

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility
COUNTY: JEFFERSON

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community Based Residential Facilities 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 33 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: JEFFERSON

Facility Information

Facility Name: APPLE HOUSE (0012615)

Address: 1621 PREMIER PL, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 01/30/2009

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

Survey History

Survey ID: 0103307 **End Date:** 01/21/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: JEFFERSON

Facility Information

Facility Name: BIRCH TERRACE (310314)

Address: 1109 CASWELL ST, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 12/15/1995

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

Survey History

Survey ID: 0100546 **End Date:** 10/16/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098333 **End Date:** 12/11/2006 **Type:** OTHER **Purpose:** COMPLAINT

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 CS (SEMIAMBULATORY)

COUNTY: JEFFERSON

Complaint History (BIRCH TERRACE)

Date Complaint Received: 11/10/2006

Date Investigation Completed: 12/11/2006

Subject Area(s)

ABUSE
NUTRITION & FOOD SERVICES
MEDICATIONS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY

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: JEFFERSON

Facility Information

Facility Name: BLACK HAWK SENIOR RESIDENCE (310315)

Address: 1 MILWAUKEE AVE W, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 11/30/1992

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

Survey History

Survey ID: 0101682 **End Date:** 05/05/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100545 **End Date:** 10/23/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TS4S12 Served 11/14/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	05/05/2008	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: JEFFERSON

Enforcement History (BLACK HAWK SENIOR RESIDENCE)

Date: 11/12/2007 **SOD #**TS4S12 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---83.42(3)(f) (repeat cite)

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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: JEFFERSON

Complaint History (BLACK HAWK SENIOR RESIDENCE)

Date Complaint Received: 04/10/2008

Date Investigation Completed: 05/05/2008

Subject Area(s)

NUTRITION & FOOD SERVICES
PROGRAM SERVICES

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: JEFFERSON

Facility Information

Facility Name: CEDAR HILL (310332)

Address: N1366 HWY 12, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 03/01/1995

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

Survey History

Survey ID: 0098146 **End Date:** 11/09/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008430 Served 11/20/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: JEFFERSON

Facility Information

Facility Name: COMMONWEALTH HOME (0011559)

Address: 1501 COMMONWEALTH DR, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 02/01/2007

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

Survey History

Survey ID: 0102432 **End Date:** 09/04/2008 **Type:** OTHER **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098332 **End Date:** 12/14/2006 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097559 **End Date:** 08/09/2006 **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: JEFFERSON

Complaint History (COMMONWEALTH HOME)

Date Complaint Received: 11/20/2006

Date Investigation Completed: 12/14/2006

Subject Area(s)
RESIDENT RIGHTS
ABUSE

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: JEFFERSON

Facility Information

Facility Name: GOLDEN EAGLE CBRF (0012778)

Address: 216 W BLACKHAWK DR, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 06/15/2009

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

Survey History

Survey ID: 0104177 **End Date:** 06/12/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: JEFFERSON

Facility Information

Facility Name: HIL LINDEN CORNER (0009792)

Address: 325 W BLACKHAWK DR, 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: 0103385 **End Date:** 01/26/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098497 **End Date:** 01/03/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008457 Served 01/29/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	01/26/2009	Yes
83.41(5)(d)2	HOT WATER TEMPERATURES	01/26/2009	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: JEFFERSON

Enforcement History (HIL LINDEN CORNER)

Date: 01/22/2007 **SOD #10008457** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.32(1)(b)

FORFEITURE---83.32(2)(a)

FORFEITURE---83.41(5)(d)2

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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: JEFFERSON

Facility Information

Facility Name: HIL SANDSTONE (0009793)

Address: 1533 S MAIN ST, 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: 0099052 **End Date:** 04/09/2007 **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 CNA (NONAMBULATORY)

COUNTY: JEFFERSON

Facility Information

Facility Name: HIL WILLOW COURT (0009795)

Address: 575 BLACKHAWK DR, 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: 0103218 **End Date:** 01/07/2009 **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 CS (SEMIAMBULATORY)

COUNTY: JEFFERSON

Facility Information

Facility Name: MAPLE RUN CBRF (0012086)

Address: N2489 WENHAM RD, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 04/01/2008

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

Survey History

Survey ID: 0102164 **End Date:** 07/14/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #SU3711 Served 08/01/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(4)(a)	PERSONAL CARE	04/01/2009	

Survey ID: 0101161 **End Date:** 02/19/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100309 **End Date:** 10/11/2007 **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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: JEFFERSON

Complaint History (MAPLE RUN CBRF)

Date Complaint Received: 06/29/2009

Date Investigation Completed: 07/23/2009

Subject Area(s)

SUPERVISION
ABUSE
ADMINISTRATION
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/13/2008

Date Investigation Completed: 07/14/2008

Subject Area(s)

RESIDENT RIGHTS
HOMELIKE ENVIRONMENT & CLEANLINESS
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

SU3711

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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: JEFFERSON

Facility Information

Facility Name: REM WISCONSIN II DOMMO DRIVE (0010047)

Address: 1501 DOMMO DR, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 12/01/2003

