGULAR

Licensed/Certified/Registered 11/01/2008

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

Survey History

Survey ID: 0102878 **End Date:** 11/07/2008 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GRANT

Facility Information

Facility Name: SIENNA CREST PLATTEVILLE (0012464)

Address: 1480 BEARS CT, PLATTEVILLE, WI 53818

License Status: REGULAR

Licensed/Certified/Registered 09/01/2008

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

Survey History

Survey ID: 0102406 **End Date:** 08/21/2008 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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