

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

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 57 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: RACINE

Facility Information

Facility Name: BAY RIDGE HOME (0011733)
Address: 124 BAY RIDGE LN, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 12/08/2006
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102672 **End Date:** 09/29/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098269 **End Date:** 12/08/2006 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 2 of 57 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Facility Information

Facility Name: C & C HOMESTEAD (0008862)
Address: 311 SHARP RD, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered: 11/15/1999
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102296 **End Date:** 05/29/2008 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: CEDAR HOME (0012080)
Address: 316 S PERKINS, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 08/30/2007
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0100255 **End Date:** 08/30/2007 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: CHICORY HOME (0012310)
Address: 788 CHICORY RD, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 02/25/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0101227 **End Date:** 02/25/2008 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: CLARK PLACE RIVERSIDE (390044)
Address: 506 JANTE DR, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 10/30/1995
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104289 **End Date:** 06/10/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #PZOM11 Served 07/01/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS		
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT		
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		

Survey ID: 0101902 **End Date:** 05/07/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Survey ID: 0099818 End Date: 07/16/2007 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FFPC12 Served 07/25/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	05/07/2008	Yes
88.05(3)(a)	HOME ENVIRONMENT	05/07/2008	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	05/07/2008	Yes

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

Enforcement History (CLARK PLACE RIVERSIDE)

Date: 07/24/2007 SOD #FFPC12 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

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

Complaint History (CLARK PLACE RIVERSIDE)

Date Complaint Received: 04/23/2008

Date Investigation Completed: 05/07/2008

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: GALL FAMILY CARE HOME (0008955)
Address: 1315 SCHNEIDER LN, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 02/23/2000
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102999 **End Date:** 11/03/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VJKN13 Served 12/03/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.05(3)(b)	FREE OF HAZARDS		
88.09(2)(a)	SERVICE PROVIDER RECORD		

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

Survey ID: 0098282 End Date: 11/16/2006 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011926 Served 12/14/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bg)	SHARE BACKGROUND INFORMATION	10/22/2008	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	10/22/2008	No
88.05(6)(a)	HOUSEHOLD PETS	10/22/2008	Yes
88.06(2)(c)8	RESIDENT RIGHTS AND GRIEVANCE	10/22/2008	Yes
88.07(1)(e)	OVERNIGHT SUPERVISION	10/22/2008	Yes
88.09(2)(a)	SERVICE PROVIDER RECORD	10/22/2008	No

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

Enforcement History (GALL FAMILY CARE HOME)

Date: 12/02/2008 **SOD #VJKN13** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

Date: 12/13/2006 **SOD #10011926** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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

Facility Information

Facility Name: JOAN STREET (0012616)
Address: 901 CRESTWOOD DR, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 11/26/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103060 **End Date:** 11/26/2008 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: MAPLE HOME (0012871)
Address: 8339 A FISHMAN RD, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 08/06/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

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

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

Facility Information

Facility Name: REINEKE CARE HOMES ROCHESTER HOME (0012796)
Address: 584 EDGEWOOD AVE, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 04/14/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103859 **End Date:** 04/15/2009 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: SETTERMAN HOME (0010210)
Address: 32715 VISTA VIEW DR, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 10/23/2003
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0101892 **End Date:** 05/19/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #AE5V11 Served 06/14/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(m)	2 EXITS TO GRADE-BEDROOMS IN BASEMENT		

Survey ID: 0098290 **End Date:** 12/12/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Complaint History (SETTERMAN HOME)

Date Complaint Received: 04/23/2008

Date Investigation Completed: 05/19/2008

Subject Area(s)
RESIDENT RIGHTS
ADMINISTRATION

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: SUZIS CARE INC (0011701)
Address: 273 MCHENRY ST, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 11/22/2006
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104436 **End Date:** 06/25/2009 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ZULY13 Served 07/27/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		

Survey ID: 0103841 **End Date:** 04/09/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZULY12 Served 04/22/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES		
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		
88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS		

