

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

COUNTY: GREEN

**Notes**

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 45 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: GREEN

**Facility Information**

**Facility Name:** HAND IN HAND ADULT DAY CENTER (0008562)

**Address:** 2227 4TH ST, MONROE, WI 53566

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/15/1991

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

**Survey History**

**Survey ID:** 0103409      **End Date:** 02/06/2009      **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: GREEN

**Facility Information**

**Facility Name:** APPLEWOOD (0012063)  
**Address:** W6848 COUNTY ROAD B, MONROE, WI 53566  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/01/2007  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0100048    **End Date:** 08/22/2007    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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

**Facility Information**

**Facility Name:** CHAMBERS HANSON (190097)  
**Address:** 2305 17TH AVE, MONROE, WI 53566  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/31/1998  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0100773    **End Date:** 12/17/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #30IV13    Served 12/22/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		

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

**Facility Information**

**Facility Name:** COUNTRY CARE (199056)  
**Address:** W5860 ADVANCE RD, MONROE, WI 53566  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/04/1998  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0100162    **End Date:** 09/19/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Facility Information**

**Facility Name:** GREENCO HOUSE I (199018)  
**Address:** 2506 2508 16TH AVE, MONROE, WI 53566  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/01/1997  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0101293    **End Date:** 02/27/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #1TCH11    Served 03/17/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(a)	SERVICES		

**Survey ID:** 0100967    **End Date:** 01/23/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0097337    **End Date:** 07/12/2006    **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  
Adult Family Home  
COUNTY: GREEN

**Complaint History (GREENCO HOUSE I)**

**Date Complaint Received: 01/18/2008**

**Date Investigation Completed: 02/27/2008**

Subject Area(s)

ADMINISTRATION  
PROGRAM SERVICES  
QUALITY OF LIFE

Result

NOT SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

1TCH11

**Date Complaint Received: 12/11/2007**

**Date Investigation Completed: 01/23/2008**

Subject Area(s)

STAFF ADEQUACY

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 11/19/2007**

**Date Investigation Completed: 01/23/2008**

Subject Area(s)

ADMINISTRATION  
STAFF ADEQUACY  
PROGRAM SERVICES  
QUALITY OF LIFE

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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

**Facility Information**

**Facility Name:** GREENCO HOUSE II (0010120)  
**Address:** 1652 25TH ST, MONROE, WI 53566  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/01/2003  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0100925    **End Date:** 01/23/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT  
**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: GREEN

**Complaint History (GREENCO HOUSE II)**

**Date Complaint Received: 11/19/2007**

**Date Investigation Completed: 01/23/2008**

Subject Area(s)  
STAFF ADEQUACY

Result  
NOT SUBSTANTIATED

SOD #

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

**Facility Information**

**Facility Name:** GREENCO HOUSE III (199059)  
**Address:** 2520 16TH AVE, MONROE, WI 53566  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/01/1999  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0100924    **End Date:** 01/23/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT  
**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: GREEN

**Complaint History (GREENCO HOUSE III)**

**Date Complaint Received: 11/19/2007**

**Date Investigation Completed: 01/23/2008**

Subject Area(s)  
STAFF ADEQUACY

Result  
NOT SUBSTANTIATED

SOD #

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

**Facility Information**

**Facility Name:** GREENCO HOUSE IV (0010441)  
**Address:** 2647 10TH AVE, MONROE, WI 53566  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/21/2004  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0101047    **End Date:** 01/29/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT  
**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: GREEN

**Complaint History (GREENCO HOUSE IV)**

**Date Complaint Received: 11/19/2007**

**Date Investigation Completed: 01/29/2008**

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS  
STAFF ADEQUACY  
PROGRAM SERVICES  
QUALITY OF LIFE

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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

**Facility Information**

**Facility Name:** GREENCO HOUSE V (0012900)  
**Address:** 2636 14TH ST, MONROE, WI 53566  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/24/2009  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

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

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

**Facility Information**

**Facility Name:** RAABS ADULT FAMILY HOME I (190082)  
**Address:** 1210 10TH ST, MONROE, WI 53566  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/11/1996  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102033    **End Date:** 06/25/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #JFXR15    Served 07/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
88.04(2)(a)	RESPONSIBILITIES		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

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

**Survey ID: 0097780    End Date: 08/15/2006    Type: STANDARD    Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10008403    Served 09/27/2006**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.06(3)(f)	REVIEW OF ISP		
88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.09(1)(a)	RESIDENT RECORDS		
88.09(2)(a)	SERVICE PROVIDER RECORD		

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

**Enforcement History (RAABS ADULT FAMILY HOME I)**

**Date: 07/07/2008      SOD #JFXR15      Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT  
COMPLY WITH FACILITY PLAN OF CORRECTION  
NO NEW ADMISSIONS

