

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 is a PDF (Adobe Acrobat) document and includes a total of 22 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: COUNTRY ACRES AFH (0009863)
Address: N3108 STATE HWY 89, JEFFERSON, WI 53549
License Status: REGULAR
Licensed/Certified/Registered 10/14/2002
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103855 **End Date:** 04/20/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099081 **End Date:** 04/16/2007 **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: PEACEFUL PINES (0011019)
Address: W6556 CTY TRUNK J, JEFFERSON, WI 53549
License Status: REGULAR
Licensed/Certified/Registered 08/01/2005
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0100125 **End Date:** 09/11/2007 **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: ST COLETTA OF WI CLOVER 2 (0011401)
Address: 835 CLOVER COURT, JEFFERSON, WI 53549
License Status: REGULAR
Licensed/Certified/Registered 05/02/2006
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0101734 **End Date:** 05/06/2008 **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: ST COLETTA OF WI CLOVER CT (0009819)
Address: 832 CLOVER CT, JEFFERSON, WI 53549
License Status: REGULAR
Licensed/Certified/Registered 11/14/2002
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103667 **End Date:** 03/16/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098374 **End Date:** 12/19/2006 **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: ST COLETTA OF WI KRANZ HOME (0009388)
Address: 210 S KRANZ AVE, JEFFERSON, WI 53549
License Status: REGULAR
Licensed/Certified/Registered 08/03/2001
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0100934 **End Date:** 01/16/2008 **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: JEFFERSON

Facility Information

Facility Name: ST COLETTA OF WI MARSHALL AVENUE (0009506)
Address: 313 SOUTH MARSHALL AVE, JEFFERSON, WI 53549
License Status: REGULAR
Licensed/Certified/Registered 12/03/2001
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0100936 **End Date:** 01/16/2008 **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
Adult Family Home
COUNTY: JEFFERSON

Facility Information

Facility Name: ST COLETTA OF WI SETON HOME (0009497)
Address: 810 E RACINE ST, JEFFERSON, WI 53549
License Status: REGULAR
Licensed/Certified/Registered 12/03/2001
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0101259 **End Date:** 02/27/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100974 **End Date:** 01/16/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TIL611 Served 02/01/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT		
88.07(3)(c)	MEDICATION ASSISTANCE		

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

Complaint History (ST COLETTA OF WI SETON HOME)

Date Complaint Received: 02/12/2008

Date Investigation Completed: 02/27/2008

Subject Area(s)
RESIDENT RIGHTS
ABUSE

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/19/2007

Date Investigation Completed: 01/16/2008

Subject Area(s)
MEDICATIONS

Result
SUBSTANTIATED

SOD #
TIL611

Date Complaint Received: 10/01/2007

Date Investigation Completed: 01/16/2008

Subject Area(s)
ADMINISTRATION

Result
SUBSTANTIATED

SOD #
TIL611

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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 ST CLARE (0011728)
Address: N4637 CO HWY Y, JEFFERSON, WI 53549
License Status: REGULAR
Licensed/Certified/Registered 12/19/2006
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102838 **End Date:** 11/05/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098372 **End Date:** 12/19/2006 **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 ST ROSE (0011426)
Address: W4955 HWY 18, JEFFERSON, WI 53549
License Status: REGULAR
Licensed/Certified/Registered 05/09/2006
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0101751 **End Date:** 05/16/2008 **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: VICTORIAN SPLENDOR (0010083)
Address: 312 E LAKE ST, LAKE MILLS, WI 53551
License Status: REGULAR
Licensed/Certified/Registered: 10/15/2003
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102821 **End Date:** 10/27/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #PRW013 Served 11/06/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

Survey ID: 0097330 **End Date:** 07/05/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008383 Served 07/14/2006

<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	10/27/2008	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	10/27/2008	Yes
88.06(3)(f)	REVIEW OF ISP	10/27/2008	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: BETHESDA LUTHERAN HOMES & SERVICES INC (0012612)

Address: 508 BRIDLEWOOD LN, WATERTOWN, WI 53094

License Status: REGULAR

Licensed/Certified/Registered 12/01/2008

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

Survey History

Survey ID: 0102994 **End Date:** 12/01/2008 **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: OAKWOOD CARE CENTER LLC (0012253)
Address: 512 S 5TH ST, WATERTOWN, WI 53094
License Status: REGULAR
Licensed/Certified/Registered 04/01/2008
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0101257 **End Date:** 02/25/2008 **Type:** OTHER **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: STRESE FARMINGTON ACRES (0010751)
Address: N7112 HWY P, WATERTOWN, WI 530949540
License Status: REGULAR
Licensed/Certified/Registered 10/19/2005
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102866 **End Date:** 10/28/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8EOT12 Served 11/13/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	07/29/2009	No
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	07/29/2009	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	07/29/2009	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	07/29/2009	Yes
88.09(1)(d)	RESIDENT RECORDS REQUIREMENTS	07/29/2009	Yes

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

Survey ID: 0100225 End Date: 09/25/2007 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8EOT11 Served 10/05/2007

<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	10/28/2008	Yes
88.06(3)(f)	REVIEW OF ISP	10/28/2008	Yes
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS	10/28/2008	Yes

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

Enforcement History (STRESE FARMINGTON ACRES)

Date: 11/10/2008 **SOD #8EOT12** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH FACILITY PLAN OF CORRECTION

Date: 10/03/2007 **SOD #8EOT11** **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 (STRESE FARMINGTON ACRES)

Date Complaint Received: 09/15/2008

Date Investigation Completed: 10/28/2008

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: JEFFERSON

Facility Information

Facility Name: WOODBRIDGE HOME (0011558)
Address: 722 WOODBRIDGE TRAIL, WATERTOWN, WI 53094
License Status: REGULAR
Licensed/Certified/Registered 08/24/2006
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102371 **End Date:** 08/19/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #H4ND11 Served 08/27/2008

Deficiencies Cited
88.06(3)(f)

Subject Area
REVIEW OF ISP

Compliance
Verified

Corrected

Survey ID: 0097649 **End Date:** 08/24/2006 **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: HOUSE OF CARE (0011062)
Address: W3460 VANNOY DR, WHITEWATER, WI 53190
License Status: REGULAR
Licensed/Certified/Registered 11/14/2005
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0100366 **End Date:** 10/02/2007 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #X6CX11 Served 10/23/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(d)	MAINTAIN BACKGROUND INFORMATION		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS		

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

Enforcement History (HOUSE OF CARE)

Date: 10/19/2007 SOD #X6CX11 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

Complaint History (HOUSE OF CARE)

Date Complaint Received: 08/09/2007

Date Investigation Completed: 10/02/2007

Subject Area(s)
SUPERVISION

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/02/2007

Date Investigation Completed: 10/02/2007

Subject Area(s)
SUPERVISION

Result
NOT SUBSTANTIATED

SOD #

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