

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 includes only facilities located within the City of Racine. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.

The report is a PDF (Adobe Acrobat) document and includes a total of 74 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: ALPHA HOMES OF WISCONSIN I (390119)
Address: 1683 PERRY AVE, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered: 02/01/1989
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102965 **End Date:** 10/30/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #C66T11 Served 11/28/2008

<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		

Survey ID: 0098864 **End Date:** 03/08/2007 **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 II (0008611)
Address: 4212 DURAND AVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 05/01/1987
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0099497 **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: ALPHA HOMES OF WISCONSIN III (390120)
Address: 1727 STODDARD CIRCLE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 11/01/1988
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103159	End Date: 11/11/2008	Type: ABBREVIATED	Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED			
<hr/>			
Survey ID: 0098823	End Date: 03/06/2007	Type: ABBREVIATED	Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED			
<hr/>			

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

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN IV (390121)
Address: 1427 OHIO ST, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 11/01/1987
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0101696 **End Date:** 04/24/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WJGJ11 Served 05/15/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	07/14/2009	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	07/14/2009	Yes

Survey ID: 0098822 **End Date:** 03/05/2007 **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

Complaint History (ALPHA HOMES OF WISCONSIN IV)

Date Complaint Received: 03/31/2008

Date Investigation Completed: 04/24/2008

Subject Area(s)
SUPERVISION
ABUSE

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
WJGJ11
WJGJ11

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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 V (0008612)
Address: 5238 ADMIRALTY DR, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered: 12/01/1987
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0099053 **End Date:** 04/12/2007 **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 VI (0008614)
Address: 701 CARLTON DR, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered: 11/01/1998
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102665 **End Date:** 09/24/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #V7RE12 Served 10/15/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(i)	BATHROOM LOCK		

Survey ID: 0097890 **End Date:** 10/09/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011906 Served 10/16/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	09/24/2008	Yes

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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 VII (390123)
Address: 5405 ERIE ST, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 09/04/1990
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0099916 **End Date:** 07/31/2007 **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 XVIII (0011654)
Address: 2126 SUTTON DR, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 10/30/2006
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103157 **End Date:** 10/06/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098037 **End Date:** 10/30/2006 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN XX (0012314)
Address: 6435 KINZIE AVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 08/20/2008
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: AMYS ADULT FAMILY HOME (0011232)
Address: 1703 W 6TH ST, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 11/16/2005
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103691 **End Date:** 03/26/2009 **Type:** OTHER **Purpose:** VERIFICATION VISIT
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: 0102842 End Date: 10/08/2008 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6OBM11 Served 11/07/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	03/26/2009	Yes
88.04(2)(a)	RESPONSIBILITIES		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(3)(b)	FREE OF HAZARDS		
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		
88.05(3)(m)	2 EXITS TO GRADE-BEDROOMS IN BASEMENT		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(d)1	FIRE SAFETY EVACUATION PLAN		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.09(1)(d)	RESIDENT RECORDS REQUIREMENTS		
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

Enforcement History (AMYS ADULT FAMILY HOME)

Date: 11/06/2008 SOD #6OBM11 Appealed: No

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
Adult Family Home
COUNTY: RACINE

Facility Information

Facility Name: BEATRICE HOUSE LLC (0012724)
Address: 3109 KEARNEY AVE, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 07/14/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

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

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

Facility Information

Facility Name: BRESHA SERENITY HOUSE (0009950)
Address: 5638 BYRD AVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 02/06/2003
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103582 **End Date:** 02/02/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9DQN13 Served 03/17/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

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

Survey ID: 0097714 End Date: 08/22/2006 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011891 Served 09/14/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	01/21/2009	Yes
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	01/21/2009	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 (BRESHA SERENITY HOUSE)

Date: 03/16/2009 SOD #9DQN13 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

This is Page 18 of 74 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: BRI MC ADULT FAMILY HOME (0010466)
Address: 5424 ATHENS AVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 03/16/2004
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0101916 **End Date:** 05/19/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102388 **End Date:** 11/14/2007 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100122 **End Date:** 09/04/2007 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #370111 Served 10/12/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(6)(a)1	REQUIREMENT FOR PLAN OF CORRECTION	11/14/2007	Yes

