

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

**Notes**

**This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Jefferson County.**

**The report includes only facilities located within the City of Fort Atkinson. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.**

**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 Family Home  
COUNTY: JEFFERSON

**Facility Information**

**Facility Name:** ASPEN PLACE AFH (0012144)  
**Address:** 918 GAIL PLACE, FORT ATKINSON, WI 53538  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/01/2007  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102491    **End Date:** 09/05/2008    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #R6QZ12    Served 09/23/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(b)6	NOTIFICATION OF CHANGES		

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

**Survey ID: 0102132    End Date: 07/09/2008    Type: OTHER    Purpose: COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #R6QZ11    Served 07/22/2008**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	09/05/2008	Yes
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	09/05/2008	Yes
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	09/05/2008	Yes
88.05(3)(a)	HOME ENVIRONMENT	09/05/2008	Yes
88.05(3)(l)	BEDROOMS-PRIVACY	09/05/2008	Yes
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS	09/05/2008	Yes
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	09/05/2008	Yes

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**Survey ID: 0100433    End Date: 10/25/2007    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: JEFFERSON

**Enforcement History (ASPEN PLACE AFH)**

**Date: 09/15/2008      SOD #R6QZ12      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

**Date: 07/21/2008      SOD #R6QZ11      Appealed: No**

Sanctions

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

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

**Complaint History (ASPEN PLACE AFH)**

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

**Date Investigation Completed: 07/09/2008**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	R6QZ11
RESIDENT RIGHTS	SUBSTANTIATED	R6QZ11
ABUSE	SUBSTANTIATED	R6QZ11
RESTRAINTS	SUBSTANTIATED	R6QZ11
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

**Date Complaint Received: 06/02/2008**

**Date Investigation Completed: 07/09/2008**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	R6QZ11
HOMELIKE ENVIRONMENT & CLEANLINESS	SUBSTANTIATED	R6QZ11
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
ADMINISTRATION	SUBSTANTIATED	R6QZ11
STAFF ADEQUACY	SUBSTANTIATED	R6QZ11
PROGRAM SERVICES	SUBSTANTIATED	R6QZ11

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

**Facility Information**

**Facility Name:** BETHESDA LUTHERAN HOMES & SERVICES INC (0012611)

**Address:** 1200 JEFFERSON ST, FORT ATKINSON, WI 53538

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2008

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

**Survey History**

**Survey ID:** 0102983      **End Date:** 11/24/2008      **Type:** INITIAL      **Purpose:** DESK REVIEW

**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: JEFFERSON

**Facility Information**

**Facility Name:** BLACK BEAR AFH (0011738)  
**Address:** 222 W BLACKHAWK DR, FORT ATKINSON, WI 53538  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/30/2007  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103138    **End Date:** 12/16/2008    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #HZMT11    Served 01/02/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		

**Survey ID:** 0098634    **End Date:** 01/29/2007    **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: JEFFERSON

**Facility Information**

**Facility Name:** BLUE RAVEN (0011737)  
**Address:** 220 W BLACKHAWK DR, FORT ATKINSON, WI 53538  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/30/2007  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103133    **End Date:** 12/16/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098631    **End Date:** 01/29/2007    **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: JEFFERSON

**Facility Information**

**Facility Name:** CHEROKEE HILLS (0008813)  
**Address:** 655 CHEROKEE LN, FORT ATKINSON, WI 53538  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/14/1999  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102723      **End Date:** 10/13/2008      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098158      **End Date:** 11/15/2006      **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: JEFFERSON

**Facility Information**

**Facility Name:** CLOVER LANE PLACE AFH (0012191)  
**Address:** 421 CLOVER LANE, FORT ATKINSON, WI 53538  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/16/2007  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0100567    **End Date:** 11/15/2007    **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: JEFFERSON

**Facility Information**

**Facility Name:** COUNTRY LIVING AFH (0010660)  
**Address:** N1504 SCHNEIDER LA, FORT ATKINSON, WI 535382723  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/01/2004  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103849    **End Date:** 04/15/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0099374    **End Date:** 05/29/2007    **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: JEFFERSON

**Facility Information**

**Facility Name:** GRAFS PLEASANT VIEW AFH (0012838)  
**Address:** N1644 CARLIN RD, FORT ATKINSON, WI 53538  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/01/2009  
**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: JEFFERSON

**Facility Information**

**Facility Name:** GRAY WOLF (0011740)  
**Address:** 212 W BLACKHAWK DR, FORT ATKINSON, WI 53538  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/09/2007  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103836    **End Date:** 04/08/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103406    **End Date:** 01/21/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #VHKV11    Served 02/17/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES		
88.07(2)(b)	SERVICES DIRECTED TO GOALS		
88.07(3)(c)	MEDICATION ASSISTANCE		
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT		

