

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

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community Based Residential Facilities in Kenosha County.

The report is a PDF (Adobe Acrobat) document and includes a total of 92 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 AA (AMBULATORY)
COUNTY: KENOSHA

Facility Information

Facility Name: ADVOCATE HOMES LLC (0012373)
Address: 6555 PERSHING BLVD, KENOSHA, WI 53142
License Status: REGULAR
Licensed/Certified/Registered 05/08/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0101680 **End Date:** 05/08/2008 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 2 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: KENOSHA

Facility Information

Facility Name: BIRCH HOME (0012773)
Address: 1549 25TH AVE, KENOSHA, WI 53140
License Status: PROBATIONARY
Licensed/Certified/Registered 07/27/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 07/01/2006 through 06/30/2009.

This is Page 3 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Facility Information

Facility Name: BROTOLOC COTTONWOOD CBRF (0009396)

Address: 5415 ADAMS RD, KENOSHA, WI 53144

License Status: REGULAR

Licensed/Certified/Registered 07/01/2002

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

Survey History

Survey ID: 0099917 **End Date:** 07/31/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CMQE13 Served 08/15/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.08	ARMED FORCES BACKGROUND SEARCHES		
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS		
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		

This is Page 4 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Facility Information

Facility Name: BROTOLOC HARBOUR VILLAGE EAST (0008638)

Address: 1130 82ND ST, KENOSHA, WI 53143

License Status: REGULAR

Licensed/Certified/Registered 05/01/2000

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

Survey History

Survey ID: 0104317 **End Date:** 05/14/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7Z7J11 Served 07/07/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS		
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS		
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION		
83.38(1)(g)	HEALTH MONITORING		
83.38(1)(h)	MEDICATION ADMINISTRATION		
83.38(1)(k)	TRANSPORTATION		
83.39(3)	HAND WASHING		
83.41(2)(c)	CLEAN LINENS WEEKLY		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		

This is Page 5 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Survey ID: 0101842 End Date: 05/13/2008 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #P76V14 Served 06/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(d)	REVIEW OF PROGRESS	04/01/2009	
83.33(3)(b)2.e	REFRIGERATED MEDICATION IN LOCKED BOX	04/01/2009	

Survey ID: 0099388 End Date: 05/16/2007 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P76V13 Served 05/31/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	05/13/2008	Yes
83.18(1)(d)	RESIDENT RECORD SHALL INCLUDE	05/13/2008	Yes
83.32(1)(a)	ASSESSMENT AND ISP	05/13/2008	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	05/13/2008	Yes
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	05/13/2008	Yes
83.33(2)	GENERAL SERVICES	05/13/2008	Yes
83.33(3)(b)2.e	REFRIGERATED MEDICATION IN LOCKED BOX	05/13/2008	No
83.41(10)(a)	BUILDING MAINTENANCE	05/13/2008	Yes
83.41(4)(b)	HEATING SYSTEM MAINTAINED SAFE	05/13/2008	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	05/13/2008	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	05/13/2008	Yes
83.43(7)(b)	INSTALLATION AND MAINTENANCE	05/13/2008	Yes

This is Page 6 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Enforcement History (BROTOLOC HARBOUR VILLAGE EAST)

Date: 05/30/2007

SOD #P76V13

Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.11(3)(a)

FORFEITURE---83.18(1)(d)

FORFEITURE---83.32(1)(a)

FORFEITURE---83.32(2)(c)1

This is Page 7 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Complaint History (BROTOLOC HARBOUR VILLAGE EAST)

Date Complaint Received: 12/15/2008

Date Investigation Completed: 05/28/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
NUTRITION & FOOD SERVICES	SUBSTANTIATED	7Z7J11
MEDICATIONS	SUBSTANTIATED	7Z7J11
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	

Date Complaint Received: 05/01/2008

Date Investigation Completed: 05/13/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
MEDICATIONS	SUBSTANTIATED	P76V14
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

This is Page 8 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Facility Information

Facility Name: BROTOLOC HARBOUR VILLAGE WEST (0008637)

Address: 1150 82ND ST, KENOSHA, WI 53143

License Status: REGULAR

Licensed/Certified/Registered 05/01/2000

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

Survey History

Survey ID: 0103388 **End Date:** 02/04/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102577 **End Date:** 05/27/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #278715 Served 10/08/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(d)	REVIEW OF PROGRESS	02/04/2009	Yes

Survey ID: 0100367 **End Date:** 08/29/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #278714 Served 10/23/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(a)	ADMINISTRATOR QUALIFIED: ASSOCIATE DEGREE	05/27/2008	Yes
83.21(4)(o)	MEDICATIONS	05/27/2008	Yes
83.32(1)(a)	ASSESSMENT AND ISP	05/27/2008	Yes

This is Page 9 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Enforcement History (BROTOLOC HARBOUR VILLAGE WEST)

Date: 10/22/2007 **SOD #**278714 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.15(1)(a)

FORFEITURE---83.21(4)(o)

This is Page 10 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Complaint History (BROTOLOC HARBOUR VILLAGE WEST)

Date Complaint Received: 12/15/2008

Date Investigation Completed: 02/04/2009

Subject Area(s)

NUTRITION & FOOD SERVICES
MEDICATIONS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 11 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Facility Information

Facility Name: BROTOLOC RAVENSWOOD CBRF (0009554)

Address: 2615 45TH AVE, KENOSHA, WI 53144

License Status: REGULAR

Licensed/Certified/Registered 06/01/2003

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

Survey History

Survey ID: 0102022 **End Date:** 06/05/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100574 **End Date:** 11/12/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #Z0Q214 Served 11/21/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(1)(b)	LICENSEE PROTECT CIVIL RIGHTS OF RESIDENTS	06/05/2008	Yes

