

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

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 38 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: RICHLAND

Facility Information

Facility Name: RIDGEVIEW (0008490)
Address: 25601 VIOLET DR, BLUE RIVER, WI 53518
License Status: REGULAR
Licensed/Certified/Registered 02/15/1999
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

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: RICHLAND

Facility Information

Facility Name: NINOVAN (0012739)
Address: 25399 JEFFERSON STREET, BOAZ, WI 53581
License Status: REGULAR
Licensed/Certified/Registered 04/01/2009
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103706 **End Date:** 03/30/2009 **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: RICHLAND

Facility Information

Facility Name: DELANNA HOUSE (0011189)
Address: 11256 QUAKER VALLEY RD, CAZENOVIA, WI 53924
License Status: REGULAR
Licensed/Certified/Registered 02/08/2006
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0097519 **End Date:** 07/25/2006 **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: RICHLAND

Facility Information

Facility Name: WHEAT HOLLOW ADULT FAMILY HOME (0010561)

Address: 29726 WHEAT HOLLOW ROAD, CAZENOVIA, WI 53924

License Status: REGULAR

Licensed/Certified/Registered 04/22/2004

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

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: RICHLAND

Facility Information

Facility Name: MYSTIC MEADOWS LLC (0011084)
Address: 14150 CTY RD C, HILLSBORO, WI 54634
License Status: REGULAR
Licensed/Certified/Registered 08/08/2005
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

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: RICHLAND

Facility Information

Facility Name: AIR VIEW GROUP HOME (0011688)
Address: 28286 CLARY LANE, RICHLAND CENTER, WI 53581
License Status: REGULAR
Licensed/Certified/Registered 04/10/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0104106 **End Date:** 05/27/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #16QX12 Served 06/24/2009

Deficiencies Cited
88.04(5)(a)

Subject Area
TRAINING-15 HOURS WITHIN 6 MONTHS

Compliance
Verified

Corrected

Survey ID: 0102495 **End Date:** 09/16/2008 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101184 **End Date:** 12/11/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #16QX11 Served 02/22/2008

Deficiencies Cited
88.04(5)(a)

Subject Area
TRAINING-15 HOURS WITHIN 6 MONTHS

Compliance
Verified
09/16/2008

Corrected
Yes

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

Survey ID: 0099030 End Date: 04/10/2007 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: RICHLAND

Enforcement History (AIR VIEW GROUP HOME)

Date: 06/03/2009 **SOD #16QX12** **Appealed: No**

Sanctions

NO NEW ADMISSIONS

Date: 01/18/2008 **SOD #16QX11** **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: RICHLAND

Facility Information

Facility Name: ALLISON PARK GROUP HOME (0009103)
Address: 1960 ALLISON PARK DR, RICHLAND CENTER, WI 53581
License Status: REGULAR
Licensed/Certified/Registered 09/14/2000
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0104100 **End Date:** 05/21/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099640 **End Date:** 05/16/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FV8211 Served 06/29/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	05/21/2009	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	05/21/2009	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	05/21/2009	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	05/21/2009	Yes

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

Enforcement History (ALLISON PARK GROUP HOME)

Date: 06/26/2007 SOD #FV8211 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: RICHLAND

Facility Information

Facility Name: BUCKHORN HOUSE (0012028)
Address: 23877 BUCKHORN LN, RICHLAND CENTER, WI 53581
License Status: REGULAR
Licensed/Certified/Registered 07/22/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0104259 **End Date:** 06/23/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103825 **End Date:** 04/10/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103243 **End Date:** 09/04/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101837 **End Date:** 04/23/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099977 **End Date:** 07/18/2007 **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: RICHLAND

Complaint History (BUCKHORN HOUSE)

Date Complaint Received: 03/13/2009

Date Investigation Completed: 04/10/2009

Subject Area(s)
MEDICATIONS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/12/2008

Date Investigation Completed: 04/08/2009

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/18/2008

Date Investigation Completed: 09/04/2008

Subject Area(s)
RESIDENT BEHAVIOR/FACILITY PRACTICE
ADMINISTRATION
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/17/2008

Date Investigation Completed: 04/23/2008

Subject Area(s)
SUPERVISION

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: RICHLAND

Facility Information

Facility Name: BURTON ADULT FAMILY HOME (0009808)
Address: 895 E BURTON ST, RICHLAND CENTER, WI 53581
License Status: REGULAR
Licensed/Certified/Registered 09/10/2002
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0099765 **End Date:** 07/11/2007 **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: RICHLAND

