

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

COUNTY: MARQUETTE

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 22 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: MARQUETTE

Facility Information

Facility Name: ANN WOPINSKI HUNT AFH (0009504)
Address: N2983 CTH F, MONTELLO, WI 53949
License Status: REGULAR
Licensed/Certified/Registered 11/28/2001
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103394 **End Date:** 01/14/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #99IB13 Served 02/07/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(2)(a)	ADMISSION-HEALTH EXAM		

Survey ID: 0098735 **End Date:** 01/29/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009674 Served 02/16/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	01/14/2009	No
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	01/14/2009	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	01/14/2009	Yes

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

Enforcement History (ANN WOPINSKI HUNT AFH)

Date: 02/05/2009 **SOD #99IB13** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

Date: 02/14/2007 **SOD #10009674** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT
PROVIDE TRAINING

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

Facility Information

Facility Name: CATHOLIC CHARITIES CENTRAL (0009552)
Address: 230 CENTRAL AVE, MONTELLO, WI 53949
License Status: REGULAR
Licensed/Certified/Registered 02/24/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100638 **End Date:** 11/12/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #YQVB11 Served 12/03/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(c)2	EXITS SHALL BE DOORS		

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

Facility Information

Facility Name: CATHOLIC CHARITIES SIESTA DRIVE (0009553)
Address: 140 SIESTA DR, MONTELLO, WI 53949
License Status: REGULAR
Licensed/Certified/Registered 02/24/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0099142 **End Date:** 04/10/2007 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: ESSE'S ADULT FAMILY HOME (0011096)
Address: N-471 FOX DRIVE, MONTELLO, WI 53949
License Status: REGULAR
Licensed/Certified/Registered 08/12/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101496 **End Date:** 03/27/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #BYLH11 Served 04/15/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.06(3)(f)	REVIEW OF ISP		

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

Facility Information

Facility Name: SIMONSON FAMILY HOME (0009943)
Address: N1379 CTY RD F, MONTELLO, WI 53949
License Status: REGULAR
Licensed/Certified/Registered 02/17/2003
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101166 **End Date:** 02/05/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9D2L11 Served 02/20/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(e)2.d	INSPECTIONS-WOODBURNING STOVE		

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

Facility Information

Facility Name: OUR HOUSE III (0009455)
Address: N9211 CTY RD N, NESHKORO, WI 54960
License Status: REGULAR
Licensed/Certified/Registered 10/01/2001
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101439 **End Date:** 03/27/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099279 **End Date:** 05/08/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098441 **End Date:** 12/13/2006 **Type:** STANDARD **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007418 Served 01/18/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	05/02/2007	Yes
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	05/02/2007	Yes
88.07(2)(a)	SERVICES	05/02/2007	Yes

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

Enforcement History (OUR HOUSE III)

Date: 01/16/2007 SOD #10007418 Appealed: Yes Decision: WITHDRAWN APPEAL (NO STIPULATIO

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MARQUETTE

Facility Information

Facility Name: GOLDEN YEARS INC BLDG 2 (0012700)

Address: 497 SOUTH LAKE STREET, MONTELLO, WI 53949

License Status: REGULAR

Licensed/Certified/Registered 03/19/2009

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103632 **End Date:** 03/17/2009 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MARQUETTE

Facility Information

Facility Name: GOLDEN YEARS INC BLDG 3 (0012736)

Address: 497 SOUTH LAKE STREET, MONTELLO, WI 53949

License Status: REGULAR

Licensed/Certified/Registered 03/19/2009

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103633 **End Date:** 03/17/2009 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

COUNTY: MARQUETTE

Facility Information

Facility Name: JOANIES HOME FOR HAPPY SENIORS LLC (410115)

Address: N3849 ST HWY 22, MONTELLO, WI 53949

License Status: REGULAR

Licensed/Certified/Registered 09/01/1988

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101590 **End Date:** 03/31/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OI6C15 Served 04/29/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	04/01/2009	
83.13(6)(a)1	CRIMINAL RECORDS CHECK	04/01/2009	
83.14(7)(b)	CONTINUING EDUCATION	04/01/2009	
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