Survey ID: 0097498 **End Date:** 07/24/2006 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011881 Served 08/04/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(a)	SUPERVISION	11/12/2007	Yes
83.41(10)(a)	BUILDING MAINTENANCE	11/12/2007	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	11/12/2007	Yes

This is Page 12 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Enforcement History (BROTOLOC RAVENSWOOD CBRF)

Date: 08/02/2006 **SOD #10011881** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.33(2)(a)

This is Page 13 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Complaint History (BROTOLOC RAVENSWOOD CBRF)

Date Complaint Received: 10/11/2007

Date Investigation Completed: 11/12/2007

Subject Area(s)
SUPERVISION

Result
NOT SUBSTANTIATED

SOD #

This is Page 14 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Facility Information

Facility Name: CANTERBURY HOME OF KENOSHA (0008960)

Address: 7924 36TH AVE, KENOSHA, WI 53142

License Status: REGULAR

Licensed/Certified/Registered 01/01/2001

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

Survey History

Survey ID: 0102139 **End Date:** 06/24/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CYJP14 Served 07/29/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(a)1	RESIDENT RIGHTS	04/01/2009	
83.33(3)(a)1	PRACTITIONER'S WRITTEN ORDER FOR MEDS	04/01/2009	

Survey ID: 0099668 **End Date:** 07/03/2007 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CYJP13 Served 07/11/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(7)(a)9	TRAINING AND INSERVICE REQUIREMENTS	06/18/2008	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	06/18/2008	Yes
83.14(7)(b)	CONTINUING EDUCATION	06/18/2008	Yes

This is Page 15 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Enforcement History (CANTERBURY HOME OF KENOSHA)

Date: 07/09/2007 **SOD #**CYJP13 **Appealed:** No

Sanctions

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

FORFEITURE---83.14(1)(d)

FORFEITURE---83.14(7)(b)

This is Page 16 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: KENOSHA

Facility Information

Facility Name: CARALOTT (0011637)
Address: 4901 56TH ST, KENOSHA, WI 53144
License Status: REGULAR
Licensed/Certified/Registered 04/01/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102757 **End Date:** 09/23/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GIOT12 Served 10/23/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	
83.13(7)(a)	EMPLOYE PERSONNEL RECORD	04/01/2009	
83.14(1)(a)	CLIENT RELATED TRAINING	04/01/2009	
83.14(1)(c)	UNIVERSAL PRECAUTIONS	04/01/2009	
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	
83.21(4)(g)	FAIR TREATMENT	04/01/2009	
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	
83.32(2)(d)	REVIEW OF PROGRESS	04/01/2009	
83.32(3)	SIGNING ASSESSMENT AND ISP	04/01/2009	

This is Page 17 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: KENOSHA

Survey ID: 0101116 End Date: 02/04/2008 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GIOT11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	09/10/2008	Yes
83.11(3)(a)	RESPONSIBILITIES	09/10/2008	No
83.13(1)	PERSONNEL-JOB DESCRIPTIONS	09/10/2008	Yes
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	09/10/2008	Yes
83.13(7)(a)	EMPLOYE PERSONNEL RECORD	09/10/2008	No
83.14(1)(c)	UNIVERSAL PRECAUTIONS	09/10/2008	No
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	09/10/2008	No
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	09/10/2008	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	09/10/2008	Yes

Survey ID: 0099961 End Date: 07/31/2007 Type: OTHER Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098956 End Date: 03/26/2007 Type: INITIAL Purpose: SURVEY

Results: PROBATIONARY LICENSE ISSUED

This is Page 18 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: KENOSHA

Enforcement History (CARALOTT)

Date: 10/21/2008 SOD #GIOT12 Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
PROVIDE TRAINING
FORFEITURE---83.11(3)(a)
FORFEITURE---83.13(7)(a)
FORFEITURE---83.14(1)(a)
FORFEITURE---83.14(1)(c)
FORFEITURE---83.14(1)(d)
FORFEITURE---83.21(4)(g)
FORFEITURE---83.32(2)(a)

Date: 02/19/2008 SOD #GIOT11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.14(1)(c)

This is Page 19 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: KENOSHA

Facility Information

Facility Name: CHOLAKS HOME CARE CENTER (310342)
Address: 1607 59TH ST, KENOSHA, WI 53140
License Status: REGULAR
Licensed/Certified/Registered 05/01/1991
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102051 **End Date:** 05/22/2008 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101604 **End Date:** 04/16/2008 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VSO311 Served 05/06/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.07(10)(a)1	PLAN OF CORRECTION	05/22/2008	Yes

This is Page 20 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

COUNTY: KENOSHA

Survey ID: 0101064 End Date: 11/26/2007 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KHJP13 Served 02/16/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	
83.14(7)(b)	CONTINUING EDUCATION	04/01/2009	
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	
83.33(3)(a)1	PRACTITIONER'S WRITTEN ORDER FOR MEDS	04/01/2009	
83.33(3)(d)2	SUPERVISED SELF-ADMINISTRATION	04/01/2009	

This is Page 21 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: KENOSHA

Enforcement History (CHOLAKS HOME CARE CENTER)

Date: 05/01/2008 **SOD #VSO311** **Appealed: No**

Sanctions

FORFEITURE---83.07(10)(a)1
FORFEITURE---Accrued Amount

Date: 02/13/2008 **SOD #KHJP13** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---N316 83.11(3)(a) SOD #KHJP13

This is Page 22 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Facility Information

Facility Name: CHRISTOPHER HOUSE (310344)