Facility Information

Facility Name: CLEARBROOK (0012765)
Address: 204 S STEWART ST, RICHLAND CENTER, WI 53581
License Status: REGULAR
Licensed/Certified/Registered 03/13/2009
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103599 **End Date:** 03/13/2009 **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: RICHLAND

Facility Information

Facility Name: COUNTRY CARE (190046)
Address: 17782 COUNTY HWY Q, RICHLAND CENTER, WI 53581
License Status: REGULAR
Licensed/Certified/Registered 03/31/1996
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0104089 **End Date:** 05/05/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #91EX11 Served 06/08/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT		

Survey ID: 0101971 **End Date:** 06/23/2008 **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: RICHLAND

Survey ID: 0101232 End Date: 02/21/2008 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #FQHT11 Served 03/03/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	03/07/2008	Yes
50.065(2)(d)	MAINTAIN BACKGROUND INFORMATION	03/01/2008	Yes
88.05(3)(a)	HOME ENVIRONMENT	06/23/2008	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	06/23/2008	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	06/23/2008	Yes
88.06(3)(d)1	DESCRIPTION OF SERVICES	06/23/2008	Yes

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

Enforcement History (COUNTRY CARE)

Date: 06/02/2009 SOD #91EX11 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: RICHLAND

Complaint History (COUNTRY CARE)

Date Complaint Received: 04/27/2009

Date Investigation Completed: 05/05/2009

Subject Area(s)
MEDICATIONS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/07/2009

Date Investigation Completed: 05/05/2009

Subject Area(s)
SUPERVISION
ADMINISTRATION
PROGRAM SERVICES
QUALITY OF LIFE

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/07/2008

Date Investigation Completed: 06/23/2008

Subject Area(s)
PHYSICAL PLANTS & SAFETY HAZARDS
NUTRITION & FOOD SERVICES
ADMINISTRATION

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: RICHLAND

Facility Information

Facility Name: DEER VALLEY (0011216)
Address: 14468 QUARRY DR, RICHLAND CENTER, WI 53581
License Status: REGULAR
Licensed/Certified/Registered 03/01/2006
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0097520 **End Date:** 07/26/2006 **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: RICHLAND

Facility Information

Facility Name: FILLYAW ADULT FAMILY HOME (0011560)
Address: 511 E BURTON ST, RICHLAND CENTER, WI 53581
License Status: REGULAR
Licensed/Certified/Registered 11/06/2006
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103856 **End Date:** 04/08/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L5M611 Served 04/23/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(h)	COMPLY WITH OSHA		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

Survey ID: 0098127 **End Date:** 10/31/2006 **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: RICHLAND

Enforcement History (FILLYAW ADULT FAMILY HOME)

Date: 04/21/2009 SOD #L5M611 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: RICHLAND

Facility Information

Facility Name: KNAPP PRESTON AFH (0009970)
Address: 2075 E PRESTON DR, RICHLAND CENTER, WI 53581
License Status: REGULAR
Licensed/Certified/Registered 01/23/2003
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

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: RICHLAND

Facility Information

Facility Name: PINE CREST (0011020)
Address: 18966 CHICKEN RIDGE RD, RICHLAND CENTER, WI 53581
License Status: REGULAR
Licensed/Certified/Registered 08/22/2005
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0104102 **End Date:** 05/06/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S7GS12 Served 06/08/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES		
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT		
88.06(3)(d)1	DESCRIPTION OF SERVICES		
88.07(1)(a)	RESIDENT CARE-GENERAL REQUIREMENTS		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
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: RICHLAND

Enforcement History (PINE CREST)

Date: 06/03/2009 SOD #S7GS12 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: RICHLAND

Complaint History (PINE CREST)

Date Complaint Received: 03/25/2009

Date Investigation Completed: 05/06/2009

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE

SUBSTANTIATED

S7GS12

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

Facility Information

Facility Name: RICHLAND COUNTY CARE LLC (0012167)
Address: 245 S CHURCH ST, RICHLAND CENTER, WI 53581
License Status: REGULAR
Licensed/Certified/Registered 12/01/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0100690 **End Date:** 11/30/2007 **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: RICHLAND