**Date: 09/25/2006      SOD #10008403      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
NO NEW ADMISSIONS

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

**Facility Information**

**Facility Name:** RAABS ADULT FAMILY HOME II (199013)  
**Address:** 1202 10TH ST, MONROE, WI 53566  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/30/1999  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102031    **End Date:** 06/25/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #PFOQ11    Served 07/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
88.04(2)(a)	RESPONSIBILITIES		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		

**Survey ID:** 0098130    **End Date:** 11/08/2006    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**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: GREEN

**Survey ID: 0097781    End Date: 08/15/2006    Type: STANDARD    Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10008404    Served 09/28/2006**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	11/08/2006	Yes
88.04(2)(a)	RESPONSIBILITIES	11/08/2006	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	11/08/2006	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	11/08/2006	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	11/08/2006	Yes
88.06(3)(f)	REVIEW OF ISP	11/08/2006	Yes
88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS	11/08/2006	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	11/08/2006	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	11/08/2006	Yes
88.09(1)(a)	RESIDENT RECORDS	11/08/2006	Yes

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

**Enforcement History (RAABS ADULT FAMILY HOME II)**

**Date: 07/07/2008      SOD #PFOQ11      Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT  
COMPLY WITH FACILITY PLAN OF CORRECTION  
NO NEW ADMISSIONS

**Date: 09/25/2006      SOD #10008404      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
NO NEW ADMISSIONS

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

**Facility Information**

**Facility Name:** COUNTRY HARMONY CARE HOME (0011169)  
**Address:** N6302 CHURCH RD, MONTICELLO, WI 53570  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/12/2006  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0101936    **End Date:** 06/18/2008    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #8BB112    Served 07/03/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(e)2.d	INSPECTIONS-WOODBURNING STOVE		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		

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

**Survey ID: 0101294    End Date: 03/04/2008    Type: STANDARD    Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #8BB111    Served 03/15/2008**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(d)	MAINTAIN BACKGROUND INFORMATION	06/18/2008	Yes
88.04(2)(a)	RESPONSIBILITIES	06/18/2008	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	06/18/2008	Yes
88.05(2)(a)	DIFFICULTY WALKING	06/18/2008	Yes
88.05(3)(a)	HOME ENVIRONMENT	06/18/2008	Yes
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	06/18/2008	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	06/18/2008	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	06/18/2008	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	06/18/2008	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	06/18/2008	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	06/18/2008	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	06/18/2008	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	06/18/2008	Yes
88.07(3)(e)2	MEDICATION- RECORD OF SIDE EFFECTS	06/18/2008	Yes
88.09(1)(b)	RESIDENT RECORDS-CONFIDENTIALITY	06/18/2008	Yes
88.09(2)(c)	LOCATION AND RETENTION PERIOD	06/18/2008	Yes
88.10(3)(q)	MEDICATIONS	06/18/2008	Yes

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

**Enforcement History (COUNTRY HARMONY CARE HOME)**

**Date: 03/13/2008      SOD #8BB111      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS

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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: GREEN

#### Facility Information

**Facility Name:** HEARTSONG ASSISTED LIVING (0011573)

**Address:** 415 EAST AVE, BELLEVILLE, WI 53508

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2007

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

#### Survey History

**Survey ID:** 0102904    **End Date:** 10/29/2008    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0099426    **End Date:** 05/11/2007    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #XZO112    Served 06/06/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	10/30/2008	Yes
83.32(2)(d)	REVIEW OF PROGRESS	10/30/2008	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	10/30/2008	Yes
83.33(3)(e)5	MEDICAL RECORD DOCUMENTATION	10/30/2008	Yes
83.53(1)(f)	REQUIRED WIDTH CLEAR & UNOBSTRUCTED	10/30/2008	Yes

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GREEN

**Survey ID: 0098640**      **End Date: 01/30/2007**      **Type: STANDARD**      **Purpose: SURVEY**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10008465    Served 02/22/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	05/11/2007	Yes
83.13(7)(a)9	TRAINING AND INSERVICE REQUIREMENTS	05/11/2007	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	05/11/2007	Yes

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**Survey ID: 0097623**      **End Date: 08/11/2006**      **Type: INITIAL**      **Purpose: CHOW--DESK REVIEW**

**Results:** PROBATIONARY LICENSE ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GREEN

### Enforcement History (HEARTSONG ASSISTED LIVING)

**Date:** 06/04/2007      **SOD #**XZO112      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.19(3)(f)

FORFEITURE---83.32(2)(d)

FORFEITURE---83.33(3)(e)5

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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: GREEN

#### Complaint History (HEARTSONG ASSISTED LIVING)

**Date Complaint Received: 09/15/2008**

**Date Investigation Completed: 10/29/2008**

Subject Area(s)