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

Survey ID: 0099213 End Date: 04/25/2007 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #6SVK11 Served 05/09/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(d)1	FIRE SAFETY EVACUATION PLAN		
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		

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

Enforcement History (BRI MC ADULT FAMILY HOME)

Date: 09/14/2007 SOD #370111 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS

This is Page 21 of 74 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: COMMUNITY PATHWAYS LLC (0012635)
Address: 3908 RUBY AVE, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 12/18/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103119 **End Date:** 12/18/2008 **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: COMMUNITY PATHWAYS RUBY HOUSE (0012402)
Address: 3906 RUBY AVE, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 06/02/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0101910 **End Date:** 06/04/2008 **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: DESTINY ADULT FAMILY HOME I (0009607)
Address: 2419 JEAN AVE, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 04/09/2002
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0099746 **End Date:** 05/09/2007 **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: DESTINY ADULT FAMILY HOME II (0010067)
Address: 1009 MAYFAIR DR, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 04/21/2003
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102698 **End Date:** 08/19/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102299 **End Date:** 07/03/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099912 **End Date:** 07/30/2007 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097962 **End Date:** 10/16/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011912 Served 10/27/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	07/26/2007	Yes
88.04(2)(c)	CHANGE IN TYPE OF INDIVIDUAL SERVED	07/26/2007	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 (DESTINY ADULT FAMILY HOME II)

Date: 10/23/2006 SOD #10011912 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 (DESTINY ADULT FAMILY HOME II)

Date Complaint Received: 07/29/2008

Date Investigation Completed: 08/19/2008

Subject Area(s)
RESIDENT RIGHTS
ABUSE

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/18/2008

Date Investigation Completed: 07/03/2008

Subject Area(s)
STAFF ADEQUACY

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: DESTINY ADULT FAMILY HOME III (0012075)
Address: 1011 MAYFAIR DR, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 10/03/2007
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102701 **End Date:** 08/28/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100241 **End Date:** 10/03/2007 **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 (DESTINY ADULT FAMILY HOME III)

Date Complaint Received: 07/29/2008

Date Investigation Completed: 08/28/2008

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: EXCEL (0012795)
Address: 2220 SUMMIT AVE, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 06/25/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104267 **End Date:** 06/25/2009 **Type:** INITIAL **Purpose:** OTHER
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: FAITH COMMUNITY ADULT GROUP HOME LLC (0012825)

Address: 2001 CENTER ST, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 07/16/2009

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

Survey History

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

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

Facility Information

Facility Name: GOOD CHOICES ADULT FAMILY HOME (0010901)
Address: 5500 WRIGHT AVE, RACINE, WI 53408
License Status: REGULAR
Licensed/Certified/Registered 05/17/2005
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0100414 **End Date:** 09/05/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WUZC11 Served 11/06/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(4)(a)	INSURANCE-VEHICLE		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		

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

Facility Information

Facility Name: GRACEFUL AGING INC GRACE POINTE (0012811)
Address: 119 CRAB TREE LN, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 07/01/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104279 **End Date:** 06/29/2009 **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: GRACEFUL AGING INC MARYLAND HOME (0012607)
Address: 5025 MARYLAND AVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 12/04/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103017 **End Date:** 12/04/2008 **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: GRACEFUL AGING INC SUMMIT HOME (0012812)
Address: 3219 BARBARA DR, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 07/01/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104283 **End Date:** 06/29/2009 **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: GRACEFUL AGING INC YOUT HOME (0012386)
Address: 1800 SHOOP AVE, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 06/25/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102003 **End Date:** 06/25/2008 **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: HEAVENLY ASSISTED LIVING (0010615)
Address: 2115 YOUT ST, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 07/13/2004
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0099232 **End Date:** 04/25/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GWPY11 Served 05/08/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(d)	MAINTAIN BACKGROUND INFORMATION		
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.10(3)(a)	FAIR TREATMENT		