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

Survey ID: 0103337 End Date: 12/30/2008 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZULY11 Served 02/04/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(4)(b)	RENEWAL REQUIREMENTS	04/09/2009	Yes
88.05(3)(a)	HOME ENVIRONMENT	04/09/2009	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	04/09/2009	Yes
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	04/09/2009	No
88.07(1)(b)	AUTONOMY AND CHOICES	04/09/2009	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	04/09/2009	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	04/09/2009	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	04/09/2009	Yes
88.10(3)(q)	MEDICATIONS	04/09/2009	Yes

Survey ID: 0098193 End Date: 11/22/2006 Type: INITIAL Purpose: CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Enforcement History (SUZIS CARE INC)

Date: 04/17/2009 SOD #ZULY12 Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
REVOKE LICENSE
NO NEW ADMISSIONS

Date: 02/02/2009 SOD #ZULY11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS

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

Complaint History (SUZIS CARE INC)

Date Complaint Received: 05/07/2009

Date Investigation Completed: 06/25/2009

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
NUTRITION & FOOD SERVICES
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

ZULY13

Date Complaint Received: 03/16/2009

Date Investigation Completed: 04/09/2009

Subject Area(s)

OTHER

Result

SUBSTANTIATED

SOD #

ZULY12

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

Facility Information

Facility Name: WILLOW RUN ADULT FAMILY GROUP HOME (390235)
Address: 104 CLARK ST, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 11/01/1998
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0100077 **End Date:** 08/14/2007 **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: RACINE

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN XV (0009193)
Address: 2125 PARKWAY DR, CALEDONIA, WI 53108
License Status: REGULAR
Licensed/Certified/Registered 06/15/2001
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104488 **End Date:** 04/20/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KQ0Q11 Served 07/31/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(g)	CLOTHING AND POSSESSIONS		

Survey ID: 0099496 **End Date:** 05/24/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: PERSONALLY YOURS SENIOR LIVING LLC (0011041)
Address: 12115 SEVEN MILE RD, FRANKSVILLE, WI 53126
License Status: REGULAR
Licensed/Certified/Registered 10/25/2005
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102256 **End Date:** 07/14/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R8WM12 Served 08/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		
88.06(3)(f)	REVIEW OF ISP		
88.10(3)(q)	MEDICATIONS		

Survey ID: 0095771 **End Date:** 10/25/2007 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Survey ID: 0100625 End Date: 10/15/2007 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R8WM11 Served 11/30/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	06/19/2008	Yes
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM	06/19/2008	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	06/23/2008	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	06/23/2008	No
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	06/23/2008	No

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

Enforcement History (PERSONALLY YOURS SENIOR LIVING LLC)

Date: 08/07/2008 SOD #R8WM12 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS

Date: 11/29/2007 SOD #R8WM11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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

Complaint History (PERSONALLY YOURS SENIOR LIVING LLC)

Date Complaint Received: 06/05/2008

Date Investigation Completed: 07/14/2008

Subject Area(s)
RESIDENT RIGHTS
ADMINISTRATION

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
R8WM12

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

Facility Information

Facility Name: DOLPHIN MANOR LLC (0011934)
Address: 21404 WASHINGTON AVE, KANSASVILLE, WI 53139
License Status: REGULAR
Licensed/Certified/Registered 07/11/2007
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104435 **End Date:** 06/18/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TMV512 Served 07/25/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES		
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		
88.07(1)(c)	ACTIVITIES AND SERVICES		
88.07(2)(b)5	MONITORING HEALTH		

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

Survey ID: 0103378 End Date: 01/15/2009 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TMV511 Served 02/19/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(3)(o)	HOME NOT BE USED FOR OTHER BUSINESS		
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		
88.07(2)(b)5	MONITORING HEALTH		

Survey ID: 0099724 End Date: 07/11/2007 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Enforcement History (DOLPHIN MANOR LLC)