SUPERVISION  
ADMINISTRATION

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 03/19/2007**

**Date Investigation Completed: 05/11/2007**

Subject Area(s)

NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 03/14/2007**

**Date Investigation Completed: 05/11/2007**

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS  
NUTRITION & FOOD SERVICES  
MEDICATIONS  
ADMINISTRATION  
QUALITY OF LIFE

Result

SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

NOT RECORDED  
NOT RECORDED

**Date Complaint Received: 03/01/2007**

**Date Investigation Completed: 05/10/2007**

Subject Area(s)

SUPERVISION  
HOMELIKE ENVIRONMENT & CLEANLINESS  
ADMINISTRATION  
STAFF TRAINING AND PROFICIENCY  
STAFF ADEQUACY

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GREEN

### Facility Information

**Facility Name:** CARING HANDS 2 INC (110338)

**Address:** 605 E 4TH AVE, BRODHEAD, WI 53520

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/30/1993

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

### Survey History

**Survey ID:** 0098271      **End Date:** 10/17/2006      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GREEN

### Facility Information

**Facility Name:** COLLINWOOD ELDERLY CARE (110513)

**Address:** 703 GREEN ST, BROADHEAD, WI 53520

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/30/1996

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

### Survey History

**Survey ID:** 0099884      **End Date:** 07/31/2007      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Facility Information**

**Facility Name:** MORNING SUN CARE HOME (110147)  
**Address:** N4166 CTY E, BROADHEAD, WI 53520  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/31/1992  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0104038    **End Date:** 05/22/2009    **Type:** OTHER    **Purpose:** VERIFICATION VISIT  
**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 AA (AMBULATORY)

COUNTY: GREEN

**Survey ID: 0103401**    **End Date: 01/22/2009**    **Type: STANDARD**    **Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #GV4819**    Served 02/12/2009

<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)	ADMISSIONS AGREEMENT	04/01/2009	
83.18(1)(d)2	OTHER INFORMATION REQUIRED IN RECORD	04/01/2009	
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	
83.32(1)(a)	ASSESSMENT AND ISP	04/01/2009	
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE	04/01/2009	
83.33(3)(e)2.a	WRITTEN ORDER TO ADMINISTER MEDICATIONS	04/01/2009	
83.35(5)(c)	FROZEN AT 0 DEGREES F. OR BELOW	04/01/2009	
83.35(7)(b)2	FOOD PREPARATION AREA CLEAN GOOD REPAIR	04/01/2009	
83.35(9)	CLEANSERS AND INSECTICIDES	04/01/2009	
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	
83.41(4)(f)	NO COMBUSTIBLE MATERIALS	04/01/2009	
83.42(12)	MAINTENANCE OF EXITS	04/01/2009	
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	04/01/2009	
83.42(3)(e)	QUARTERLY FIRE DRILLS	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS	04/01/2009	
83.43(3)(b)1	TESTING BY SERVICE COMPANY	04/01/2009	
83.43(3)(b)2	TESTING OF SMOKE DETECTORS	04/01/2009	
83.43(4)(b)1.d	COMMON USE ROOMS SMOKE DETECTOR	04/01/2009	
83.55(4)(b)3	EXTENSION CORD RESTRICTIONS	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 AA (AMBULATORY)  
COUNTY: GREEN

**Survey ID: 0099022    End Date: 03/20/2007    Type: OTHER    Purpose: COMPLAINT/SELF REPORT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #1008489    Served 04/11/2007**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(k)	ACTIVITY CHOICE	01/22/2009	Yes
83.21(4)(l)	CLOTHING AND POSSESSIONS	01/22/2009	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	01/22/2009	Yes
83.32(1)(a)	ASSESSMENT AND ISP	04/01/2009	
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	
83.33(3)(a)1	PRACTITIONER'S WRITTEN ORDER FOR MEDS	01/22/2009	Yes

**Survey ID: 0097671    End Date: 08/15/2006    Type: STANDARD    Purpose: SURVEY/COMPLAINT/SELF REPORT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10008396    Served 09/08/2006**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(d)	WHEREABOUTS UNKNOWN	03/20/2007	Yes
83.21(4)(u)	LEAST RESTRICTIVE CONDITIONS	03/20/2007	Yes
83.33(2)(a)	SUPERVISION	03/20/2007	Yes

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

**Enforcement History (MORNING SUN CARE HOME)**

**Date: 02/11/2009      SOD #GV4819      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS  
FORFEITURE---83.11(3)(a)  
FORFEITURE---83.21(4)(w)  
FORFEITURE---83.32(1)(a)  
FORFEITURE---83.32(2)(a)  
FORFEITURE---83.33(2)(g)(1)  
FORFEITURE---83.41(10)(a)  
FORFEITURE---83.42(12)  
FORFEITURE---83.42(2)(a)  
FORFEITURE---83.42(3)(e)  
FORFEITURE---83.42(3)(f)  
FORFEITURE---83.43(3)(b)1  
FORFEITURE---83.43(3)(b)2