Facility Information

Facility Name: SCENIC VALLEY (199004)
Address: 17804 COUNTY HWY Q, RICHLAND CENTER, WI 53581
License Status: REGULAR
Licensed/Certified/Registered 12/16/1997
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

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: RICHLAND

Facility Information

Facility Name: SERENITY HOUSE (0012221)
Address: 28901 DOBBS LANE, RICHLAND CENTER, WI 53581
License Status: REGULAR
Licensed/Certified/Registered 02/01/2008
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0100975 **End Date:** 01/28/2008 **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: RICHLAND

Facility Information

Facility Name: VALLEY VIEW HOME II (0010895)
Address: 19872 CTY HWY NN, RICHLAND CENTER, WI 53581
License Status: REGULAR
Licensed/Certified/Registered 05/16/2005
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103509 **End Date:** 02/19/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #6SNF11 Served 02/26/2009

Deficiencies Cited
88.06(3)(d)

Subject Area
INDIVIDUAL SERVICE PLAN

Compliance
Verified

Corrected

Survey ID: 0099988 **End Date:** 07/19/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TN7G11 Served 08/13/2007

Deficiencies Cited
88.07(3)(a)

Subject Area
PRESCRIPTION MEDICATIONS

Compliance
Verified
08/20/2007

Corrected
Yes

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

Facility Information

Facility Name: VALLEY VIEW HOME (190063)
Address: 28425 COOP WOODS RD, RICHLAND CENTER, WI 53581
License Status: REGULAR
Licensed/Certified/Registered 07/01/1996
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0099499 **End Date:** 05/23/2007 **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: RICHLAND

Facility Information

Facility Name: MYSTIC ACRES LLC (0009734)
Address: 12878 CTY RD I, VIOLA, WI 54664
License Status: REGULAR
Licensed/Certified/Registered 07/23/2002
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0104312 **End Date:** 06/17/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #B5M312 Served 07/07/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		
88.10(3)(a)	FAIR TREATMENT		

Survey ID: 0103564 **End Date:** 03/06/2009 **Type:** OTHER **Purpose:** SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #B5M311 Served 03/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	06/17/2009	Yes
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	06/17/2009	Yes

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

Survey ID: 0100915 End Date: 11/18/2007 Type: ABBREVIATED Purpose: SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OL7Y11 Served 01/22/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	06/17/2009	Yes
88.05(3)(b)	FREE OF HAZARDS	06/17/2009	Yes

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

Complaint History (MYSTIC ACRES LLC)

Date Complaint Received: 06/10/2009

Date Investigation Completed: 06/17/2009

Subject Area(s)
SUPERVISION
STAFF ADEQUACY

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
B5M312
B5M312

Date Complaint Received: 05/26/2009

Date Investigation Completed: 06/17/2009

Subject Area(s)
SUPERVISION

Result
SUBSTANTIATED

SOD #
B5M312

Date Complaint Received: 05/22/2009

Date Investigation Completed: 06/17/2009

Subject Area(s)
SUPERVISION
STAFF ADEQUACY
QUALITY OF LIFE

Result
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #
B5M312
B5M312
B5M312

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

Facility Information

Facility Name: MYSTIC CREEK LLC (0010884)
Address: 12489 STATE HWY 56, VIOLA, WI 54664
License Status: REGULAR
Licensed/Certified/Registered 03/01/2005
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0100586 **End Date:** 09/26/2007 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #24H411 Served 11/16/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(a)	FAIR TREATMENT	07/07/2009	Yes

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

Complaint History (MYSTIC CREEK LLC)

Date Complaint Received: 08/14/2007

Date Investigation Completed: 09/26/2007

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE

SUBSTANTIATED

24H411

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

Facility Information

Facility Name: TIMBER TRAILS (0011115)
Address: 18627 HIGH POINT RD, VIOLA, WI 54664
License Status: REGULAR
Licensed/Certified/Registered 09/19/2005
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0104207 **End Date:** 06/17/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CW2J12 Served 06/22/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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: RICHLAND

Facility Information

Facility Name: WIND RIDGE HOME (190080)
Address: 14803 JEWELL RD, VIOLA, WI 546648716
License Status: REGULAR
Licensed/Certified/Registered 03/12/1996
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0099227 **End Date:** 05/03/2007 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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