Date: 02/17/2009 SOD #TMV511 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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

Complaint History (DOLPHIN MANOR LLC)

Date Complaint Received: 04/06/2009

Date Investigation Completed: 06/18/2009

Subject Area(s)
ADMINISTRATION

Result
SUBSTANTIATED

SOD #
TMV512

Date Complaint Received: 12/12/2008

Date Investigation Completed: 01/15/2009

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: LOETHERS HOME (0010474)
Address: 1222 LAUREL LN, KANSASVILLE, WI 53139
License Status: REGULAR
Licensed/Certified/Registered 05/19/2004
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104327 **End Date:** 06/24/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099170 **End Date:** 04/24/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN XVI (0010519)
Address: 3820 29TH ST, KENOSHA, WI 53144
License Status: REGULAR
Licensed/Certified/Registered 02/03/2005
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0100304 **End Date:** 09/13/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097584 **End Date:** 08/11/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: CARE HOME (0009850)
Address: 3820 ROYAL OAKS DR, MT PLEASANT, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 01/21/2003
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102297 **End Date:** 06/09/2008 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: KWASIGROCH FAMILY CARE HOME (0009255)
Address: 29312 WASHINGTON AVE, ROCHESTER, WI 53167
License Status: REGULAR
Licensed/Certified/Registered 08/01/2001
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102143 **End Date:** 06/10/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MLGJ12 Served 07/25/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.07(2)(b)5	MONITORING HEALTH		

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

Facility Information

Facility Name: ROCHESTER HOME (0012293)
Address: 109 ROCHESTER ST, ROCHESTER, WI 53167
License Status: REGULAR
Licensed/Certified/Registered 02/07/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0101189 **End Date:** 02/07/2008 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN XIX (0012193)
Address: 8917 CITADEL TERRACE, STURTEVANT, WI 53177
License Status: REGULAR
Licensed/Certified/Registered 11/20/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102938 **End Date:** 11/20/2008 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN XVII (0010747)
Address: 3657 MERLIN CT, STURTEVANT, WI 53177
License Status: REGULAR
Licensed/Certified/Registered 05/26/2005
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0099809 **End Date:** 07/19/2007 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: AUTUMN HOME (0012303)
Address: 3112 91ST ST, STURTEVANT, WI 53177
License Status: REGULAR
Licensed/Certified/Registered 03/10/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0101262 **End Date:** 03/10/2008 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: HUTCHINSON ADULT FAMILY HOME (0009244)
Address: 3126 94TH ST, STURTEVANT, WI 53177
License Status: REGULAR
Licensed/Certified/Registered 03/02/2001
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0098459 **End Date:** 01/11/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011932 Served 01/24/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT		
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		
88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

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

Enforcement History (HUTCHINSON ADULT FAMILY HOME)

Date: 01/17/2007 SOD #10011932 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: RACINE

Facility Information

Facility Name: SERENITY CARE LLC (0011803)
Address: 3133 BUCKINGHAM RD, STURTEVANT, WI 53177
License Status: REGULAR
Licensed/Certified/Registered 04/23/2007
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103283 **End Date:** 10/30/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #62Y511 Served 11/04/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.09(1)(d)	RESIDENT RECORDS REQUIREMENTS		

Survey ID: 0099073 **End Date:** 04/23/2007 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Complaint History (SERENITY CARE LLC)

Date Complaint Received: 08/12/2008

Date Investigation Completed: 10/30/2008

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: MARTIN FAMILY CARE HOME (390199)
Address: 18328 SPRING ST, UNION GROVE, WI 53182
License Status: REGULAR
Licensed/Certified/Registered 08/01/1998
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0101950 **End Date:** 05/29/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CQS913 Served 06/26/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(d)	MAINTAIN BACKGROUND INFORMATION		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