**Date: 04/10/2007      SOD #1008489      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
FORFEITURE---83.21(4)(l)  
FORFEITURE---83.21(4)(k)  
FORFEITURE---83.21(4)(p)  
FORFEITURE---83.32(1)(a)  
FORFEITURE---83.32(2)(a)  
FORFEITURE---83.33(3)(a)1

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

COUNTY: GREEN

**Date: 09/07/2006**

**SOD #10008396**

**Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.19(3)(d)

FORFEITURE---83.21(4)(u)

FORFEITURE---83.33(2)(a)

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

**Complaint History (MORNING SUN CARE HOME)**

**Date Complaint Received: 01/24/2007**

**Date Investigation Completed: 04/09/2007**

Subject Area(s)  
RESIDENT RIGHTS

Result  
SUBSTANTIATED

SOD #  
10008489

**Date Complaint Received: 08/07/2006**

**Date Investigation Completed: 08/15/2006**

Subject Area(s)  
SUPERVISION  
STAFF ADEQUACY

Result  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
10008396  
10008396

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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: GREEN

### Facility Information

**Facility Name:** COMMUNITY LIVING HOME OPTIONS LLC (0012717)

**Address:** 215 3RD ST, MONROE, WI 53566

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 04/06/2009

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

### Survey History

**Survey ID:** 0103766      **End Date:** 04/06/2009      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GREEN

### Facility Information

**Facility Name:** GRACELAND MANOR II (110515)

**Address:** 320 W 17TH ST, MONROE, WI 53566

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/31/1996

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

### Survey History

**Survey ID:** 0101102      **End Date:** 02/11/2008      **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: GREEN

### Facility Information

**Facility Name:** GRACELAND MANOR III (111029)

**Address:** 316 WEST 17TH ST, MONROE, WI 53566

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/30/1997

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

### Survey History

**Survey ID:** 0100229      **End Date:** 09/19/2007      **Type:** OTHER      **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: GREEN

#### Facility Information

**Facility Name:** HARBOR HOUSE (0011427)

**Address:** 2800 6TH AVE, MONROE, WI 53566

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2006

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

#### Survey History

**Survey ID:** 0103608    **End Date:** 02/20/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #CWHU11 Served 03/20/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(5)(b)	POLICY AND TRAINING INFECTION CONTROL	04/01/2009	
83.33(4)(a)	PERSONAL CARE	04/01/2009	

**Survey ID:** 0103114    **End Date:** 12/03/2008    **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: GREEN

**Enforcement History (HARBOR HOUSE)**

**Date: 03/19/2009      SOD #CWHU11      Appealed: Yes      Decision: STIPULATION**

Sanctions

FORFEITURE---83.13(5)(b)

FORFEITURE---83.33(4)(a)

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GREEN

#### Complaint History (HARBOR HOUSE)

**Date Complaint Received: 01/12/2009**

**Date Investigation Completed: 02/20/2009**

Subject Area(s)

RESIDENT RIGHTS  
PROGRAM SERVICES

Result

NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #

CWHU11

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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: GREEN

#### Facility Information

**Facility Name:** HARBOR HOUSE (0011428)

**Address:** 2810 6TH AVE, MONROE, WI 53566

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2006

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

#### Survey History

**Survey ID:** 0103022    **End Date:** 12/03/2008    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #55KU11    Served 12/11/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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 AS (SEMIAMBULATORY)

COUNTY: GREEN

#### Facility Information

**Facility Name:** GLARNER LODGE CBRF (110125)

**Address:** 610 2ND AVE, NEW GLARUS, WI 53574

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/31/1995

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

#### Survey History

**Survey ID:** 0100529    **End Date:** 11/01/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #DJ9M11    Served 11/14/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(e)5	MEDICAL RECORD DOCUMENTATION	04/01/2009	
83.33(3)(i)2	MEDICAL CONDITION RECORDED IN RECORDS	04/01/2009	

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

**Facility Information**

**Facility Name:** ANGELUS RETIREMENT COMMUNITY MONROE (0012238)

**Address:** 616 8TH AVE, MONROE, WI 53566

**License Status:** REGULAR

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

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

**Survey History**

**Survey ID:** 0100842      **End Date:** 01/08/2008      **Type:** OTHER      **Purpose:** CHOW--DESK REVIEW

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

***This is Page 44 of 45 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: GREEN

**Facility Information**

**Facility Name:** ST CLARE FRIEDENSHEIM (0010297)  
**Address:** 2003 4TH ST, MONROE, WI 53566  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/18/2000  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102492    **End Date:** 09/08/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0097517    **End Date:** 08/01/2006    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

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