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

Survey History

Survey ID: 0100801 **End Date:** 12/13/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097957 **End Date:** 10/04/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008421 Served 10/23/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	
83.31(2)	EMERGENCY OR TEMPORARY TRANSFER	04/01/2009	
83.32(2)(a)1	PHYSICAL HEALTH	04/01/2009	
83.42(2)(c)	EVACUATION TIME 4 MINUTES OR MORE	04/01/2009	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: JEFFERSON

Enforcement History (REM WISCONSIN II DOMMO DRIVE)

Date: 10/20/2006 **SOD #10008421** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.21(4)(w)

FORFEITURE---83.32(2)(a)1

FORFEITURE---83.42(2)(c)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: JEFFERSON

Complaint History (REM WISCONSIN II DOMMO DRIVE)

Date Complaint Received: 08/03/2006

Date Investigation Completed: 10/04/2006

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
HOMELIKE ENVIRONMENT & CLEANLINESS	SUBSTANTIATED	10008421
MEDICATIONS	NOT SUBSTANTIATED	
QUALITY OF LIFE	SUBSTANTIATED	10008421

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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: JEFFERSON

Facility Information

Facility Name: REM WISCONSIN II STACY LANE (0010048)

Address: 1403 STACY LN, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 12/01/2003

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

Survey History

Survey ID: 0102384 **End Date:** 08/20/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100571 **End Date:** 11/07/2007 **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 CNA (NONAMBULATORY)

COUNTY: JEFFERSON

Complaint History (REM WISCONSIN II STACY LANE)

Date Complaint Received: 05/27/2008

Date Investigation Completed: 08/20/2008

Subject Area(s)

ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
QUALITY OF LIFE

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 AS (SEMIAMBULATORY)

COUNTY: JEFFERSON

Facility Information

Facility Name: ROLLING MEADOWS CBRF (310514)

Address: N464 POEPEL RD, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 01/01/1996

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

Survey History

Survey ID: 0100483 **End Date:** 10/24/2007 **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 CNA (NONAMBULATORY)

COUNTY: JEFFERSON

Facility Information

Facility Name: SIENNA CREST FORT ATKINSON (310733)

Address: 1531 COMMONWEALTH DR, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 07/01/1999

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

Survey History

Survey ID: 0097910 **End Date:** 10/11/2006 **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 AA (AMBULATORY)
COUNTY: JEFFERSON

Facility Information

Facility Name: STEPPING STONES CBRF (0012335)
Address: 318 N MAIN ST, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 05/15/2008
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103558 **End Date:** 03/11/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101778 **End Date:** 05/05/2008 **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 AA (AMBULATORY)
COUNTY: JEFFERSON

Complaint History (STEPPING STONES CBRF)

Date Complaint Received: 02/04/2009

Date Investigation Completed: 03/11/2009

Subject Area(s)

Result

SOD #

MEDICATIONS
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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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: JEFFERSON

Facility Information

Facility Name: WATERMAN WING CBRF (0011911)
Address: 1315 S MAIN ST, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 10/01/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103876 **End Date:** 04/17/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FJWU11 Served 04/25/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	ADMINISTRATOR QUALIFICATIONS		
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		

Survey ID: 0100445 **End Date:** 10/25/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099310 **End Date:** 05/08/2007 **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 AA (AMBULATORY)
COUNTY: JEFFERSON

Enforcement History (WATERMAN WING CBRF)

Date: 04/24/2009 SOD #FJWU11 Appealed: Yes Decision: PENDING

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 AA (AMBULATORY)
COUNTY: JEFFERSON

Complaint History (WATERMAN WING CBRF)

Date Complaint Received: 03/31/2009

Date Investigation Completed: 05/12/2009

Subject Area(s)
ABUSE

Result
SUBSTANTIATED

SOD #
FJWU11

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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: JEFFERSON

Facility Information

Facility Name: WELLINGTON MEADOWS (0012024)

Address: N2550 MEMORIAL DR, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 03/01/2008

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

Survey History

Survey ID: 0101188 **End Date:** 02/21/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #GVW711 Served 02/28/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	04/01/2009	

Survey ID: 0100090 **End Date:** 08/29/2007 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: JEFFERSON

Complaint History (WELLINGTON MEADOWS)

Date Complaint Received: 10/30/2007

Date Investigation Completed: 02/21/2008

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE
ADMINISTRATION

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: JEFFERSON

Facility Information

Facility Name: WELLINGTON PLACE OF FORT ATKINSON (0012025)

Address: 200 S WATER ST WEST, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 03/01/2008

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

Survey History

Survey ID: 0101241 **End Date:** 02/12/2008 **Type:** OTHER **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WXHX11 Served 03/01/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	04/01/2009	
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	04/01/2009	
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	
83.42(2)(b)	ANNUAL EVALUATION MORE THAN 2 MINUTES	04/01/2009	

Survey ID: 0100083 **End Date:** 08/29/2007 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: JEFFERSON

Enforcement History (WELLINGTON PLACE OF FORT ATKINSON)

Date: 02/26/2008 **SOD #**WXHX11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH FACILITY PLAN OF CORRECTION

FORFEITURE---83.21(4)(o)

FORFEITURE---83.21(4)(p)

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