Address: 8322 14TH AVE, KENOSHA, WI 53143

License Status: REGULAR

Licensed/Certified/Registered 07/01/1991

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

Survey History

Survey ID: 0102702 **End Date:** 09/02/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102712 **End Date:** 09/02/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 23 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Survey ID: 0099179 **End Date: 04/09/2007** **Type: STANDARD** **Purpose: SURVEY/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011961 Served 05/23/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(w)	SAFE ENVIRONMENT	09/02/2008	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	09/02/2008	Yes
83.33(3)(b)2.e	REFRIGERATED MEDICATION IN LOCKED BOX	09/02/2008	Yes
83.41(10)(a)	BUILDING MAINTENANCE	09/02/2008	Yes
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	09/02/2008	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	09/02/2008	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	09/02/2008	Yes
83.43(7)(b)	INSTALLATION AND MAINTENANCE	09/02/2008	Yes

This is Page 24 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Enforcement History (CHRISTOPHER HOUSE)

Date: 05/21/2007 **SOD #10011961** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
PROVIDE TRAINING
FORFEITURE---83.21(4)(w)
FORFEITURE---83.32(2)(a)
FORFEITURE---83.33(3)(b)2.e.
FORFEITURE---83.41(10)(a)

This is Page 25 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Complaint History (CHRISTOPHER HOUSE)

Date Complaint Received: 06/30/2009

Date Investigation Completed: 07/08/2009

Subject Area(s)

Result

SOD #

LICENSED CAPACITY /CLASS OF LICENSE
ABUSE

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 07/24/2008

Date Investigation Completed: 09/02/2008

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

This is Page 26 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Facility Information

Facility Name: CLARE BRIDGE OF KENOSHA (0008939)

Address: 10108 74TH ST, KENOSHA, WI 53142

License Status: REGULAR

Licensed/Certified/Registered 03/01/2001

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

Survey History

Survey ID: 0104356 **End Date:** 06/11/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PULB11 Served 07/16/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.38(1)(b)	SUPERVISION		

Survey ID: 0103139 **End Date:** 12/04/2008 **Type:** OTHER **Purpose:** SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KEMH11 Served 12/26/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(a)	SUPERVISION	04/01/2009	

Survey ID: 0102524 **End Date:** 09/02/2008 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 27 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Survey ID: 0099617 End Date: 06/14/2007 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 28 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Complaint History (CLARE BRIDGE OF KENOSHA)

Date Complaint Received: 05/07/2009

Date Investigation Completed: 06/11/2009

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE

Result

SUBSTANTIATED

SOD #

PULB11

This is Page 29 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: KENOSHA

Facility Information

Facility Name: COLUMBUS HOUSE (310440)
Address: 2210 55TH ST, KENOSHA, WI 53140
License Status: REGULAR
Licensed/Certified/Registered 05/01/1990
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104136 **End Date:** 11/10/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098871 **End Date:** 02/19/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011948 Served 03/15/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	11/12/2008	Yes
83.14(8)	DOCUMENTATION	11/12/2008	Yes
83.41(10)(a)	BUILDING MAINTENANCE	11/12/2008	Yes
83.41(4)(f)	NO COMBUSTIBLE MATERIALS	11/12/2008	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	11/12/2008	Yes

This is Page 30 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: KENOSHA

Enforcement History (COLUMBUS HOUSE)

Date: 03/14/2007 SOD #10011948 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.14(8)
FORFEITURE---83.42(3)(e)

This is Page 31 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: KENOSHA

Facility Information

Facility Name: DAYTON RESIDENTIAL CARE (310362)

Address: 521 59TH ST, KENOSHA, WI 53140

License Status: REGULAR

Licensed/Certified/Registered 04/30/1991

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

Survey History

Survey ID: 0098079 **End Date:** 10/19/2006 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011915 Served 11/06/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(b)2.b	MEDICATION STORED IN ORIGINAL CONTAINER	04/01/2009	
83.33(3)(e)2.b	INJECTIONS	04/01/2009	
83.41(4)(f)	NO COMBUSTIBLE MATERIALS	04/01/2009	
83.52(2)(g)	REQUIREMENTS FOR 4 HABITABLE FLOORS	04/01/2009	

This is Page 32 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: KENOSHA

Facility Information

Facility Name: EDWARDS HOUSE (310433)

Address: 4831 47TH AVE, KENOSHA, WI 53144

License Status: REGULAR

Licensed/Certified/Registered 04/30/1988

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

Survey History

Survey ID: 0104434 **End Date:** 06/23/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #HBJZ11 Served 07/27/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(b)	LICENSEE REPORTS CHANGES IN CLIENT GROUP		
83.38(1)(c)	LEISURE TIME ACTIVITIES		
83.38(1)(i)	BEHAVIOR MANAGEMENT		
83.47(2)(d)	FIRE DRILLS		

Survey ID: 0099732 **End Date:** 07/09/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #JFJS14 Served 07/16/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(9)	CLEANLINESS OF ROOMS	04/01/2009	

This is Page 33 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: KENOSHA

Survey ID: 0098801 End Date: 02/20/2007 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10012493 Served 03/07/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(3)(a)	NOT SUPERVISED BY RN OR PHARMACIST	07/09/2007	Yes
83.15(1)(c)1	ADEQUATE STAFFING	07/09/2007	Yes
83.16(1)	ADMISSIONS AGREEMENT	07/09/2007	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	07/09/2007	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	07/09/2007	Yes
83.33(3)(e)1	ASSISTANCE OR ADMINISTRATION BY STAFF	07/09/2007	Yes
83.33(4)	CLIENT GROUP SPECIFIC SERVICES	07/09/2007	Yes

This is Page 34 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: KENOSHA

Enforcement History (EDWARDS HOUSE)

Date: 03/05/2007 **SOD #**10012493 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.14(3)(a)

FORFEITURE---83.15(1)(c)1

FORFEITURE---83.21(4)(p)