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

Enforcement History (HEAVENLY ASSISTED LIVING)

Date: 05/07/2007 SOD #GWPY11 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: HOPE AWAY FROM HOME (0011536)
Address: 3411 S 6TH AVE, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 07/27/2006
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103372 **End Date:** 01/26/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #B62J11 Served 02/12/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		
88.09(2)(a)	SERVICE PROVIDER RECORD		

Survey ID: 0097478 **End Date:** 07/27/2006 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: K & D ADULT FAMILY HOME LLC (0012674)
Address: 2519 LORAIN AVE, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 07/01/2009
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: KENWOOD KEYS ADULT FAMILY HOME (0010966)
Address: 2831 KENWOOD DR, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 06/20/2005
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0100917 **End Date:** 01/14/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #62IH11 Served 01/29/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.04(1)	CONTRACTING BACKGROUND CHECKS ALLOWED		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		

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

Enforcement History (KENWOOD KEYS ADULT FAMILY HOME)

Date: 01/23/2008 SOD #62IH11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
PROVIDE TRAINING

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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: KINZIE PLACE (0012747)
Address: 4618 KINZIE AVE, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 04/27/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103887 **End Date:** 04/27/2009 **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: KNOLL PLACE (0011487)
Address: 3800 KNOLL PL, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 05/03/2007
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104348 **End Date:** 06/18/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #E49O11 Served 07/30/2009

<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		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

Survey ID: 0099223 **End Date:** 05/03/2007 **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: LE DOVE II (0012403)
Address: 722 MONTICELLO DR, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 11/17/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102923 **End Date:** 11/17/2008 **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: LE DOVE (0012096)
Address: 724 MONTICELLO DR, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 12/05/2007
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0100736 **End Date:** 12/05/2007 **Type:** STANDARD **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: LIBERTY HOUSE 2 (0010992)
Address: 1928 LASALLE ST, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 11/07/2005
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0101585 **End Date:** 03/19/2008 **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: LOVE OF CARING (0012684)
Address: 922 WISCONSIN AVE, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 01/26/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103290 **End Date:** 01/26/2009 **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: MIDDLETON (0012471)
Address: 6927 MIDDLE RD, RACINE, WI 534021337
License Status: REGULAR
Licensed/Certified/Registered 08/04/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102339 **End Date:** 08/04/2008 **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: NEW VISION ADULT FAMILY HOME LLC (0011964)
Address: 7931 DANIEL CT, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 05/11/2007
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103842 **End Date:** 03/31/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #V2W111 Served 04/30/2009

<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		
88.05(3)(b)	FREE OF HAZARDS		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

Survey ID: 0099271 **End Date:** 05/11/2007 **Type:** OTHER **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
Adult Family Home
COUNTY: RACINE

Enforcement History (NEW VISION ADULT FAMILY HOME LLC)

Date: 04/17/2009 SOD #V2WI11 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

Facility Information

Facility Name: OHIO ST FAMILY HOME (0010007)
Address: 1223 OHIO ST, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 03/01/2004
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0099519 **End Date:** 05/31/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KFCZ11 Served 06/21/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

Survey ID: 0098074 **End Date:** 09/13/2006 **Type:** OTHER **Purpose:** COMPLAINT/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

Enforcement History (OHIO ST FAMILY HOME)

Date: 06/18/2007 SOD #KFCZ11 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 (OHIO ST FAMILY HOME)

Date Complaint Received: 07/18/2006

Date Investigation Completed: 09/13/2006

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: OLIVER ADULT FAMILY HOME (0012467)
Address: 4845 NATURE TRAIL, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 08/21/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102517 **End Date:** 09/09/2008 **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: PARADISE HOUSE (0009180)
Address: 3410 STRATFORD AVE, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 01/03/2001
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0100295 **End Date:** 09/04/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DQMU11 Served 10/11/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.10(3)(a)	FAIR TREATMENT		
88.10(3)(e)	SELF-DIRECTION		

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

Enforcement History (PARADISE HOUSE)

