

**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 is a PDF (Adobe Acrobat) document and includes a total of 43 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:** AUTUMN WINDS OF OAKLAND LLC (0009237)

**Address:** N3767 AIRPORT RD, CAMBRIDGE, WI 53523

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2001

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

### Survey History

**Survey ID:** 0101596      **End Date:** 04/28/2008      **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: JEFFERSON

### Facility Information

**Facility Name:** LONDON LODGE I (310455)

**Address:** W9095 LONDON RD, CAMBRIDGE, WI 53523

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/10/1996

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

### Survey History

**Survey ID:** 0100539      **End Date:** 11/07/2007      **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: JEFFERSON

### Facility Information

**Facility Name:** LONDON LODGE II (310717)

**Address:** W9097 LONDON RD, CAMBRIDGE, WI 53523

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/1999

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

### Survey History

**Survey ID:** 0103860    **End Date:** 04/15/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0100861    **End Date:** 01/10/2008    **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: JEFFERSON

#### Complaint History (LONDON LODGE II)

**Date Complaint Received: 03/27/2009**

**Date Investigation Completed: 04/21/2009**

Subject Area(s)

SUPERVISION

ABUSE

RESIDENT BEHAVIOR/FACILITY PRACTICE

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: JEFFERSON

#### Facility Information

**Facility Name:** BETHESDA LUTHERAN GROUP HOME (0010707)

**Address:** 411 HYER DR, JEFFERSON, WI 53549

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2005

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

#### Survey History

**Survey ID:** 0103116    **End Date:** 12/15/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098341    **End Date:** 12/04/2006    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008441    Served 12/21/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(12)	MAINTENANCE OF EXITS	12/15/2008	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	12/15/2008	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 (BETHESDA LUTHERAN GROUP HOME)

**Date:** 12/19/2006      **SOD #**10008441      **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---83.42(12)

FORFEITURE---83.42(3)(f)

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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:** CRU GROUP HOME INC/EAGLE VIEW MANOR (0012305)

**Address:** 881 COLLINS RD, JEFFERSON, WI 53549

**License Status:** REGULAR

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

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

**Survey History**

**Survey ID:** 0103791    **End Date:** 04/06/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #0F2811    Served 04/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(5)(d)2	HOT WATER TEMPERATURES		

**Survey ID:** 0101595    **End Date:** 04/29/2008    **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 AA (AMBULATORY)  
COUNTY: JEFFERSON

**Facility Information**

**Facility Name:** LUEDER HAUS (310460)  
**Address:** 1473 ANNEX RD, JEFFERSON, WI 53549  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/01/1996  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102281    **End Date:** 08/07/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #14XY14    Served 08/14/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE	04/01/2009	

**Survey ID:** 0097769    **End Date:** 09/19/2006    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008402    Served 09/26/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(7)(a)9	TRAINING AND INSERVICE REQUIREMENTS	08/07/2008	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: JEFFERSON

**Enforcement History (LUEDER HAUS)**

**Date: 09/25/2006      SOD #10008402      Appealed: No**

Sanctions

FORFEITURE---83.13(7)(a)9

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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:** SHADY ACRES CBRF (0012558)  
**Address:** N5015 HWY Y, JEFFERSON, WI 53549  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/10/2008  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102870    **End Date:** 11/06/2008    **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 CNA (NONAMBULATORY)

COUNTY: JEFFERSON

**Facility Information**

**Facility Name:** ST COLETTA OF WI JACOBA (0012782)

**Address:** 640 E THEODORE ST, JEFFERSON, WI 53549

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/04/2009

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

**Survey History**

**Survey ID:** 0103919      **End Date:** 04/28/2009      **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 AS (SEMIAMBULATORY)

COUNTY: JEFFERSON

#### Facility Information

**Facility Name:** ST COLETTA OF WI LOURDES (310538)

**Address:** 140 S KRANZ AVE, JEFFERSON, WI 53549

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/30/1986

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

#### Survey History

**Survey ID:** 0101786    **End Date:** 04/29/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #WG5G11    Served 05/28/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(1)	RESIDENT RECORD MAINTAINED	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: JEFFERSON

### Enforcement History (ST COLETTA OF WI LOURDES)

**Date: 05/27/2008**      **SOD #WG5G11**      **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: JEFFERSON

### Facility Information

**Facility Name:** ST COLETTA OF WI LUCHENBACH (0012785)

**Address:** 648 E LUCHENBACH LN, JEFFERSON, WI 53549

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/15/2009

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

### Survey History

**Survey ID:** 0104001    **End Date:** 05/15/2009    **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:** ST COLETTA OF WI PADUA HEIGHTS (0009098)

**Address:** 724 E RACINE ST, JEFFERSON, WI 53549

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/10/2000

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

### Survey History

**Survey ID:** 0100802      **End Date:** 12/18/2007      **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 AS (SEMIAMBULATORY)

