

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

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 36 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: KENOSHA

Facility Information

Facility Name: TERRY TARR ADULT FAMILY HOME (0012385)
Address: 9319 401ST AVE, GENOA CITY, WI 53128
License Status: REGULAR
Licensed/Certified/Registered 07/14/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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: KENOSHA

Facility Information

Facility Name: GUNDERSON FAMILY HOME (390164)
Address: 707 224TH AVE, KANSASVILLE, WI 53139
License Status: REGULAR
Licensed/Certified/Registered 04/01/1998
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103806 **End Date:** 03/26/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N73511 Served 04/10/2009

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------------------------|----------------------------|------------------|
| 88.05(3)(a) | HOME ENVIRONMENT | | |
| 88.06(2)(b) | SERVICE AGREEMENT EXCEPT RESPITE | | |
| 88.06(3)(c) | ASSESSMENT IDENTIFY NEEDS & ABILITIES | | |
| 88.06(3)(d)5 | SIGNED STATEMENT OF AGREEMENT | | |

Survey ID: 0098041 **End Date:** 10/23/2006 **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: KENOSHA

Enforcement History (GUNDERSON FAMILY HOME)

Date: 04/09/2009 SOD #N73511 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: KENOSHA

Facility Information

Facility Name: ALDER HOME (0011510)
Address: 8212 61ST ST, KENOSHA, WI 53142
License Status: REGULAR
Licensed/Certified/Registered 07/05/2006
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103366 **End Date:** 01/26/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CRJT11 Served 02/12/2009

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--------------------------------------|----------------------------|------------------|
| 50.065(2)(b)intro | ENTITY BACKGROUND CHECK REQUIREMENTS | | |
| 88.04(5)(a) | TRAINING-15 HOURS WITHIN 6 MONTHS | | |

Survey ID: 0098799 **End Date:** 03/01/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097278 **End Date:** 07/05/2006 **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: KENOSHA

Enforcement History (ALDER HOME)

Date: 02/09/2009 SOD #CRJT11 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: KENOSHA

Complaint History (ALDER HOME)

Date Complaint Received: 12/14/2006

Date Investigation Completed: 03/01/2007

Subject Area(s)
RESIDENT RIGHTS

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: KENOSHA

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN IX (390122)
Address: 5603 49TH AVE, KENOSHA, WI 53144
License Status: REGULAR
Licensed/Certified/Registered 07/01/1996
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0101692 **End Date:** 04/28/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #UF7S12 Served 05/12/2008

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|-------------------------------|----------------------------|------------------|
| 88.06(3)(f) | REVIEW OF ISP | | |
| 88.10(1) | RESIDENT RIGHTS | | |
| 88.10(3)(d) | PRESUMPTION OF COMPETENCY | | |
| 88.10(3)(p) | PROMPT AND ADEQUATE TREATMENT | | |

Survey ID: 0097754 **End Date:** 09/14/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011898 Served 09/26/2006

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------------------------|----------------------------|------------------|
| 88.06(3)(c) | ASSESSMENT IDENTIFY NEEDS & ABILITIES | 04/10/2008 | Yes |

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

Complaint History (ALPHA HOMES OF WISCONSIN IX)

Date Complaint Received: 03/31/2008

Date Investigation Completed: 04/24/2008

Subject Area(s)
RESIDENT RIGHTS
ABUSE

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
UF7S12

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

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN X (390125)
Address: 1822 12TH PL, KENOSHA, WI 53140
License Status: REGULAR
Licensed/Certified/Registered 09/01/1995
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102718 **End Date:** 07/10/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097800 **End Date:** 09/28/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011900 Served 10/04/2006

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------------------------|----------------------------|------------------|
| 88.06(3)(c) | ASSESSMENT IDENTIFY NEEDS & ABILITIES | 07/10/2008 | Yes |

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

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN XI (390126)
Address: 2922 22ND ST, KENOSHA, WI 53144
License Status: REGULAR
Licensed/Certified/Registered 11/01/1995
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0100677 **End Date:** 11/12/2007 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098968 **End Date:** 03/27/2007 **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: KENOSHA

Complaint History (ALPHA HOMES OF WISCONSIN XI)

Date Complaint Received: 07/25/2007

Date Investigation Completed: 11/12/2007

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
NUTRITION & FOOD SERVICES

Result

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: KENOSHA

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN XII (390127)
Address: 8114 60TH AVE, KENOSHA, WI 53140
License Status: REGULAR
Licensed/Certified/Registered 06/01/1996
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0098995 **End Date:** 03/30/2007 **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: KENOSHA

