

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

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 28 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Facility Information

Facility Name: ARBOR VIEW COMMUNITIES II (0012540)

Address: 34205 ARBOR LN, BURLINGTON, WI 53105

License Status: PROBATIONARY

Licensed/Certified/Registered 11/07/2008

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

Survey History

Survey ID: 0102875 **End Date:** 11/07/2008 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE 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: RACINE

Facility Information

Facility Name: ARBOR VIEW COMMUNITIES (0011841)

Address: 34201 ARBOR LN, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 11/01/2007

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

Survey History

Survey ID: 0103637 **End Date:** 02/09/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2EQZ12 Served 03/27/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(d)	REVIEW OF PROGRESS	04/01/2009	
83.33(2)(a)	SUPERVISION	04/01/2009	

Survey ID: 0100423 **End Date:** 10/23/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2EQZ11 Served 11/01/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(3)(b)	SUPERVISED BY RN OR PHARMACIST	12/04/2008	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	12/04/2008	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	12/04/2008	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Survey ID: 0099501 **End Date: 06/07/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099324 **End Date: 05/15/2007** **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Enforcement History (ARBOR VIEW COMMUNITIES)

Date: 03/24/2009 **SOD #2EQZ12** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.32(2)(d)

FORFEITURE---83.33(2)(a)

Date: 10/29/2007 **SOD #2EQZ11** **Appealed: No**

Sanctions

FORFEITURE---83.14(3)(b)

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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: RACINE

Complaint History (ARBOR VIEW COMMUNITIES)

Date Complaint Received: 11/26/2008

Date Investigation Completed: 01/09/2009

Subject Area(s)

SUPERVISION
PHYSICAL PLANTS & SAFETY HAZARDS
STAFF ADEQUACY

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

2EQZ12

Date Complaint Received: 11/25/2008

Date Investigation Completed: 02/09/2009

Subject Area(s)

SUPERVISION
PHYSICAL PLANTS & SAFETY HAZARDS
STAFF ADEQUACY

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

2EQZ12

Date Complaint Received: 05/18/2007

Date Investigation Completed: 06/07/2007

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
MEDICATIONS

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 AA (AMBULATORY)
COUNTY: RACINE

Facility Information

Facility Name: CRABTREE HOUSE (0009072)
Address: 224 EDWARD ST, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 02/01/2001
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103280 **End Date:** 10/23/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101730 **End Date:** 04/24/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IGF311 Served 05/31/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	10/23/2008	Yes
83.14(3)	INITIAL TRAINING MEDICATIONS	10/23/2008	Yes
83.15(1)(c)1	ADEQUATE STAFFING	10/23/2008	Yes

Survey ID: 0101608 **End Date:** 04/02/2008 **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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: RACINE

Survey ID: 0099646 End Date: 06/25/2007 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J4ZY15 Served 07/07/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	04/02/2008	Yes
83.41(10)(a)	BUILDING MAINTENANCE	04/02/2008	Yes

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

Enforcement History (CRABTREE HOUSE)

Date: 05/16/2008 SOD #IGF311 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.14(1)(d)
FORFEITURE---83.14(3)
FORFEITURE---83.15(1)(c)1

Date: 07/03/2007 SOD #J4ZY15 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.11(3)(a)
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 AA (AMBULATORY)
COUNTY: RACINE

Complaint History (CRABTREE HOUSE)

Date Complaint Received: 09/10/2008

Date Investigation Completed: 10/23/2008

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

Date Complaint Received: 04/02/2008

Date Investigation Completed: 04/24/2008

Subject Area(s)

Result

SOD #

PHYSICAL PLANTS & SAFETY HAZARDS
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED
SUBSTANTIATED

IGF311
IGF311

Date Complaint Received: 10/11/2007

Date Investigation Completed: 04/02/2008

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS
ADMINISTRATION

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 10/02/2007

Date Investigation Completed: 04/02/2008

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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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: RACINE

Facility Information

Facility Name: HIL HILLSIDE (0009760)

Address: 373 CHURCH ST, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 01/01/2002

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

Survey History

Survey ID: 0100474 **End Date:** 10/16/2007 **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: RACINE

Facility Information

Facility Name: HIL KENDRICK HOME (0010610)

Address: 265 N KENDRICK AVE, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 02/01/2006

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

Survey History

Survey ID: 0100303 **End Date:** 10/08/2007 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Facility Information

Facility Name: HIL WANDA FROGG VILLA/MEADOWHAVEN (0012315)

Address: 524 SUMMIT AVE, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 12/01/2008

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

Survey History

Survey ID: 0103026 **End Date:** 10/21/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101914 **End Date:** 06/03/2008 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE 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: RACINE

Facility Information

Facility Name: PINE BROOK POINTE (0008582)

Address: 1001 S PINE ST, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 02/01/2000

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

Survey History

Survey ID: 0102883 **End Date:** 10/22/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #7HHI13 Served 11/13/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(7)(b)	CONTINUING EDUCATION	04/01/2009	

Survey ID: 0098820 **End Date:** 02/28/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011946 Served 03/07/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(4)(b)	HEATING SYSTEM MAINTAINED SAFE	10/14/2008	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	10/14/2008	Yes

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

Facility Information

Facility Name: EAGLE HOUSE (310369)
Address: 807 53RD DR, UNION GROVE, WI 53182
License Status: REGULAR
Licensed/Certified/Registered 11/01/1996
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0100685 **End Date:** 11/26/2007 **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: RACINE

Facility Information

Facility Name: SHEPHERDS MAIN BUILDING COTTAGE (310529)

Address: 1805 15TH AVE, UNION GROVE, WI 53182

License Status: REGULAR

Licensed/Certified/Registered 04/01/1981

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

Survey History

Survey ID: 0102911 **End Date:** 10/30/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Facility Information