FORFEITURE---83.32(2)(a)

This is Page 35 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: KENOSHA

Complaint History (EDWARDS HOUSE)

Date Complaint Received: 03/22/2009

Date Investigation Completed: 06/23/2009

Subject Area(s)

LICENSED CAPACITY /CLASS OF LICENSE
HOMELIKE ENVIRONMENT & CLEANLINESS

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

NOT RECORDED

Date Complaint Received: 10/25/2006

Date Investigation Completed: 02/20/2007

Subject Area(s)

RESIDENT RIGHTS
STAFF ADEQUACY

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

10012493
10012493

Date Complaint Received: 09/07/2006

Date Investigation Completed: 02/20/2007

Subject Area(s)

RESIDENT RIGHTS
PHYSICAL PLANTS & SAFETY HAZARDS
ADMISSION, TRANSFER & DISCHARGE
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10012493

This is Page 36 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: KENOSHA

Facility Information

Facility Name: GENESIS OPTIONS RESIDENTIAL PROGRAM (0008832)
Address: 6755 14TH AVE, KENOSHA, WI 53140
License Status: REGULAR
Licensed/Certified/Registered 06/01/2000
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103711 **End Date:** 03/19/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CWG911 Served 04/01/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	

Survey ID: 0103349 **End Date:** 01/06/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #67L713 Served 02/05/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(7)(a)9	TRAINING AND INSERVICE REQUIREMENTS	04/01/2009	
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	

This is Page 37 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: KENOSHA

Survey ID: 0097859 End Date: 10/05/2006 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011902 Served 10/11/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(7)(b)	CONTINUING EDUCATION	01/06/2009	Yes
83.33(3)(b)2.e	REFRIGERATED MEDICATION IN LOCKED BOX	01/06/2009	Yes
83.41(10)(a)	BUILDING MAINTENANCE	01/06/2009	No
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	01/06/2009	Yes
83.41(10)(d)	FURNITURE IN GOOD REPAIR	01/06/2009	Yes

This is Page 38 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: KENOSHA

Enforcement History (GENESIS OPTIONS RESIDENTIAL PROGRAM)

Date: 02/03/2009 SOD #67L713 Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.14(1)(a)
FORFEITURE---83.14(1)(d)
FORFEITURE---83.41(10)(a)

Date: 10/09/2006 SOD #10011902 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.14(7)(b)
FORFEITURE---83.41(10)(a)
FORFEITURE---83.41(10)(b)
FORFEITURE---83.41(10)(d)

This is Page 39 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: KENOSHA

Complaint History (GENESIS OPTIONS RESIDENTIAL PROGRAM)

Date Complaint Received: 02/03/2009

Date Investigation Completed: 03/19/2009

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
ADMISSION, TRANSFER & DISCHARGE

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

CWG911

This is Page 40 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Facility Information

Facility Name: HARBOR HOUSE (0009351)

Address: 7135 GREEN BAY RD, KENOSHA, WI 53142

License Status: REGULAR

Licensed/Certified/Registered 10/01/2002

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

Survey History

Survey ID: 0100250 **End Date:** 08/16/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #M5SC13 Served 10/10/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(e)2.a	WRITTEN ORDER TO ADMINISTER MEDICATIONS	04/01/2009	

This is Page 41 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Facility Information

Facility Name: HARBOR HOUSE (0010203)

Address: 4600 52ND AVE, KENOSHA, WI 53144

License Status: REGULAR

Licensed/Certified/Registered 04/01/2004

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

Survey History

Survey ID: 0104071 **End Date:** 05/14/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #77TU11 Served 06/03/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		
83.38(1)(h)	MEDICATION ADMINISTRATION		
83.41(2)(b)	EACH RESIDENT SHALL HAVE		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

This is Page 42 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Survey ID: 0099334 End Date: 05/02/2007 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #C6N211 Served 05/24/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(1)	NOTIFICATION OF CHANGES & INCIDENTS	04/01/2009	
83.33(2)(h)2	MEDICAL SERVICES DOCUMENTED IN RECORD	04/01/2009	
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	04/01/2009	
83.33(3)(b)2.e	REFRIGERATED MEDICATION IN LOCKED BOX	04/01/2009	
83.33(3)(c)1	CONTROLLED SUBSTANCES	04/01/2009	

This is Page 43 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Enforcement History (HARBOR HOUSE)

Date: 05/21/2007 SOD #C6N211 Appealed: No

Sanctions

FORFEITURE---83.19(1)

FORFEITURE---83.33(2)(h)2

This is Page 44 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Complaint History (HARBOR HOUSE)

Date Complaint Received: 03/02/2007

Date Investigation Completed: 05/02/2007

Subject Area(s)

SUPERVISION
ADMINISTRATION

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

C6N211

Date Complaint Received: 02/22/2007

Date Investigation Completed: 05/02/2007

Subject Area(s)

SUPERVISION
RESIDENT RIGHTS
NUTRITION & FOOD SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

C6N211

This is Page 45 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Facility Information

Facility Name: HARMONY OF KENOSHA (0008669)

Address: 3109 30TH AVE, KENOSHA, WI 53140

License Status: REGULAR

Licensed/Certified/Registered 02/01/2000

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

Survey History

Survey ID: 0102719 **End Date:** 10/09/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102669 **End Date:** 07/23/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098327 **End Date:** 12/13/2006 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 46 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Complaint History (HARMONY OF KENOSHA)

Date Complaint Received: 08/22/2008

Date Investigation Completed: 10/09/2008

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED

This is Page 47 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: KENOSHA

Facility Information

Facility Name: KARE CENTER (310442)