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN XIII (390170)
Address: 1481 39TH AVE, KENOSHA, WI 53140
License Status: REGULAR
Licensed/Certified/Registered 11/17/1997
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0100305 **End Date:** 09/24/2007 **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
Adult Family Home
COUNTY: KENOSHA

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN XIV (390210)
Address: 3506 85TH PL, KENOSHA, WI 53142
License Status: REGULAR
Licensed/Certified/Registered 10/14/1998
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0099862 **End Date:** 07/25/2007 **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: KENOSHA

Facility Information

Facility Name: ASPEN HOME (0012205)
Address: 6225 91ST AVE, KENOSHA, WI 53142
License Status: REGULAR
Licensed/Certified/Registered 11/26/2007
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0100641 **End Date:** 11/26/2007 **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: KENOSHA

Facility Information

Facility Name: CRABTREE ADULT FAMILY HOME (0009032)
Address: 5915 67TH ST, KENOSHA, WI 53142
License Status: REGULAR
Licensed/Certified/Registered 06/01/2000
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103832 **End Date:** 04/06/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8LDK12 Served 04/18/2009

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|-----------------------------------|----------------------------|------------------|
| 88.04(2)(g)1 | HEALTH SCREENING FOR STAFF | | |
| 88.04(5)(a) | TRAINING-15 HOURS WITHIN 6 MONTHS | | |
| 88.06(2)(a) | ADMISSION-HEALTH EXAM | | |

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

Survey ID: 0099300 End Date: 05/01/2007 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8LDK11 Served 05/16/2007

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--------------------------------------|----------------------------|------------------|
| 50.065(2)(b)intro | ENTITY BACKGROUND CHECK REQUIREMENTS | 04/06/2009 | Yes |
| 88.04(5)(a) | TRAINING-15 HOURS WITHIN 6 MONTHS | | |
| 88.05(3)(a) | HOME ENVIRONMENT | 04/06/2009 | Yes |
| 88.05(3)(b) | FREE OF HAZARDS | | |
| 88.05(4)(a) | FIRE SAFETY-FIRE EXTINGUISHERS | | |

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

Enforcement History (CRABTREE ADULT FAMILY HOME)

Date: 04/16/2009 **SOD #8LDK12** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

Date: 05/14/2007 **SOD #8LDK11** **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: KENOSHA

Facility Information

Facility Name: FALL HOME (0012633)
Address: 6531 94TH AVE, KENOSHA, WI 53142
License Status: REGULAR
Licensed/Certified/Registered 01/13/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103234 **End Date:** 01/13/2009 **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: KENOSHA

Facility Information

Facility Name: HARVEST HOME (0012632)
Address: 9208 66TH ST, KENOSHA, WI 53142
License Status: REGULAR
Licensed/Certified/Registered 02/16/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103477 **End Date:** 02/16/2009 **Type:** INITIAL **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: KENOSHA

Facility Information

Facility Name: HAWTHORNE HOME (0010868)
Address: 6244 95TH AVE, KENOSHA, WI 53142
License Status: REGULAR
Licensed/Certified/Registered 05/11/2005
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0100306 **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: KENOSHA

Facility Information

Facility Name: HUNTERS HAVEN OF KENOSHA LLC (0012124)
Address: 5500 41ST ST, KENOSHA, WI 53144
License Status: REGULAR
Licensed/Certified/Registered 01/03/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0100899 **End Date:** 01/03/2008 **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: KENOSHA

Facility Information

Facility Name: INDEPENDENT LIVING ADULT FAMILY HOME (0009606)

Address: 4004 29TH AVE, KENOSHA, WI 53140

License Status: REGULAR

Licensed/Certified/Registered 09/27/2002

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0100316 **End Date:** 09/27/2007 **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
Adult Family Home
COUNTY: KENOSHA

Facility Information

Facility Name: NEW SEASONS ADULT FAMILY HOMES INC WINTER HOM (0012620)

Address: 7223 96TH AVE, KENOSHA, WI 53142

License Status: REGULAR

Licensed/Certified/Registered 12/12/2008

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103096 **End Date:** 12/12/2008 **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: KENOSHA

Facility Information

Facility Name: NEW SEASONS ADULT FAMILY HOMES-SPRING HOME (0012828)