**Survey ID:** 0098432    **End Date:** 01/09/2007    **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: JEFFERSON

**Enforcement History (GRAY WOLF)**

**Date: 02/12/2009      SOD #VHKV11      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: JEFFERSON

**Complaint History (GRAY WOLF)**

**Date Complaint Received: 02/24/2009**

**Date Investigation Completed: 04/08/2009**

Subject Area(s)  
MEDICATIONS

Result  
SUBSTANTIATED

SOD #  
NOF

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

**Facility Information**

**Facility Name:** HAWKS RIDGE AFH (0012621)  
**Address:** N2767 HWY 89, FORT ATKINSON, WI 53538  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/10/2008  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103049    **End Date:** 12/08/2008    **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  
Adult Family Home  
COUNTY: JEFFERSON

**Facility Information**

**Facility Name:** HEARTS OF HOPE II (0008727)  
**Address:** 703 BADGER CT, FORT ATKINSON, WI 53538  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/09/1999  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102431      **End Date:** 09/03/2008      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0097763      **End Date:** 09/14/2006      **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: JEFFERSON

**Facility Information**

**Facility Name:** HEARTS OF HOPE LLC I (0008588)  
**Address:** 711 713 BADGER CT, FORT ATKINSON, WI 53538  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/22/1999  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

<b>Survey ID:</b> 0102658	<b>End Date:</b> 10/08/2008	<b>Type:</b> ABBREVIATED	<b>Purpose:</b> SURVEY
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			
<hr/>			
<b>Survey ID:</b> 0098358	<b>End Date:</b> 11/15/2006	<b>Type:</b> ABBREVIATED	<b>Purpose:</b> SURVEY
<b>Results:</b> 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: JEFFERSON

**Facility Information**

**Facility Name: HELPING HAND ADULT FAMILY HOME (0009494)**

**Address: 205 LUCILE ST, FORT ATKINSON, WI 53538**

**License Status: REGULAR**

**Licensed/Certified/Registered 11/26/2001**

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

**Survey History**

**Survey ID: 0103211    End Date: 01/06/2009    Type: ABBREVIATED    Purpose: SURVEY**

**Results: NO STATEMENT OF DEFICIENCY ISSUED**

**Survey ID: 0098406    End Date: 01/03/2007    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: JEFFERSON

**Facility Information**

**Facility Name:** HIDDEN ACRES (390142)  
**Address:** N2701 RETZLAFF RD, FORT ATKINSON, WI 53538  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/12/1996  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102279      **End Date:** 08/07/2008      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0097366      **End Date:** 07/19/2006      **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: JEFFERSON

**Facility Information**

**Facility Name:** HIL PRAIRIE RIDGE (0009778)  
**Address:** 502 NIKKI LN, FORT ATKINSON, WI 53538  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/2002  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102095    **End Date:** 06/25/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #D5N711    Served 07/17/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

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

**Enforcement History (HIL PRAIRIE RIDGE)**

**Date: 07/11/2008      SOD #D5N711      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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

**Facility Information**

**Facility Name:** HIL STONE RIDGE (0009779)  
**Address:** 504 NIKKI LN, FORT ATKINSON, WI 53538  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/2002  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102015    **End Date:** 06/25/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #WUS611    Served 07/03/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		

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

**Facility Information**

**Facility Name:** IN GOOD HANDS II (0012084)  
**Address:** 1324 COMMONWEALTH DR, FORT ATKINSON, WI 53538  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/11/2007  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0100326      **End Date:** 10/09/2007      **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: JEFFERSON

**Complaint History (IN GOOD HANDS II)**

**Date Complaint Received: 06/12/2009**

**Date Investigation Completed: 07/27/2009**

Subject Area(s)

RESIDENT RIGHTS  
NUTRITION & FOOD SERVICES  
ADMINISTRATION  
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: JEFFERSON

**Facility Information**

**Facility Name:** IN GOOD HANDS (0011476)  
**Address:** 702 BADGER CT, FORT ATKINSON, WI 53538  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/12/2006  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0101814    **End Date:** 05/21/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #E5VL11    Served 07/01/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	07/17/2009	Yes

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

**Facility Information**

**Facility Name:** JAMESWAY HOUSE (390198)  
**Address:** 1264 JAMESWAY, FORT ATKINSON, WI 53538  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/11/1997  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102373      **End Date:** 08/19/2008      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0097562      **End Date:** 08/01/2006      **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: JEFFERSON

**Facility Information**

**Facility Name:** JASPER HOUSE (0011726)  
**Address:** N1947 STATE US HWY 12, FORT ATKINSON, WI 53538  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/18/2006  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102986    **End Date:** 11/25/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098325    **End Date:** 12/18/2006    **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: JEFFERSON

**Facility Information**

**Facility Name:** JENSENS AFH (0012645)  
**Address:** 224 NADIG DR, FORT ATKINSON, WI 53538  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/19/2009  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103468    **End Date:** 02/19/2009    **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  
Adult Family Home  
COUNTY: JEFFERSON