Address: 510 60TH ST, KENOSHA, WI 53140

License Status: REGULAR

Licensed/Certified/Registered 02/01/1993

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

Survey History

Survey ID: 0102162 **End Date:** 07/21/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #J31F12 Served 07/28/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(a)	COPIES OF RIGHTS AND HOUSE RULES	04/01/2009	

Survey ID: 0097642 **End Date:** 08/10/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011889 Served 08/29/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	07/02/2008	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	07/02/2008	Yes
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	07/02/2008	Yes
83.41(10)(a)	BUILDING MAINTENANCE	07/02/2008	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	07/02/2008	Yes
83.42(6)(a)1	ANNUAL INSPECTION BY FIRE DEPARTMENT	07/02/2008	Yes

This is Page 48 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: KENOSHA

Enforcement History (KARE CENTER)

Date: 08/28/2006 SOD #10011889 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.14(1)(d)
FORFEITURE---83.14(2)
FORFEITURE---83.42(3)(f)

This is Page 49 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: KENOSHA

Facility Information

Facility Name: LINDEN HOME (0012809)

Address: 3216 29TH ST, KENOSHA, WI 53140

License Status: PROBATIONARY

Licensed/Certified/Registered 07/27/2009

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

Survey History

No survey activity during the period 07/01/2006 through 06/30/2009.

This is Page 50 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: KENOSHA

Facility Information

Facility Name: OPEN ARMS CBRF LLC (0011480)
Address: 2217 56TH ST, KENOSHA, WI 53140
License Status: REGULAR
Licensed/Certified/Registered 10/01/2007
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0100269 **End Date:** 09/04/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WM9C11 Served 10/10/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(a)1	PRACTITIONER'S WRITTEN ORDER FOR MEDS	04/01/2009	
83.33(3)(b)2.a	MEDICATIONS SHALL HAVE A LABEL	04/01/2009	

Survey ID: 0099343 **End Date:** 05/22/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098987 **End Date:** 04/02/2007 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

This is Page 51 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: KENOSHA

Complaint History (OPEN ARMS CBRF LLC)

Date Complaint Received: 04/02/2007

Date Investigation Completed: 05/22/2007

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

This is Page 52 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Facility Information

Facility Name: PARKSIDE MANOR (0012583)

Address: 6300 67TH ST, KENOSHA, WI 53142

License Status: PROBATIONARY

Licensed/Certified/Registered 11/10/2008

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

Survey History

Survey ID: 0102889 **End Date:** 11/10/2008 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

This is Page 53 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: KENOSHA

Facility Information

Facility Name: SOUTH WINDS (0011693)

Address: 6305 7TH AVE, KENOSHA, WI 53143

License Status: REGULAR

Licensed/Certified/Registered 12/01/2007

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

Survey History

Survey ID: 0103721 **End Date:** 03/16/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R3V812 Served 04/02/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	04/01/2009	
83.13(7)(a)	EMPLOYE PERSONNEL RECORD	04/01/2009	
83.14(1)(c)	UNIVERSAL PRECAUTIONS	04/01/2009	
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	
83.15(1)(a)	ADMINISTRATOR QUALIFIED: ASSOCIATE DEGREE	04/01/2009	
83.18(1)(d)2	OTHER INFORMATION REQUIRED IN RECORD	04/01/2009	
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	04/01/2009	
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE	04/01/2009	
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	04/01/2009	

This is Page 54 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: KENOSHA

Survey ID: 0101363 **End Date: 02/06/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #R3V811 Served 03/29/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(h)	PRIVACY	03/12/2009	Yes
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	03/12/2009	Yes

Survey ID: 0100362 **End Date: 10/15/2007** **Type: STANDARD** **Purpose: SURVEY**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099297 **End Date: 05/10/2007** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N85F11 Served 05/17/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(a)	SUPERVISION	10/15/2007	Yes

Survey ID: 0098267 **End Date: 12/11/2006** **Type: INITIAL** **Purpose: CHOW--DESK REVIEW**

Results: PROBATIONARY LICENSE ISSUED

This is Page 55 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: KENOSHA

Enforcement History (SOUTH WINDS)

Date: 03/31/2009 **SOD #R3V812** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---50.065(2)(bm)
FORFEITURE---83.13(7)(a)
FORFEITURE---83.14(1)(c)
FORFEITURE---83.14(1)(d)
FORFEITURE---83.15(1)(a)
FORFEITURE---83.18(1)(d)2
FORFEITURE---83.21(4)(w)
FORFEITURE---83.33(2)(g)1
FORFEITURE---83.42(2)(a)

Date: 05/15/2007 **SOD #N85F11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.33(2)(a)

This is Page 56 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: KENOSHA

Complaint History (SOUTH WINDS)

Date Complaint Received: 01/14/2009

Date Investigation Completed: 03/16/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	
ABUSE	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
SUPERVISION	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	
ABUSE	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

Date Complaint Received: 12/23/2008

Date Investigation Completed: 03/16/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ABUSE	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

Date Complaint Received: 01/10/2008

Date Investigation Completed: 02/12/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ABUSE	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

Date Complaint Received: 04/19/2007

Date Investigation Completed: 05/10/2007

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	N85F11

This is Page 57 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: KENOSHA

This is Page 58 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: KENOSHA

Facility Information

Facility Name: ST JAMES MANOR (310555)
Address: 910 59TH ST, KENOSHA, WI 53140
License Status: REGULAR
Licensed/Certified/Registered 01/04/1994
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102749 **End Date:** 10/02/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #7TTP11 Served 10/23/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(3)(b)1	TESTING BY SERVICE COMPANY	04/01/2009	

Survey ID: 0099580 **End Date:** 06/21/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098615 **End Date:** 01/31/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 59 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: KENOSHA

