

**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009

COUNTY: LAFAYETTE

**Notes**

**This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Lafayette County.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 13 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.**

**If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.**

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

**Facility Information**

**Facility Name:** WALNUT ACRES (0010538)  
**Address:** 4224 COUNTY J, BENTON, WI 53803  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/24/2004  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103889    **End Date:** 04/22/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #XMO712    Served 04/30/2009

| <u>Deficiencies Cited</u> | <u>Subject Area</u>           | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|-------------------------------|----------------------------|------------------|
| 88.05(3)(d)               | ANNUAL WELL WATER INSPECTIONS |                            |                  |
| 88.10(3)(l)               | SAFE PHYSICAL ENVIRONMENT     |                            |                  |

**Survey ID:** 0099039    **End Date:** 04/09/2007    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008490    Served 04/16/2007

| <u>Deficiencies Cited</u> | <u>Subject Area</u>                     | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---|----------------------------|------------------|
| 88.05(2)(a)               | DIFFICULTY WALKING                      | 04/15/2009                 | Yes              |
| 88.05(4)(b)2              | SMOKE DETECTORS-TESTING AND MAINTENANCE | 04/15/2009                 | Yes              |

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

**Enforcement History (WALNUT ACRES)**

**Date: 04/29/2009**      **SOD #XMO712**      **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

**Date: 04/11/2007**      **SOD #10008490**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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

**Facility Information**

**Facility Name:** QUINN ADULT FAMILY HOME (190098)  
**Address:** 7310 HWY 11 E, GRATIOT, WI 53541  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/01/1996  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0101499    **End Date:** 04/14/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #J3YE11    Served 04/17/2008

| <u>Deficiencies Cited</u> | <u>Subject Area</u>            | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--------------------------------|----------------------------|------------------|
| 88.05(4)(a)               | FIRE SAFETY-FIRE EXTINGUISHERS |                            |                  |

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**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LAFAYETTE

**Facility Information**

**Facility Name: SIENNA CREST DARLINGTON (0009501)**

**Address: 1619 FAYETTE RD, DARLINGTON, WI 53530**

**License Status: REGULAR**

**Licensed/Certified/Registered 05/01/2002**

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

**Survey History**

**Survey ID: 0098795      End Date: 02/22/2007      Type: ABBREVIATED      Purpose: SURVEY**

**Results: NO STATEMENT OF DEFICIENCY ISSUED**

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**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: LAFAYETTE

**Facility Information**

**Facility Name:** M & M GROUP HOME (110270)

**Address:** 30068 COUNTY B, PLATTEVILLE, WI 53818

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/1990

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

**Survey History**

**Survey ID:** 0100283    **End Date:** 09/25/2007    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #1L7112    Served 10/13/2007

| <u>Deficiencies Cited</u> | <u>Subject Area</u>     | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|-------------------------|----------------------------|------------------|
| 83.14(8)                  | DOCUMENTATION           | 04/01/2009                 |                  |
| 83.43(4)(b)2.a            | BEDROOMS SMOKE DETECTOR | 04/01/2009                 |                  |

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: LAFAYETTE

**Survey ID: 0098410**    **End Date: 12/12/2006**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10008445**    Served 01/06/2007

| <u>Deficiencies Cited</u> | <u>Subject Area</u>                     | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---|----------------------------|------------------|
| 83.05(2)(e)               | CLASS C SEMIAMBULATORY (CS)             | 04/01/2009                 |                  |
| 83.06(1)(a)6              | CHRONIC PERSONAL NEEDS                  | 04/01/2009                 |                  |
| 83.11(3)(a)               | RESPONSIBILITIES                        | 04/01/2009                 |                  |
| 83.14(7)(b)               | CONTINUING EDUCATION                    | 04/01/2009                 |                  |
| 83.19(1)(d)               | PHYSICAL OR MENTAL CONDITION            | 04/01/2009                 |                  |
| 83.21(4)(p)               | PROMPT AND ADEQUATE TREATMENT           | 04/01/2009                 |                  |
| 83.32(2)(d)               | REVIEW OF PROGRESS                      | 04/01/2009                 |                  |
| 83.33(2)(g)3              | CBRF ARRANGE HEALTH VISITS AND DOCUMENT | 04/01/2009                 |                  |
| 83.33(2)(h)1              | MEDICAL SERVICES                        | 04/01/2009                 |                  |