**Facility Information**

**Facility Name:** LARSONS AFH (0008863)  
**Address:** N2297 HWY A, FORT ATKINSON, WI 53538  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/19/1999  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0100177    **End Date:** 09/13/2007    **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: JEFFERSON

**Facility Information**

**Facility Name:** LIGHTED PATHWAYS II (0010749)  
**Address:** 712 BADGER COURT, FORT ATKINSON, WI 53538  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/14/2004  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0100288      **End Date:** 10/09/2007      **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: JEFFERSON

**Facility Information**

**Facility Name:** NEW BEGINNINGS (0010663)  
**Address:** 402 RAINTREE DR, FORT ATKINSON, WI 53538  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/01/2004  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103696    **End Date:** 03/18/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #PQ0M11    Served 03/31/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(j)	BEDROOM REQUIREMENTS		

**Survey ID:** 0099432    **End Date:** 05/24/2007    **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: JEFFERSON

**Facility Information**

**Facility Name:** OAK GROVE (390082)  
**Address:** W3343 HOFFMAN RD, FORT ATKINSON, WI 53538  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/11/1996  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103332    **End Date:** 01/29/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #SL9U11    Served 02/03/2009

Deficiencies Cited  
88.05(4)(d)2.b

Subject Area  
FIRE EVACUATION ANNUAL EVALUATION

Compliance  
Verified

Corrected

**Survey ID:** 0101346    **End Date:** 03/11/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098827    **End Date:** 03/05/2007    **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: JEFFERSON

**Complaint History (OAK GROVE)**

**Date Complaint Received: 02/04/2008**

**Date Investigation Completed: 03/11/2008**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES

Result  
SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #  
OMF311

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

**Facility Information**

**Facility Name:** ORCHARD VIEW ADULT FAMILY HOME (390225)  
**Address:** W6429 HWY 12, FORT ATKINSON, WI 53538  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/07/1998  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0100347    **End Date:** 10/10/2007    **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: JEFFERSON

**Facility Information**

**Facility Name:** PINE CIRCLE AFH (0011043)  
**Address:** 503 NIKKI LANE, FORT ATKINSON, WI 53538  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/26/2005  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102012      **End Date:** 06/25/2008      **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  
Adult Family Home  
COUNTY: JEFFERSON

**Facility Information**

**Facility Name:** SECURED LIVING LLC (0011703)  
**Address:** 404 N MAIN ST, FORT ATKINSON, WI 53538  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/07/2007  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103713    **End Date:** 03/24/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #4EME11    Served 04/02/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		

**Survey ID:** 0098825    **End Date:** 03/07/2007    **Type:** INITIAL    **Purpose:** SURVEY

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

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

**Enforcement History (SECURED LIVING LLC)**

**Date: 03/31/2009      SOD #4EME11      Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

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

**Facility Information**

**Facility Name:** SILVER FOX (0011739)  
**Address:** 214 W BLACKHAWK DR, FORT ATKINSON, WI 53538  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/08/2007  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103335    **End Date:** 01/21/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #WESX11    Served 02/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		

**Survey ID:** 0101748    **End Date:** 04/29/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098424    **End Date:** 01/09/2007    **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: JEFFERSON

**Complaint History (SILVER FOX)**

**Date Complaint Received: 02/19/2008**

**Date Investigation Completed: 04/29/2008**

Subject Area(s)  
ADMINISTRATION

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: JEFFERSON

**Facility Information**

**Facility Name:** SPRUCE LANE AFH (0011642)  
**Address:** 1122 GREENE ST, FORT ATKINSON, WI 53538  
**License Status:** REGULAR  
**Licensed/Certified/Registered:** 11/06/2006  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102987    **End Date:** 11/20/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098129    **End Date:** 11/02/2006    **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: JEFFERSON

**Facility Information**

**Facility Name:** ST COLETTA OF WI FREDERICK AVENUE (0009198)

**Address:** 414 FREDERICK AVE, FORT ATKINSON, WI 53538

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/02/2001

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

**Survey History**

**Survey ID:** 0100127      **End Date:** 09/06/2007      **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: JEFFERSON

**Facility Information**

**Facility Name:** WELTER ADULT FAMILY HOME (0011075)  
**Address:** 1333 ADRIAN BLVD, FORT ATKINSON, WI 53538  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/25/2005  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0101240    **End Date:** 02/25/2008    **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  
Adult Family Home  
COUNTY: JEFFERSON

**Facility Information**

**Facility Name:** WEST GATE RETIREMENT HOME (390117)  
**Address:** 1314 COMMONWEALTH DR, FORT ATKINSON, WI 53538  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/09/1996  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102554    **End Date:** 09/18/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #HRYK14    Served 09/30/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		

**Survey ID:** 0097809    **End Date:** 09/27/2006    **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: JEFFERSON

**Enforcement History (WEST GATE RETIREMENT HOME)**

**Date: 09/24/2008      SOD #HRYK14      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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