Address: 9407 74TH ST, KENOSHA, WI 53142

License Status: REGULAR

Licensed/Certified/Registered 07/16/2009

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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: KENOSHA

Facility Information

Facility Name: SANDALWOOD AFH (0012535)
Address: 4415 31ST AVE, KENOSHA, WI 53140
License Status: REGULAR
Licensed/Certified/Registered 10/27/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102807 **End Date:** 10/27/2008 **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: KENOSHA

Facility Information

Facility Name: SPRING HOME (0012886)
Address: 6525 94TH AVE, KENOSHA, WI 53142
License Status: REGULAR
Licensed/Certified/Registered 07/14/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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: KENOSHA

Facility Information

Facility Name: SUMMER HOME (0012444)
Address: 6600 60TH AVE, KENOSHA, WI 53140
License Status: REGULAR
Licensed/Certified/Registered 07/30/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102212 **End Date:** 07/30/2008 **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: KENOSHA

Facility Information

Facility Name: VICTORIAN MANOR ADULT FAMILY HOME (390114)
Address: 409 75TH ST, KENOSHA, WI 53143
License Status: REGULAR
Licensed/Certified/Registered 10/10/1997
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

| | | | |
|---|-----------------------------|--------------------------|------------------------|
| Survey ID: 0103896 | End Date: 04/06/2009 | Type: ABBREVIATED | Purpose: SURVEY |
| Results: NO STATEMENT OF DEFICIENCY ISSUED | | | |
| <hr/> | | | |
| Survey ID: 0099185 | End Date: 04/30/2007 | Type: ABBREVIATED | Purpose: SURVEY |
| Results: NO STATEMENT OF DEFICIENCY ISSUED | | | |
| <hr/> | | | |

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

Facility Information

Facility Name: REINDL HOME (0011592)
Address: 7851 115TH AVE, PLEASANT PRAIRIE, WI 53158
License Status: REGULAR
Licensed/Certified/Registered 01/18/2007
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0100102 **End Date:** 01/18/2007 **Type:** INITIAL **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: KENOSHA

Facility Information

Facility Name: ETERNAL HOPE (0009084)
Address: 9255 392ND AVE, POWERS LAKE, WI 53159
License Status: REGULAR
Licensed/Certified/Registered 10/23/2000
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103837 **End Date:** 04/06/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6VGO14 Served 04/20/2009

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---|----------------------------|------------------|
| 88.05(3)(a) | HOME ENVIRONMENT | | |
| 88.05(4)(b)2 | SMOKE DETECTORS-TESTING AND MAINTENANCE | | |
| 88.07(3)(e)1 | MEDICATION- RECORD KEEPING | | |

Survey ID: 0099533 **End Date:** 06/06/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6VGO13 Served 06/21/2007

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---|----------------------------|------------------|
| 88.05(4)(b)2 | SMOKE DETECTORS-TESTING AND MAINTENANCE | 04/06/2009 | No |
| 88.05(4)(d)2.b | FIRE EVACUATION ANNUAL EVALUATION | 04/06/2009 | Yes |
| 88.07(3)(d) | MEDICATION- WRITTEN ORDER | 04/06/2009 | Yes |

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

Enforcement History (ETERNAL HOPE)

Date: 04/16/2009 **SOD #6VGO14** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

Date: 06/19/2007 **SOD #6VGO13** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT
COMPLY WITH FACILITY PLAN OF CORRECTION

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

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN VIII (390124)
Address: 101 11TH AVE, SOMERS, WI 53171
License Status: REGULAR
Licensed/Certified/Registered 06/13/1993
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0099493 **End Date:** 05/29/2007 **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: KENOSHA

Facility Information

Facility Name: CLA TWIN LAKES (390112)
Address: 1222 WINGED FOOT DR, TWIN LAKES, WI 53181
License Status: REGULAR
Licensed/Certified/Registered 05/10/1994
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0101599 **End Date:** 04/08/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101002 **End Date:** 01/14/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099838 **End Date:** 07/23/2007 **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
Adult Family Home
COUNTY: KENOSHA

Complaint History (CLA TWIN LAKES)

Date Complaint Received: 02/21/2008

Date Investigation Completed: 04/08/2008

Subject Area(s)
ABUSE

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/26/2007

Date Investigation Completed: 07/23/2007

Subject Area(s)
RESIDENT RIGHTS
MEDICATIONS
ADMINISTRATION

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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