COUNTY: JEFFERSON

### Facility Information

**Facility Name:** ST COLETTA OF WI SAN DAMIANO (310540)

**Address:** 128 S KRANZ AVE, JEFFERSON, WI 53549

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/1985

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

### Survey History

**Survey ID:** 0102168      **End Date:** 07/22/2008      **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  
Community Based Residential Facility--CLASS AA (AMBULATORY)  
COUNTY: JEFFERSON

**Facility Information**

**Facility Name:** ST COLETTA OF WI ST AGNES (310542)  
**Address:** 900 E RACINE ST, JEFFERSON, WI 53549  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/01/1995  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0098793      **End Date:** 02/28/2007      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098946      **End Date:** 02/26/2007      **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 AS (SEMIAMBULATORY)

COUNTY: JEFFERSON

### Facility Information

**Facility Name:** ST COLETTA OF WI ST ISIDORE (310548)

**Address:** W4955 HWY 18, JEFFERSON, WI 53549

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/1988

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

### Survey History

**Survey ID:** 0101612      **End Date:** 04/29/2008      **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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: JEFFERSON

#### Facility Information

**Facility Name:** ST COLETTA OF WI ST JOHN THE BAPTIST (310549)

**Address:** W5078 HWY 18, JEFFERSON, WI 53549

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/31/1993

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

#### Survey History

**Survey ID:** 0097956    **End Date:** 10/05/2006    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10008420    Served 10/23/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	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: JEFFERSON

### Facility Information

**Facility Name:** ST COLETTA OF WI ST MARTHA (310546)

**Address:** W5092 HWY 18, JEFFERSON, WI 53549

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/31/1981

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

### Survey History

**Survey ID:** 0097490      **End Date:** 07/31/2006      **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 AS (SEMIAMBULATORY)

COUNTY: JEFFERSON

### Facility Information

**Facility Name:** ST COLETTA OF WI ST MICHAEL (310551)

**Address:** 822 E RACINE ST, JEFFERSON, WI 53549

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/1986

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

### Survey History

**Survey ID:** 0100541      **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

### Facility Information

**Facility Name:** ST COLETTA OF WI TAU (0012786)

**Address:** 621 E SPRING ST, JEFFERSON, WI 53549

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/12/2009

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

### Survey History

**Survey ID:** 0103951      **End Date:** 05/04/2009      **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

**Facility Information**

**Facility Name:** ST COLETTA OF WI THEODORE (0012784)

**Address:** 621 E THEODORE ST, JEFFERSON, WI 53549

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/04/2009

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

**Survey History**

**Survey ID:** 0103918      **End Date:** 04/28/2009      **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:** SYLVAN CROSSINGS OF JEFFERSON (310666)

**Address:** 279 N JACKSON AVE, JEFFERSON, WI 53549

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/01/1998

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

### Survey History

**Survey ID:** 0101187      **End Date:** 02/13/2008      **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: JEFFERSON

### Facility Information

**Facility Name:** BETHESDA LUTHERAN GROUP HOME (0010058)

**Address:** 140 MARK DR, JOHNSON CREEK, WI 53038

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2003

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

### Survey History

**Survey ID:** 0100577      **End Date:** 11/08/2007      **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:** BETHESDA LUTHERAN GROUP HOME (0010059)

**Address:** 141 MICHELLE DR, JOHNSON CREEK, WI 53038

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2003

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

### Survey History

**Survey ID:** 0100947    **End Date:** 01/22/2008    **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: JEFFERSON

**Facility Information**

**Facility Name:** BROOK GARDENS ASSISTED LIVING (0011383)

**Address:** 300 O'NEIL ST, LAKE MILLS, WI 53551

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2006

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

**Survey History**

**Survey ID:** 0103351    **End Date:** 01/16/2009    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #TOCC12    Served 02/05/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	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	

**Survey ID:** 0100993    **End Date:** 01/17/2008    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #TOCC11    Served 02/15/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.16(1)(h)5	REFUND OF THE ENTRANCE FEE	01/16/2009	Yes
83.19(1)(c)	SERVICE AVAILABILITY AND FEES	01/16/2009	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

**Survey ID: 0097940**      **End Date: 10/13/2006**      **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: JEFFERSON

#### Enforcement History (BROOK GARDENS ASSISTED LIVING)

**Date: 02/04/2009**      **SOD #TOCC12**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.43(3)(a)

FORFEITURE---83.43(b)1

**Date: 01/31/2008**      **SOD #TOCC11**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.16(1)(h)5

FORFEITURE---83.19(1)(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 (BROOK GARDENS ASSISTED LIVING)