Survey ID: 0097799 End Date: 09/14/2006 Type: ABBREVIATED Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011899 Served 10/04/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	01/25/2007	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	01/25/2007	Yes
83.21(5)(a)	GRIEVANCE PROCEDURE	01/25/2007	Yes
83.33(3)(b)2.b	MEDICATION STORED IN ORIGINAL CONTAINER	01/25/2007	Yes
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	01/25/2007	Yes
83.33(3)(b)2.e	REFRIGERATED MEDICATION IN LOCKED BOX	01/25/2007	Yes
83.41(10)(e)	STORAGE IN ORDERLY CONDITION	01/25/2007	Yes
83.41(5)(a)4	BATHROOMS SHALL PROVIDE PRIVACY	01/25/2007	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	01/25/2007	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	01/25/2007	Yes

This is Page 60 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: KENOSHA

Enforcement History (ST JAMES MANOR)

Date: 10/03/2006 SOD #10011899 Appealed: No

Sanctions

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

This is Page 61 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: KENOSHA

Complaint History (ST JAMES MANOR)

Date Complaint Received: 03/20/2007

Date Investigation Completed: 06/21/2007

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/13/2006

Date Investigation Completed: 01/31/2007

Subject Area(s)
MEDICATIONS
ADMISSION, TRANSFER & DISCHARGE

Result
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #
NOT RECORDED

This is Page 62 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Facility Information

Facility Name: STERLING HOUSE OF KENOSHA (310652)

Address: 3109 12TH ST, KENOSHA, WI 53144

License Status: REGULAR

Licensed/Certified/Registered 02/01/1998

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

Survey History

Survey ID: 0104249 **End Date:** 06/02/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5ZYY11 Served 06/25/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.47(2)(d)	FIRE DRILLS		

Survey ID: 0101690 **End Date:** 04/30/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #0FIZ12 Served 05/14/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	04/01/2009	

This is Page 63 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Survey ID: 0098595 End Date: 01/23/2007 Type: ABBREVIATED Purpose: SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011936 Served 02/02/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	04/21/2008	Yes
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	04/21/2008	Yes

This is Page 64 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Enforcement History (STERLING HOUSE OF KENOSHA)

Date: 06/24/2009

SOD #5ZYY11

Appealed: Yes

Decision: PENDING

Sanctions

SUBMIT POC (SOD APPEAL ONLY)

This is Page 65 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Complaint History (STERLING HOUSE OF KENOSHA)

Date Complaint Received: 01/22/2009

Date Investigation Completed: 06/02/2009

Subject Area(s)

Result

SOD #

SUPERVISION
ADMINISTRATION

NOT SUBSTANTIATED
SUBSTANTIATED

5ZYY11

Date Complaint Received: 04/14/2008

Date Investigation Completed: 04/30/2008

Subject Area(s)

Result

SOD #

MEDICATIONS

SUBSTANTIATED

0FIZ12

Date Complaint Received: 04/03/2008

Date Investigation Completed: 04/30/2008

Subject Area(s)

Result

SOD #

MEDICATIONS
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

This is Page 66 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: KENOSHA

Facility Information

Facility Name: SYCAMORE HOME (0012772)
Address: 9211 66TH ST, KENOSHA, WI 53142
License Status: PROBATIONARY
Licensed/Certified/Registered 07/27/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 07/01/2006 through 06/30/2009.

This is Page 67 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: KENOSHA

Facility Information

Facility Name: TRANSITION HOUSE I (310566)
Address: 6024 18TH AVE, KENOSHA, WI 53140
License Status: REGULAR
Licensed/Certified/Registered 02/01/1989
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0101774 **End Date:** 05/07/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099234 **End Date:** 04/03/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5N0R11 Served 05/08/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(c)1	CONTROLLED SUBSTANCES	05/07/2008	Yes
83.41(10)(a)	BUILDING MAINTENANCE	05/07/2008	Yes
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	05/07/2008	Yes
83.42(8)(a)	FIRE EXTINGUISHER	05/07/2008	Yes

This is Page 68 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: KENOSHA

Enforcement History (TRANSITION HOUSE I)

Date: 05/07/2007 SOD #5N0R11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

This is Page 69 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: KENOSHA

Complaint History (TRANSITION HOUSE I)

Date Complaint Received: 04/30/2008

Date Investigation Completed: 05/07/2008

Subject Area(s)
OTHER

Result
NOT SUBSTANTIATED

SOD #

This is Page 70 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: KENOSHA

Facility Information

Facility Name: TRANSITION HOUSE II (310567)
Address: 5905 19TH AVE, KENOSHA, WI 53140
License Status: REGULAR
Licensed/Certified/Registered 01/01/1986
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102314 **End Date:** 07/10/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098431 **End Date:** 12/22/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011930 Served 01/30/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	07/08/2008	Yes
83.41(10)(a)	BUILDING MAINTENANCE	07/08/2008	Yes

This is Page 71 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: KENOSHA

Facility Information

Facility Name: TRANSITIONAL LIVING (310568)

Address: 1834 60TH ST, KENOSHA, WI 53140

License Status: REGULAR

Licensed/Certified/Registered 08/01/1988

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

Survey History

Survey ID: 0098692 **End Date:** 02/13/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 72 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Facility Information

Facility Name: WYNWOOD OF KENOSHA (0008601)

Address: 7377 88TH AVE, KENOSHA, WI 53142

License Status: REGULAR

Licensed/Certified/Registered 12/01/1999

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

Survey History

Survey ID: 0104066 **End Date:** 04/29/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ERNY11 Served 06/01/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION		
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY		
83.35(1)(b)	3 MEALS A DAY		
83.35(3)(b)	MENU DATED AND KEPT ON FILE		
83.38(1)(g)	HEALTH MONITORING		

