

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

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 13 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 AA (AMBULATORY)
COUNTY: RICHLAND

Facility Information

Facility Name: HOMESTEAD (THE) (110388)
Address: 13599 KANTON RD, BLUE RIVER, WI 53518
License Status: REGULAR
Licensed/Certified/Registered 06/16/1994
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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: RICHLAND

Facility Information

Facility Name: RIDGE VIEW HOME (0012589)
Address: 125 CUNNINGHAM RIDGE RD, CAZENOVIA, WI 53924
License Status: PROBATIONARY
Licensed/Certified/Registered 01/26/2009
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103299 **End Date:** 01/26/2009 **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 AA (AMBULATORY)
COUNTY: RICHLAND

Facility Information

Facility Name: WILLIS SPRING ACRES (110336)
Address: 33834 SMYTH HOLLOW RD, HILLPOINT, WI 53937
License Status: REGULAR
Licensed/Certified/Registered 03/31/1992
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103956 **End Date:** 04/29/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #HBPG11 Served 05/11/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT		
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72		
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY		

Survey ID: 0097874 **End Date:** 09/21/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008414 Served 10/13/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(w)	SAFE ENVIRONMENT	09/28/2007	Yes
83.41(10)(a)	BUILDING MAINTENANCE	09/28/2007	Yes

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

Enforcement History (WILLIS SPRING ACRES)

Date: 10/11/2006 SOD #10008414 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.21(4)(w)

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 ANA (NONAMBULATORY)

COUNTY: RICHLAND

Facility Information

Facility Name: HARVEST GUEST HOME (110455)

Address: 875 WEST SIDE DR, RICHLAND CENTER, WI 53581

License Status: REGULAR

Licensed/Certified/Registered 01/31/1996

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

Survey History

Survey ID: 0103354 **End Date:** 02/03/2009 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102338 **End Date:** 07/22/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5D3N11 Served 08/16/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(d)	COMMUNITY ACTIVITIES	02/03/2009	Yes

Survey ID: 0101905 **End Date:** 05/20/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SVPO11 Served 06/07/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(c)2	PROOF-OF-USE RECORDS MAINTAINED	07/23/2008	Yes
83.33(3)(c)3	PROOF-OF-USE RECORD AUDITED DAILY	07/23/2008	Yes
83.52(2)(b)	TYPE 3 WITH SPRINKLER AND DETECTOR	01/26/2009	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

COUNTY: RICHLAND

Enforcement History (HARVEST GUEST HOME)

Date: 08/13/2008 **SOD #5D3N11** **Appealed: No**

Sanctions

FORFEITURE---83.33(2)(d)

Date: 06/02/2008 **SOD #SVPO11** **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 ANA (NONAMBULATORY)

COUNTY: RICHLAND

Complaint History (HARVEST GUEST HOME)

Date Complaint Received: 07/14/2008

Date Investigation Completed: 07/24/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	
QUALITY OF LIFE	SUBSTANTIATED	5D3911

Date Complaint Received: 07/01/2008

Date Investigation Completed: 07/24/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	
QUALITY OF LIFE	SUBSTANTIATED	5D3911

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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: RICHLAND

Facility Information

Facility Name: OUR HOUSE MEMORY CARE (0011060)

Address: 240 N ORANGE ST, RICHLAND CENTER, WI 53581

License Status: REGULAR

Licensed/Certified/Registered 04/01/2006

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

Survey History

Survey ID: 0104313 **End Date:** 06/23/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7J1V11 Served 07/06/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

Survey ID: 0098719 **End Date:** 02/13/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097604 **End Date:** 08/16/2006 **Type:** STANDARD **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RICHLAND

Complaint History (OUR HOUSE MEMORY CARE)

Date Complaint Received: 12/06/2006

Date Investigation Completed: 02/13/2007

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
MEDICATIONS
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/24/2006

Date Investigation Completed: 08/16/2006

Subject Area(s)

MEDICATIONS
ADMISSION, TRANSFER & DISCHARGE
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/11/2006

Date Investigation Completed: 08/17/2006

Subject Area(s)

MEDICATIONS
PROGRAM SERVICES

Result

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 CNA (NONAMBULATORY)

COUNTY: RICHLAND

Facility Information

Facility Name: SAMARITAN HOUSE (110454)

Address: 875 WEST SIDE DR, RICHLAND CENTER, WI 53581

License Status: REGULAR

Licensed/Certified/Registered 01/31/1996

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

Survey History

Survey ID: 0104258 **End Date:** 06/24/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101802 **End Date:** 05/20/2008 **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: RICHLAND

Complaint History (SAMARITAN HOUSE)

Date Complaint Received: 06/10/2009

Date Investigation Completed: 06/24/2009

Subject Area(s)

SUPERVISION
STAFF TRAINING AND PROFICIENCY
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RICHLAND

Facility Information

Facility Name: SCHMITT WOODLAND HILLS INC (110230)

Address: 1400 W SEMINARY ST, RICHLAND CENTER, WI 53581

License Status: REGULAR

Licensed/Certified/Registered 08/31/1988

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

Survey History

Survey ID: 0101787 **End Date:** 04/22/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KLHM11 Served 05/21/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(d)	RETAIN WRITTEN REPORT OF ASSESSMENT	04/01/2009	
83.41(5)(a)4	BATHROOMS SHALL PROVIDE PRIVACY	04/01/2009	

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