**Date Complaint Received: 12/04/2008**

**Date Investigation Completed: 01/16/2009**

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE  
ADMINISTRATION

Result

NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #

TOCC12

**Date Complaint Received: 11/28/2007**

**Date Investigation Completed: 01/17/2008**

Subject Area(s)

ADMINISTRATION

Result

SUBSTANTIATED

SOD #

TOCC11

**Date Complaint Received: 10/03/2006**

**Date Investigation Completed: 10/17/2006**

Subject Area(s)

RESIDENT RIGHTS  
QUALITY OF LIFE

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 AA (AMBULATORY)  
COUNTY: JEFFERSON

**Facility Information**

**Facility Name:** MARGARET RUTH HOME (310407)  
**Address:** N8007 LAKEVIEW DR, TOWN OF IXONIA, WI 53036  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/01/1990  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0098002    **End Date:** 10/25/2006    **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: JEFFERSON

#### Facility Information

**Facility Name:** BETHESDA LUTHERAN GROUP HOME MADISON (0010708)

**Address:** 968 MADISON ST, WATERLOO, WI 53594

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2005

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

#### Survey History

**Survey ID:** 0099554    **End Date:** 06/20/2007    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #9H9U11    Served 06/25/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(8)	DOCUMENTATION	04/01/2009	
83.33(3)(f)3	DOCUMENT ACTIONS IN MEDICAL RECORD	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:** BETHESDA LUTHERAN GROUP HOME MONROE (0010709)

**Address:** 734 N MONROE ST, WATERLOO, WI 53594

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2005

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

### Survey History

**Survey ID:** 0099964      **End Date:** 08/14/2007      **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: JEFFERSON

### Facility Information

**Facility Name:** BETHESDA LUTHERAN GROUP HOME (0010821)

**Address:** 1316/1318 WAKOKA ST, WATERTOWN, WI 53094

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/2005

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

### Survey History

**Survey ID:** 0099139      **End Date:** 04/23/2007      **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: JEFFERSON

### Facility Information

**Facility Name:** BETHESDA LUTHERAN GROUP HOME (0010822)

**Address:** 1320/1322 WAKOKA ST, WATERTOWN, WI 53094

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2006

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

### Survey History

**Survey ID:** 0100688      **End Date:** 11/29/2007      **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  
Community Based Residential Facility--CLASS AA (AMBULATORY)  
COUNTY: JEFFERSON

**Facility Information**

**Facility Name:** DOHERTY HOME (0011631)  
**Address:** N7855 LITTLE COFFEE RD, WATERTOWN, WI 53094  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/01/2007  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103977    **End Date:** 05/08/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0101190    **End Date:** 02/20/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098609    **End Date:** 01/29/2007    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008460    Served 02/05/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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**Survey ID:** 0097805    **End Date:** 10/02/2006    **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 AA (AMBULATORY)  
COUNTY: JEFFERSON

**Enforcement History (DOHERTY HOME)**

**Date: 02/02/2007      SOD #10008460      Appealed: Yes      Decision: STIPULATION**

Sanctions

COMPLY WITH REQUIREMENT  
FORFEITURE---83.15(1)(c)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: JEFFERSON

**Complaint History (DOHERTY HOME)**

**Date Complaint Received: 12/26/2007**

**Date Investigation Completed: 02/20/2008**

Subject Area(s)  
SUPERVISION  
RESIDENT RIGHTS

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 AA (AMBULATORY)  
COUNTY: JEFFERSON

**Facility Information**

**Facility Name:** MERTINS HOME CARE INC (111016)  
**Address:** 682 MILFORD ST, WATERTOWN, WI 53094  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/16/1981  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103393    **End Date:** 02/06/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #6XQ815    Served 02/17/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.53(3)(d)	CLEARED PATHWAY AWAY FROM FACILITY	04/01/2009	

**Survey ID:** 0098313    **End Date:** 12/07/2006    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008439    Served 12/21/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(u)	LEAST RESTRICTIVE CONDITIONS	02/05/2009	Yes
83.32(2)(b)	DEVELOPMENT	02/05/2009	Yes
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	02/05/2009	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: JEFFERSON

**Enforcement History (MERTINS HOME CARE INC)**

**Date: 12/19/2006      SOD #10008439      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
FORFEITURE---83.21(4)(u)

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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:** STRAWBERRY HILL CBRF (310559)  
**Address:** N556 HOWARD RD, WHITEWATER, WI 53190  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/01/1996  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0099955    **End Date:** 07/27/2007    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #MFJO12    Served 08/17/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	04/01/2009	
83.41(10)(d)	FURNITURE IN GOOD REPAIR	04/01/2009	
83.41(10)(f)	YARD AND SIDEWALK IN SAFE CONDITION	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	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: JEFFERSON

**Enforcement History (STRAWBERRY HILL CBRF)**

**Date: 08/14/2007      SOD #MFJO12      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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