Survey ID: 0100679 **End Date:** 11/05/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 73 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Survey ID: 0097690 End Date: 08/01/2006 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009190 Served 09/21/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	11/01/2007	Yes

This is Page 74 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Enforcement History (WYNWOOD OF KENOSHA)

Date: 05/29/2009 **SOD #ERNY11** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT
COMPLY WITH FACILITY PLAN OF CORRECTION
PROVIDE TRAINING
FORFEITURE---83.35(1)(b)
FORFEITURE---83.35(3)(b)

Date: 09/13/2006 **SOD #10009190** **Appealed: Yes** **Decision: WITHDRAWN APPEAL (NO STIPULATIO**

Sanctions

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

This is Page 75 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Complaint History (WYNWOOD OF KENOSHA)

Date Complaint Received: 03/13/2009

Date Investigation Completed: 04/29/2009

Subject Area(s)
SUPERVISION
ADMINISTRATION
STAFF ADEQUACY

Result
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

ERNY11

This is Page 76 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Facility Information

Facility Name: CAREY MANOR (310323)

Address: 10628 22ND AVE, PLEASANT PRAIRIE, WI 53158

License Status: REGULAR

Licensed/Certified/Registered 12/01/1995

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

Survey History

Survey ID: 0103650 **End Date:** 03/12/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MF5311 Served 03/27/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(b)	ADMINISTRATOR QUALIFIED: DEGREE, EXPERIENCE	04/01/2009	
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	04/01/2009	
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	
83.33(3)(b)2.a	MEDICATIONS SHALL HAVE A LABEL	04/01/2009	
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	04/01/2009	
83.33(3)(c)3	PROOF-OF-USE RECORD AUDITED DAILY	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	

Survey ID: 0102967 **End Date:** 10/27/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100797 **End Date:** 11/28/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 77 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Survey ID: 0100066 **End Date: 06/12/2007** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099165 **End Date: 04/18/2007** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011958 Served 04/27/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	06/12/2007	Yes
83.11(3)(a)	RESPONSIBILITIES	06/12/2007	Yes
83.14(1)(a)3	CLIENT GROUP SPECIFIC TRAINING	06/12/2007	Yes
83.16(1)(h)4	PAYMENT KEPT IF NO PROPER NOTICE GIVEN	04/01/2009	
83.21(4)(c)	TELEPHONE CALLS	04/01/2009	
83.21(4)(g)	FAIR TREATMENT	04/01/2009	
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	04/01/2009	
83.33(2)(c)	LEISURE TIME ACTIVITIES	04/01/2009	
83.33(2)(i)	ADVANCE DIRECTIVES	04/01/2009	
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN	04/01/2009	
83.33(3)(e)2.b	INJECTIONS	04/01/2009	
83.33(3)(f)	PSYCHOTROPIC MEDICATIONS	04/01/2009	
83.33(4)(h)	ACTIVITY PROGRAMMING FOR DEMENTIA	04/01/2009	

Survey ID: 0098365 **End Date: 11/15/2006** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 78 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Survey ID: 0097867 End Date: 09/21/2006 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011903 Served 10/17/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	04/09/2007	Yes
83.07(8)	AMENDMENT TO LICENSE	04/10/2007	Yes
83.11(3)(a)	RESPONSIBILITIES	06/12/2007	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/09/2007	Yes
83.16(1)	ADMISSIONS AGREEMENT	04/09/2007	Yes
83.21(4)	RIGHTS OF RESIDENTS	04/09/2007	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/18/2007	No
83.32(2)(d)	REVIEW OF PROGRESS	04/03/2007	Yes
83.33(2)(f)	TRANSPORTATION	04/09/2007	Yes
83.33(3)(c)2	PROOF-OF-USE RECORDS MAINTAINED	04/10/2007	Yes
83.41(3)(a)1.a	MINIMUM CONGREGATE LIVING AREA	04/09/2007	Yes

This is Page 79 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Enforcement History (CAREY MANOR)

Date: 03/24/2009 **SOD #MF5311** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
PROVIDE TRAINING
FORFEITURE---83.15(1)(b)
FORFEITURE---83.21(4)(p)
FORFEITURE---83.21(4)(w)
FORFEITURE---83.33(3)(c)3

Date: 04/25/2007 **SOD #10011958** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
PROVIDE TRAINING
FORFEITURE---83.14(1)(a)3
FORFEITURE---83.21(4)(c)
FORFEITURE---83.21(4)(g)
FORFEITURE---83.32(2)(a)
FORFEITURE---83.33(2) (i)
FORFEITURE---83.33(2)(c)
FORFEITURE---83.33(3)(a)2
FORFEITURE---83.33(3)(e)2.b.
FORFEITURE---83.33(3)(f)
FORFEITURE---83.33(4)(h)

This is Page 80 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Date: 10/11/2006

SOD #10011903

Appealed: Yes

Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

REVOKE LICENSE

NO NEW ADMISSIONS

FORFEITURE---83.07(8)

FORFEITURE---83.12(2)(a)

FORFEITURE---83.14(1)(d)

FORFEITURE---83.16(1)

FORFEITURE---83.19(1)(d)

FORFEITURE---83.21(4)

FORFEITURE---83.32(2)(a)

FORFEITURE---83.33(2)(f)

FORFEITURE---83.41(3)(a)1.a.