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

Survey ID: 0098155 End Date: 10/25/2006 Type: ABBREVIATED Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009209 Served 11/27/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	05/29/2008	Yes
88.05(2)	ACCESS TO HOME AND WITHIN THE HOME	05/29/2008	Yes
88.05(3)(b)	FREE OF HAZARDS	05/29/2008	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	05/29/2008	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	05/29/2008	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	05/29/2008	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	05/29/2008	Yes
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	05/29/2008	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	05/29/2008	Yes
88.10(3)(f)	FINANCIAL AFFAIRS	05/29/2008	Yes

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

Enforcement History (MARTIN FAMILY CARE HOME)

Date: 11/17/2006 SOD #10009209 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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

Facility Information

Facility Name: POLLOCK FAMILY CARE HOME (0008723)
Address: 3215 67TH DR, UNION GROVE, WI 53182
License Status: REGULAR
Licensed/Certified/Registered 07/01/1999
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0100060 **End Date:** 08/27/2007 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: REINEKE CARE HOMES (0011532)
Address: 16805 WASHINGTON AVE, UNION GROVE, WI 53182
License Status: REGULAR
Licensed/Certified/Registered 06/30/2006
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0101678 **End Date:** 04/21/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #K7PE11 Served 05/10/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(d)1	DESCRIPTION OF SERVICES		
88.10(3)(n)2	RESTRAINTS IN EMERGENCY		

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

Complaint History (REINEKE CARE HOMES)

Date Complaint Received: 02/05/2008

Date Investigation Completed: 04/21/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	K7PE11
ABUSE	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	K7PE11

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

Facility Information

Facility Name: PERSONALLY YOURS ELDER CARE B (0012750)
Address: 4525 GUNDERSON RD, WATERFORD, WI 53185
License Status: REGULAR
Licensed/Certified/Registered 04/09/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103864 **End Date:** 04/09/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0103681 **End Date:** 03/16/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Complaint History (PERSONALLY YOURS ELDER CARE B)

Date Complaint Received: 05/26/2009

Date Investigation Completed: 07/17/2009

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

ABUSE

SUBSTANTIATED

REJX11

HOMELIKE ENVIRONMENT & CLEANLINESS

SUBSTANTIATED

REJX11

Date Complaint Received: 03/02/2009

Date Investigation Completed: 03/16/2009

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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

Facility Information

Facility Name: PERSONALLY YOURS ELDER CARE (390231)
Address: 4525 GUNDERSON RD, WATERFORD, WI 53185
License Status: REGULAR
Licensed/Certified/Registered 09/04/1998
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103442 **End Date:** 01/07/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0MBF11 Served 02/19/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.03	LICENSING, POWERS AND DUTIES	04/09/2009	Yes
88.05(3)(b)	FREE OF HAZARDS		
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

Survey ID: 0098602 **End Date:** 01/31/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Enforcement History (PERSONALLY YOURS ELDER CARE)

Date: 02/17/2009 SOD #0MBF11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS

FORFEITURE---Accruing

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

Complaint History (PERSONALLY YOURS ELDER CARE)

Date Complaint Received: 12/03/2008

Date Investigation Completed: 01/11/2009

Subject Area(s)

LICENSED CAPACITY /CLASS OF LICENSE
SUPERVISION

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

0MBF11

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

Facility Information

Facility Name: RAUSCH FAMILY CARE HOME (0012794)
Address: 6831 BIG BEND RD, WATERFORD, WI 53185
License Status: REGULAR
Licensed/Certified/Registered 04/30/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103980 **End Date:** 04/30/2009 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: REINEKE HOME (0010455)
Address: 2940 MEALY RD, WATERFORD, WI 53185
License Status: REGULAR
Licensed/Certified/Registered 12/16/2003
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0100056 **End Date:** 08/14/2007 **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: RACINE

Facility Information

Facility Name: EAGLES LANDING (0012634)
Address: 26516 NORDIC RIDGE DR, WIND LAKE, WI 53185
License Status: REGULAR
Licensed/Certified/Registered 05/26/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104065 **End Date:** 05/26/2009 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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