

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

COUNTY: IOWA

**Notes**

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 21 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: IOWA

**Facility Information**

**Facility Name:** SCHAACK ADULT FAMILY HOME (0009595)  
**Address:** 506 EAST MARKET ST, AVOCA, WI 53506  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/19/2002  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0099460    **End Date:** 06/05/2007    **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: IOWA

**Facility Information**

**Facility Name:** CORNERSTONE FOUNDATION (199012)  
**Address:** 207 VICTORIA COURT, BARNEVELD, WI 53507  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/25/1997  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103830      **End Date:** 04/13/2009      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0099268      **End Date:** 05/02/2007      **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: IOWA

**Facility Information**

**Facility Name:** CORNERSTONE FOUNDATION (199052)  
**Address:** 201 NORTH KENZIE ST, BARNEVELD, WI 53507  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/31/1998  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0099373      **End Date:** 05/14/2007      **Type:** STANDARD      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Facility Information**

**Facility Name:** CORNERSTONE FOUNDATION (0010896)  
**Address:** 111 DIVISION ST, COBB, WI 53526  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/30/2005  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0100526    **End Date:** 10/31/2007    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #U40911    Served 11/14/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(g)	WINDOWS AND VENTILATION		

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

**Facility Information**

**Facility Name:** CORNERSTONE FOUNDATION (199005)  
**Address:** 601 N LEVEL ST, DODGEVILLE, WI 53533  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/10/1997  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0099181      **End Date:** 04/25/2007      **Type:** STANDARD      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Facility Information**

**Facility Name:** CORNERSTONE FOUNDATION (0008675)  
**Address:** 5115 MCCARTHY ROAD, HIGHLAND, WI 53543  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/21/1999  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0101023    **End Date:** 01/30/2008    **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: IOWA

**Facility Information**

**Facility Name:** CORNERSTONE FOUNDATION (199037)  
**Address:** 6297 HWY 39, MINERAL POINT, WI 53565  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/02/1998  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0101214    **End Date:** 02/27/2008    **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: IOWA

**Facility Information**

**Facility Name:** HILLTOP HOUSE (0010696)  
**Address:** 1345 STATE HWY 23, MINERAL POINT, WI 53565  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/21/2004  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0099458    **End Date:** 06/05/2007    **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: IOWA

**Complaint History (HILLTOP HOUSE)**

**Date Complaint Received: 06/29/2009**

**Date Investigation Completed: 08/05/2009**

Subject Area(s)  
QUALITY OF LIFE

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: IOWA

**Facility Information**

**Facility Name:** CORNERSTONE FOUNDATION (199053)  
**Address:** 102 LORRAINE CRT, RIDGEWAY, WI 53582  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/30/1998  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103412    **End Date:** 02/11/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0100022    **End Date:** 08/21/2007    **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: IOWA

**Complaint History (CORNERSTONE FOUNDATION)**

**Date Complaint Received: 12/16/2008**

**Date Investigation Completed: 02/12/2009**

Subject Area(s)  
MEDICATIONS  
ADMINISTRATION  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: IOWA

### Facility Information

**Facility Name:** CRESTRIDGE ASSISTED LIVING OF DODGEVILLE LLC (111062)

**Address:** 219 EAST GRACE ST, DODGEVILLE, WI 53533

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/31/1999

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

### Survey History

**Survey ID:** 0100227      **End Date:** 09/24/2007      **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: IOWA

#### Facility Information

**Facility Name:** SIENNA CREST DODGEVILLE (0009500)

**Address:** 404 EAST MADISON ST, DODGEVILLE, WI 53533

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2002

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

#### Survey History

**Survey ID:** 0099239    **End Date:** 04/16/2007    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098434    **End Date:** 01/10/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: IOWA

#### Complaint History (SIENNA CREST DODGEVILLE)

**Date Complaint Received: 03/08/2007**

**Date Investigation Completed: 04/16/2007**

Subject Area(s)

SUPERVISION  
ADMINISTRATION

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 10/27/2006**

**Date Investigation Completed: 01/10/2007**

Subject Area(s)

NUTRITION & FOOD SERVICES  
ADMINISTRATION  
PROGRAM SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: IOWA

**Facility Information**

**Facility Name:** UPLAND POINT CORPORATION SUNNYSIDE (0012225)

**Address:** 209 W PARRY ST, DODGEVILLE, WI 53533

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/04/2008

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

**Survey History**

**Survey ID:** 0100994      **End Date:** 01/24/2008      **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 CS (SEMIAMBULATORY)

COUNTY: IOWA

### Facility Information

**Facility Name:** PINE LAWN GROUP HOME (110040)

**Address:** 535 SPRING ST, HIGHLAND, WI 53543

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/31/1981

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

### Survey History

**Survey ID:** 0101291    **End Date:** 03/04/2008    **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: IOWA

#### Facility Information

**Facility Name:** SIENNA CREST MINERAL POINT (0008694)

**Address:** 210 COPPER ST, MINERAL POINT, WI 53565

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/31/2000

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

#### Survey History

**Survey ID:** 0104254    **End Date:** 06/16/2009    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #YK1211    Served 06/29/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.46(4)(e)	ELECTRICAL OUTLETS		
83.47(2)(d)	FIRE DRILLS		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

**Survey ID:** 0102826    **End Date:** 10/23/2008    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0099148    **End Date:** 04/05/2007    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008495    Served 04/20/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	10/23/2008	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: IOWA

#### Enforcement History (SIENNA CREST MINERAL POINT)

**Date: 06/25/2009**      **SOD #YK1211**      **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT  
COMPLY WITH FACILITY PLAN OF CORRECTION  
FORFEITURE---83.46(4)(e)  
FORFEITURE---83.47(2)(d)  
FORFEITURE---83.55(6)(b)

**Date: 04/20/2007**      **SOD #10008495**      **Appealed: Yes**      **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
FORFEITURE---83.33(2)(g)(3)

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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: IOWA

#### Complaint History (SIENNA CREST MINERAL POINT)

**Date Complaint Received: 09/22/2008**

**Date Investigation Completed: 10/23/2008**

Subject Area(s)

ADMINISTRATION  
QUALITY OF LIFE

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 02/06/2007**

**Date Investigation Completed: 04/20/2007**

Subject Area(s)

RESIDENT RIGHTS  
MEDICATIONS

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: IOWA

### Facility Information

**Facility Name:** UPLAND POINT (110435)

**Address:** 404 PINE ST, MINERAL POINT, WI 53565

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/15/1995

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

### Survey History

**Survey ID:** 0098865      **End Date:** 03/07/2007      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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