This is Page 81 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Complaint History (CAREY MANOR)

Date Complaint Received: 02/13/2009

Date Investigation Completed: 03/12/2009

Subject Area(s)

ABUSE
NUTRITION & FOOD SERVICES
MEDICATIONS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

MF5311

Date Complaint Received: 10/16/2008

Date Investigation Completed: 10/27/2008

Subject Area(s)

NUTRITION & FOOD SERVICES
MEDICATIONS
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/30/2007

Date Investigation Completed: 11/28/2007

Subject Area(s)

ADMINISTRATION

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/24/2007

Date Investigation Completed: 11/28/2007

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

NOT RECORDED

Date Complaint Received: 04/11/2007

Date Investigation Completed: 06/12/2007

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

This is Page 82 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Date Complaint Received: 02/08/2007

Date Investigation Completed: 04/18/2007

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
RESIDENT RIGHTS	SUBSTANTIATED	
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	10011958
ADMINISTRATION	SUBSTANTIATED	10011958

Date Complaint Received: 02/02/2007

Date Investigation Completed: 04/18/2007

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	10011958
MEDICATIONS	SUBSTANTIATED	10011958

Date Complaint Received: 01/17/2007

Date Investigation Completed: 04/18/2007

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
MEDICATIONS	SUBSTANTIATED	10011958
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	10011958
STAFF ADEQUACY	NOT SUBSTANTIATED	

Date Complaint Received: 01/11/2007

Date Investigation Completed: 04/18/2007

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	10011958
MEDICATIONS	SUBSTANTIATED	10011958

Date Complaint Received: 01/02/2007

Date Investigation Completed: 04/18/2007

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
ADMISSION, TRANSFER & DISCHARGE	SUBSTANTIATED	10011958

This is Page 83 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Date Complaint Received: 10/27/2006

Subject Area(s)
RESIDENT RIGHTS
RESIDENT RIGHTS

Date Investigation Completed: 11/15/2006

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

Date Complaint Received: 08/02/2006

Subject Area(s)
LICENSED CAPACITY /CLASS OF LICENSE
RESIDENT RIGHTS
PHYSICAL PLANTS & SAFETY HAZARDS
STAFF ADEQUACY

Date Investigation Completed: 09/21/2006

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	10011903
SUBSTANTIATED	10011903
NOT SUBSTANTIATED	
SUBSTANTIATED	10011903

This is Page 84 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: KENOSHA

Facility Information

Facility Name: WINDY OAKS (310586)
Address: 11831 120TH CT, PLEASANT PRAIRIE, WI 53158
License Status: REGULAR
Licensed/Certified/Registered 05/31/1981
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102901 **End Date:** 10/23/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MZVW12 Served 11/14/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
83.13(7)(a)	EMPLOYE PERSONNEL RECORD	04/01/2009	
83.14(1)(c)	UNIVERSAL PRECAUTIONS	04/01/2009	
83.18(1)(d)2	OTHER INFORMATION REQUIRED IN RECORD	04/01/2009	
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	
83.32(2)(d)	REVIEW OF PROGRESS	04/01/2009	
83.43(3)(b)1	TESTING BY SERVICE COMPANY	04/01/2009	
83.43(3)(b)2	TESTING OF SMOKE DETECTORS	04/01/2009	

This is Page 85 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

COUNTY: KENOSHA

Survey ID: 0097711 End Date: 09/05/2006 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011894 Served 09/16/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(7)(a)	EMPLOYE PERSONNEL RECORD	04/01/2009	
83.14(1)(a)	CLIENT RELATED TRAINING	04/01/2009	
83.14(1)(c)	UNIVERSAL PRECAUTIONS	04/01/2009	
83.14(7)(a)	ORIENTATION AND CONTINUING EDUCATION	04/01/2009	
83.18(1)(d)2	OTHER INFORMATION REQUIRED IN RECORD	04/01/2009	
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	
83.32(2)(d)	REVIEW OF PROGRESS	04/01/2009	
83.33(3)(b)2.e	REFRIGERATED MEDICATION IN LOCKED BOX	04/01/2009	

This is Page 86 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: KENOSHA

Enforcement History (WINDY OAKS)

Date: 11/13/2008 **SOD #MZVW12** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.14(1)(c)

Date: 09/15/2006 **SOD #10011894** **Appealed: No**

Sanctions

PROVIDE TRAINING
FORFEITURE---83.13(7)(a)
FORFEITURE---83.14(1)(a)
FORFEITURE---83.14(1)(c)
FORFEITURE---83.18(1)(d)2

This is Page 87 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: KENOSHA

Complaint History (WINDY OAKS)

Date Complaint Received: 08/15/2006

Date Investigation Completed: 09/05/2006

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

This is Page 88 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: KENOSHA

Facility Information

Facility Name: LIVING HOPE (0008804)

Address: 1213 W MAIN ST, TWIN LAKES, WI 53181

License Status: REGULAR

Licensed/Certified/Registered 05/01/2000

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

Survey History

Survey ID: 0102303 **End Date:** 06/16/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100985 **End Date:** 10/31/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #PT1R11 Served 02/04/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	06/16/2008	Yes
83.21(4)(g)	FAIR TREATMENT	06/16/2008	Yes
83.33(2)(c)	LEISURE TIME ACTIVITIES	06/16/2008	Yes
83.41(4)(f)	NO COMBUSTIBLE MATERIALS	06/16/2008	Yes

This is Page 89 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: KENOSHA

Complaint History (LIVING HOPE)

Date Complaint Received: 06/09/2008

Date Investigation Completed: 06/16/2008

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

This is Page 90 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: KENOSHA

Facility Information

Facility Name: STATELINE MENTAL HEALTHCARE LLC (0012610)

Address: 100 E SCHOOL ST, TWIN LAKES, WI 53181

License Status: PROBATIONARY

Licensed/Certified/Registered 01/05/2009

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

Survey History

Survey ID: 0104072 **End Date:** 05/27/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103182 **End Date:** 01/05/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

This is Page 91 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: KENOSHA

Complaint History (STATELINE MENTAL HEALTHCARE LLC)

Date Complaint Received: 03/16/2009

Date Investigation Completed: 05/27/2009

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

This is Page 92 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.