Facility Name: TIMBER OAKS (310564)

Address: 1390 8TH AVE, UNION GROVE, WI 53182

License Status: REGULAR

Licensed/Certified/Registered 09/04/1991

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

Survey History

Survey ID: 0104083 **End Date:** 05/14/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #0PWG11 Served 06/03/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(b)	TRAINING IN FIRE SAFETY		
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS		

Survey ID: 0099562 **End Date:** 05/21/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QXNX11 Served 06/25/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(1)(a)	ASSESSMENT AND ISP	04/01/2009	
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	04/01/2009	
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	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 CNA (NONAMBULATORY)

COUNTY: RACINE

Enforcement History (TIMBER OAKS)

Date: 06/22/2007 SOD #QXNX11 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Facility Information

Facility Name: WISCONSIN VETERANS HOME FAIRCHILD HALL (0009253)

Address: 21425 SPRING ST #D, UNION GROVE, WI 53182

License Status: REGULAR

Licensed/Certified/Registered 03/01/2002

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

Survey History

Survey ID: 0102714 **End Date:** 08/13/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101844 **End Date:** 05/09/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #POG511 Served 06/06/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	08/13/2008	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	08/13/2008	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	08/13/2008	Yes

Survey ID: 0099819 **End Date:** 07/19/2007 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Complaint History (WISCONSIN VETERANS HOME FAIRCHILD HALL)

Date Complaint Received: 06/20/2008

Date Investigation Completed: 08/13/2008

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE

Result

SUBSTANTIATED

SOD #

NOT RECORDED

Date Complaint Received: 04/08/2008

Date Investigation Completed: 05/09/2008

Subject Area(s)

MEDICATIONS

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/31/2008

Date Investigation Completed: 05/09/2008

Subject Area(s)

RESIDENT RIGHTS

ABUSE

MEDICATIONS

ADMISSION, TRANSFER & DISCHARGE

PROGRAM SERVICES

Result

SUBSTANTIATED

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SUBSTANTIATED

SUBSTANTIATED

SOD #

POG511

POG511

POG511

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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: RACINE

Facility Information

Facility Name: WISCONSIN VETERANS HOME SHEMANSKE HALL (0009423)

Address: 21425 SPRING ST #C, UNION GROVE, WI 53182

License Status: REGULAR

Licensed/Certified/Registered 09/01/2002

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

Survey History

Survey ID: 0103688 **End Date:** 02/13/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103703 **End Date:** 02/13/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099565 **End Date:** 05/28/2007 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #HITU11 Served 06/23/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.31(2)	EMERGENCY OR TEMPORARY TRANSFER	02/13/2009	Yes
83.41(9)	CLEANLINESS OF ROOMS	02/13/2009	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Complaint History (WISCONSIN VETERANS HOME SHEMANSKE HALL)

Date Complaint Received: 03/15/2007

Date Investigation Completed: 05/28/2007

Subject Area(s)

Result

SOD #

NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED

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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: RACINE

Facility Information

Facility Name: HIL FOX MEAD GROUP HOME (0009691)

Address: 516 FOX MEAD CROSSING, WATERFORD, WI 53185

License Status: REGULAR

Licensed/Certified/Registered 01/01/2002

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

Survey History

Survey ID: 0103627 **End Date:** 03/12/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #HDOG11 Served 03/23/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	

Survey ID: 0099171 **End Date:** 04/25/2007 **Type:** ABBREVIATED **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Facility Information

Facility Name: LAKEVIEW REHABILITATION CENTER (310445)

Address: 1701 SHARP RD, WATERFORD, WI 53185

License Status: REGULAR

Licensed/Certified/Registered 04/01/1997

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

Survey History

Survey ID: 0103929 **End Date:** 04/22/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102673 **End Date:** 07/07/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100065 **End Date:** 08/28/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099624 **End Date:** 06/20/2007 **Type:** ABBREVIATED **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Complaint History (LAKEVIEW REHABILITATION CENTER)

Date Complaint Received: 05/30/2008

Date Investigation Completed: 07/07/2008

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/09/2007

Date Investigation Completed: 08/28/2007

Subject Area(s)
PHYSICAL PLANTS & SAFETY HAZARDS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/18/2007

Date Investigation Completed: 08/28/2007

Subject Area(s)
SUPERVISION

Result
SUBSTANTIATED

SOD #
NOT RECORDED

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

Facility Information

Facility Name: LAKEVIEW WATERFORD INC (0012119)
Address: 5310 BUENA PARK RD, WATERFORD, WI 53185
License Status: REGULAR
Licensed/Certified/Registered 12/01/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102751 **End Date:** 09/23/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0101011 **End Date:** 11/29/2007 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

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

Facility Information

Facility Name: AFFINITY HEALTH CARE LLC (0011322)
Address: 8208 RACINE AVE, WIND LAKE, WI 53185
License Status: REGULAR
Licensed/Certified/Registered 03/01/2007
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104078 **End Date:** 05/13/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #C37X11 Served 06/03/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(2)(a)	EXPLANATION OF RESIDENT RIGHTS		

Survey ID: 0098601 **End Date:** 01/30/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0097652 **End Date:** 08/30/2006 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE 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: RACINE

Facility Information

Facility Name: ROLLING MEADOWS (0012246)

Address: 8212 RACINE AVE, WIND LAKE, WI 53185

License Status: REGULAR

Licensed/Certified/Registered 05/05/2008

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

Survey History

Survey ID: 0103628 **End Date:** 03/05/2009 **Type:** STANDARD **Purpose:** SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #7PJY11 Served 03/24/2009

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

Survey ID: 0101661 **End Date:** 05/05/2008 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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