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: LAFAYETTE

#### Enforcement History (M & M GROUP HOME)

**Date: 10/09/2007**      **SOD #1L7112**      **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

**Date: 01/06/2007**      **SOD #10008445**      **Appealed: Yes**      **Decision: DISMISSED**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

- FORFEITURE---83.05(2)(e)
- FORFEITURE---83.06(1)(a)6
- FORFEITURE---83.11(3)(a)
- FORFEITURE---83.14(7)(b)
- FORFEITURE---83.19(1)(d)
- FORFEITURE---83.21(4)(p)
- FORFEITURE---83.32(2)(d)
- FORFEITURE---83.33(2)(g)3
- FORFEITURE---83.33(2)(h)1

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: LAFAYETTE

#### Complaint History (M & M GROUP HOME)

**Date Complaint Received: 11/06/2006**

**Date Investigation Completed: 12/13/2006**

Subject Area(s)  
ADMINISTRATION  
QUALITY OF LIFE

Result  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
10008445  
10008445

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LAFAYETTE

#### Facility Information

**Facility Name:** SHULLSBURG HOME, CBRF (110186)

**Address:** 204 E WATER ST, SHULLSBURG, WI 53586

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/28/1983

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

#### Survey History

**Survey ID:** 0103520    **End Date:** 03/03/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102280    **End Date:** 08/04/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #QCOX15    Served 08/14/2008

| <u>Deficiencies Cited</u> | <u>Subject Area</u>                  | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--------------------------------------|----------------------------|------------------|
| 50.065(2)(b)intro         | ENTITY BACKGROUND CHECK REQUIREMENTS | 03/03/2009                 | Yes              |
| 83.33(2)(c)               | LEISURE TIME ACTIVITIES              | 03/03/2009                 | Yes              |
| 83.41(10)(a)              | BUILDING MAINTENANCE                 | 03/03/2009                 | Yes              |

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LAFAYETTE

**Survey ID: 0097744    End Date: 09/06/2006    Type: STANDARD    Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10008400    Served 09/26/2006**

| <u>Deficiencies Cited</u> | <u>Subject Area</u>                | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|------------------------------------|----------------------------|------------------|
| 83.13(2)(b)               | AT LEAST 18 YEARS OLD              | 08/05/2008                 | Yes              |
| 83.21(4)(t)               | INCOMPETENCY                       | 08/05/2008                 | Yes              |
| 83.33(3)(b)2.d            | MEDICATION STORAGE SHALL BE LOCKED | 08/05/2008                 | Yes              |

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LAFAYETTE

#### Enforcement History (SHULLSBURG HOME, CBRF)

**Date:** 09/22/2006      **SOD #**10008400      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.13(2)(b)

FORFEITURE---83.21(4)(t)

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**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LAFAYETTE

**Complaint History (SHULLSBURG HOME, CBRF)**

**Date Complaint Received: 02/10/2009**

**Date Investigation Completed: 03/03/2009**

| <u>Subject Area(s)</u>         | <u>Result</u>     | <u>SOD #</u> |
|--------------------------------|-------------------|--------------|
| NUTRITION & FOOD SERVICES      | NOT SUBSTANTIATED |              |
| STAFF TRAINING AND PROFICIENCY | NOT SUBSTANTIATED |              |
| QUALITY OF LIFE                | NOT SUBSTANTIATED |              |
| NUTRITION & FOOD SERVICES      | NOT SUBSTANTIATED |              |
| STAFF TRAINING AND PROFICIENCY | NOT SUBSTANTIATED |              |
| PROGRAM SERVICES               | NOT SUBSTANTIATED |              |
| QUALITY OF LIFE                | NOT SUBSTANTIATED |              |

**Date Complaint Received: 02/06/2009**

**Date Investigation Completed: 03/03/2009**

| <u>Subject Area(s)</u>         | <u>Result</u>     | <u>SOD #</u> |
|--------------------------------|-------------------|--------------|
| NUTRITION & FOOD SERVICES      | NOT SUBSTANTIATED |              |
| STAFF TRAINING AND PROFICIENCY | NOT SUBSTANTIATED |              |
| QUALITY OF LIFE                | NOT SUBSTANTIATED |              |

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