COUNTY: MARQUETTE

Survey ID: 0097650 End Date: 07/20/2006 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007348 Served 09/07/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(7)(a)	EMPLOYE PERSONNEL RECORD	03/31/2008	Yes
83.14(7)(b)	CONTINUING EDUCATION	03/31/2008	No
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	03/31/2008	Yes
83.33(3)(b)2.b	MEDICATION STORED IN ORIGINAL CONTAINER	03/31/2008	Yes
83.33(3)(e)4	UNIT DOSE OR UNIT TIME PACKETS	03/31/2008	Yes
83.36(1)	PETS	03/31/2008	Yes
83.41(10)(a)	BUILDING MAINTENANCE	03/31/2008	No
83.41(5)(d)4	APPROVED WELLS WATER SAMPLED ANNUALLY	03/31/2008	Yes
83.53(2)(a)	DOORS EXCEPT PATIO DOORS	03/31/2008	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

COUNTY: MARQUETTE

Enforcement History (JOANIES HOME FOR HAPPY SENIORS LLC)

Date: 04/28/2008 **SOD #OI6C15** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.13(6)(a)1

FORFEITURE---83.14(7)(b)

FORFEITURE---83.41(10)(a)

Date: 09/01/2006 **SOD #10007348** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.13(7)(a)

FORFEITURE---83.14(7)(b)

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

FORFEITURE---83.41(10)(a)

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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: MARQUETTE

Facility Information

Facility Name: MONTELLO CARE CENTER CBRF (0009324)

Address: 251 FOREST LANE, MONTELLO, WI 53949

License Status: REGULAR

Licensed/Certified/Registered 01/01/2002

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0098976 **End Date:** 03/23/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MARQUETTE

Facility Information

Facility Name: RESIDENCES ON FOREST LANE (THE) (0012609)

Address: 253 FOREST LANE, MONTELLO, WI 53949

License Status: PROBATIONARY

Licensed/Certified/Registered 12/23/2008

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103137 **End Date:** 12/19/2008 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MARQUETTE

Complaint History (RESIDENCES ON FOREST LANE (THE))

Date Complaint Received: 06/24/2009

Date Investigation Completed: 07/22/2009

Subject Area(s)

MEDICATIONS
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MARQUETTE

Facility Information

Facility Name: OUR HOUSE II (0009454)

Address: N9211 CTY RD N, NESHKORO, WI 54960

License Status: REGULAR

Licensed/Certified/Registered 10/01/2002

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100340 **End Date:** 08/22/2007 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PF7311 Served 10/12/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS		
83.13(6)(a)	CRIMINAL RECORDS CHECK	04/01/2009	
83.20(2)(b)1	INITIATED BY CBRF-30 DAY NOTICE	04/01/2009	
83.32(3)	SIGNING ASSESSMENT AND ISP	04/01/2009	
83.33(3)(b)2.a	MEDICATIONS SHALL HAVE A LABEL	04/01/2009	
83.33(3)(b)2.b	MEDICATION STORED IN ORIGINAL CONTAINER	04/01/2009	

Survey ID: 0099277 **End Date:** 05/08/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MARQUETTE

Survey ID: 0098443 End Date: 12/13/2006 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007419 Served 01/18/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(h)	NOT PERMIT A CONDITION OF RISK	05/02/2007	Yes
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	05/02/2007	Yes
83.33(2)(a)	SUPERVISION	05/02/2007	Yes

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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: MARQUETTE

Enforcement History (OUR HOUSE II)

Date: 10/02/2007 SOD #PF7311 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.20(2)(b)1

Date: 01/16/2007 SOD #10007419 Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
FORFEITURE---83.11(3)(h)
FORFEITURE---83.19(3)(e)
FORFEITURE---83.33(2)(a)
FORFEITURE---Forfeiture reverted back to original

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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: MARQUETTE

Complaint History (OUR HOUSE II)

Date Complaint Received: 08/20/2007

Date Investigation Completed: 08/29/2007

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE

Result

SUBSTANTIATED

SOD #

PF7311

Date Complaint Received: 05/01/2007

Date Investigation Completed: 05/08/2007

Subject Area(s)

ABUSE

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/29/2006

Date Investigation Completed: 12/13/2006

Subject Area(s)

SUPERVISION

Result

SUBSTANTIATED

SOD #

10007419

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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: MARQUETTE

Facility Information

Facility Name: HARRIS VILLA INC (0011562)

Address: N6581 VILLA PARK WAY, WESTFIELD, WI 53964

License Status: REGULAR

Licensed/Certified/Registered 03/01/2007

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104222 **End Date:** 06/04/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098905 **End Date:** 03/06/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0097701 **End Date:** 09/08/2006 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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