Date: 10/10/2007 SOD #DQMU11 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: PHOENIX HOUSE (390092)
Address: 129 SHEFFIELD DR, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 05/31/1996
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0100248 **End Date:** 08/16/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098888 **End Date:** 02/26/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011949 Served 03/20/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(b)	SERVICES DIRECTED TO GOALS	08/16/2007	Yes
88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS	08/16/2007	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 (PHOENIX HOUSE)

Date: 03/19/2007 SOD #10011949 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

Complaint History (PHOENIX HOUSE)

Date Complaint Received: 10/23/2006

Date Investigation Completed: 02/26/2007

Subject Area(s)
RESIDENT RIGHTS
ADMINISTRATION

Result
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

10011949

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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: SUCCOR HOUSE (0012874)
Address: 1234 HAYES AVE, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 08/21/2009
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: SUNRISE HOUSE ADULT FAMILY CARE (390152)
Address: 941 N MEMORIAL DR, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 01/01/1997
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0100686 **End Date:** 11/19/2007 **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: TIME TO TREASURE II AFH (0012136)
Address: 5230 BISCAYNE AVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 10/11/2007
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0100488 **End Date:** 10/11/2007 **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

Facility Information

Facility Name: TIME TO TREASURE III AFH LLC (0012251)
Address: 5232 BISCAYNE AVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 02/07/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0101042 **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: TIME TO TREASURE (0010806)
Address: 2209 PROSPECT ST, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 02/24/2005
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102793 **End Date:** 10/08/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100055 **End Date:** 08/16/2007 **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

Complaint History (TIME TO TREASURE)

Date Complaint Received: 09/24/2008

Date Investigation Completed: 10/08/2008

Subject Area(s)

Result

SOD #

SUPERVISION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

NUTRITION & FOOD SERVICES

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: TRUE LIFE HOMES I (0010761)
Address: 5532 BYRD AVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 12/21/2004
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104492 **End Date:** 02/03/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #B0JM11 Served 08/03/2009

<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(2)(g)1	HEALTH SCREENING FOR STAFF		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.06(3)(f)	REVIEW OF ISP		
88.10(3)(a)	FAIR TREATMENT		

Survey ID: 0102321 **End Date:** 07/31/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099626 **End Date:** 06/20/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Survey ID: 0098892 End Date: 03/15/2007 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011950 Served 03/21/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	06/20/2007	Yes

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

Complaint History (TRUE LIFE HOMES I)

Date Complaint Received: 06/20/2008

Date Investigation Completed: 07/31/2008

Subject Area(s)

RESIDENT RIGHTS
RESIDENT BEHAVIOR/FACILITY PRACTICE

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

NOT RECORDED

Date Complaint Received: 03/12/2007

Date Investigation Completed: 06/20/2007

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/31/2006

Date Investigation Completed: 03/15/2007

Subject Area(s)

RESIDENT RIGHTS
NUTRITION & FOOD SERVICES
STAFF TRAINING AND PROFICIENCY

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
Adult Family Home
COUNTY: RACINE

Facility Information

Facility Name: TRUE LIFE HOMES II (0011524)
Address: 920 SOUTH ST, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 10/18/2006
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103364 **End Date:** 01/27/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #3KHR11 Served 02/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		

Survey ID: 0098042 **End Date:** 10/18/2006 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: TRUE LIFE HOMES LLC (0012442)
Address: 621 THUNDERBIRD DR, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 09/25/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102675 **End Date:** 09/25/2008 **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: VISIONS OF LIFE LLC (0012076)
Address: 7925 DANIEL CT, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 09/06/2007
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0100095 **End Date:** 09/06/2007 **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: WEST HAVEN ADULT FAMILY HOME (0012126)
Address: 1141 N INDIANA ST, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 10/11/2007
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0100515 **End Date:** 10/10/2007 **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 (WEST HAVEN ADULT FAMILY HOME)

Date Complaint Received: 06/24/2009

Date Investigation Completed: 07/15/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL PLANTS & SAFETY HAZARDS	SUBSTANTIATED	PHFE11
HOMELIKE ENVIRONMENT & CLEANLINESS	SUBSTANTIATED	PHFE11

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