

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

Notes

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

The report includes only facilities located within the City of Janesville. 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 45 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 CS (SEMIAMBULATORY)

COUNTY: ROCK

Facility Information

Facility Name: BEECHWOOD (0011374)

Address: 315 BEECHWOOD DRIVE, JANESVILLE, WI 53545

License Status: REGULAR

Licensed/Certified/Registered 03/31/2006

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

Survey History

Survey ID: 0102985 **End Date:** 11/19/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ROCK

Facility Information

Facility Name: CEDAR CREST ASSISTED LIVING (0008495)

Address: 1704 S RIVER RD, JANESVILLE, WI 53546

License Status: REGULAR

Licensed/Certified/Registered 04/30/1999

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

Survey History

Survey ID: 0102970 **End Date:** 11/20/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YBO312 Served 12/02/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(f)2	REASSESSED QUARTERLY FOR MEDICATION	04/01/2009	

Survey ID: 0098665 **End Date:** 01/31/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008466 Served 02/13/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.04(1)	CONTRACTING BACKGROUND CHECKS ALLOWED		
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	11/20/2008	Yes
83.43(4)(b)2	CBRFS LICENSED AFTER 1-1-97	11/20/2008	Yes
83.43(5)(a)	HEAT DETECTORS	11/20/2008	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: ROCK

Enforcement History (CEDAR CREST ASSISTED LIVING)

Date: 11/26/2008 **SOD #YBO312** **Appealed: No**

Sanctions

FORFEITURE---83.33(3)(f)2

Date: 02/12/2007 **SOD #10008466** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.19(3)(f)

FORFEITURE---83.43(4)(b)2

FORFEITURE---83.43(5)(a)

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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: ROCK

Facility Information

Facility Name: COZY LIL ACRE INC (0009460)

Address: 521 NORTH GRANT ST, JANESVILLE, WI 53548

License Status: REGULAR

Licensed/Certified/Registered 06/01/2002

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

Survey History

Survey ID: 0104257 **End Date:** 06/24/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099563 **End Date:** 06/07/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PQDH13 Served 06/23/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	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: ROCK

Enforcement History (COZY LIL ACRE INC)

Date: 06/22/2007 SOD #PQDH13 Appealed: No

Sanctions

FORFEITURE---83.32(2)(a) 2nd cite ISP

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: ROCK

Facility Information

Facility Name: COZY LIL ACRE INC (110468)

Address: 2210 MINERAL POINT AVE, JANESVILLE, WI 53545

License Status: REGULAR

Licensed/Certified/Registered 05/31/1996

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

Survey History

Survey ID: 0102267 **End Date:** 07/29/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097377 **End Date:** 07/12/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ROCK

Facility Information

Facility Name: DUPONT (0011375)

Address: 1947 DUPONT DR, JANESVILLE, WI 53546

License Status: REGULAR

Licensed/Certified/Registered 12/01/2006

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

Survey History

Survey ID: 0101115 **End Date:** 02/18/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098251 **End Date:** 11/30/2006 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ROCK

Complaint History (DUPONT)

Date Complaint Received: 12/14/2007

Date Investigation Completed: 02/18/2008

Subject Area(s)
ABUSE
STAFF ADEQUACY

Result
SUBSTANTIATED
NOT 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: ROCK

Facility Information

Facility Name: GROUP LIVING HOME INC (110146)
Address: 1941 GERSHWIN DR, JANESVILLE, WI 53545
License Status: REGULAR
Licensed/Certified/Registered 07/31/1995
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0100642 **End Date:** 11/09/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NCKU12 Served 12/04/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(w)	SAFE ENVIRONMENT	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 AA (AMBULATORY)
COUNTY: ROCK

Enforcement History (GROUP LIVING HOME INC)

Date: 11/29/2007 SOD #NCKU12 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.21(4)(w)

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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: ROCK

Facility Information

Facility Name: HARBOR HOUSE (0011441)

Address: 719 HAWTHORNE AVE, JANESVILLE, WI 53545

License Status: REGULAR

Licensed/Certified/Registered 12/01/2006

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

Survey History

Survey ID: 0101407 **End Date:** 03/24/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #C6CQ11 Served 04/08/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	04/01/2009	
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	
83.41(1)(e)1	BEDROOM ARRANGEMENTS	04/01/2009	

Survey ID: 0100865 **End Date:** 01/09/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ROCK

Enforcement History (HARBOR HOUSE)

Date: 04/03/2008 SOD #C6CQ11 Appealed: No

Sanctions

FORFEITURE---83.19(3)(f)

FORFEITURE---83.21(4)(w)

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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: ROCK

Complaint History (HARBOR HOUSE)

Date Complaint Received: 02/26/2008

Date Investigation Completed: 03/24/2008

Subject Area(s)

Result

SOD #

ABUSE

SUBSTANTIATED

C6CQ11

Date Complaint Received: 11/26/2007

Date Investigation Completed: 01/09/2008

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

Date Complaint Received: 10/29/2007

Date Investigation Completed: 01/09/2008

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

MEDICATIONS

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

STAFF ADEQUACY

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: ROCK

Facility Information

Facility Name: HEARTHSIDE (110252)

Address: 2203 HANCOCK LANE, JANESVILLE, WI 53545

License Status: REGULAR

Licensed/Certified/Registered 08/04/1989

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

Survey History

Survey ID: 0103209 **End Date:** 01/05/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DE4F11 Served 01/13/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(e)2.b	INJECTIONS	04/01/2009	
83.33(3)(e)5	MEDICAL RECORD DOCUMENTATION	04/01/2009	
83.33(3)(f)2	REASSESSED QUARTERLY FOR MEDICATION	04/01/2009	
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	04/01/2009	
83.41(4)(c)	PORTABLE SPACE HEATERS PROHIBITED	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	

Survey ID: 0098689 **End Date:** 02/14/2007 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ROCK

Survey ID: 0098199 **End Date: 11/15/2006** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008435 Served 11/29/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(8)(b)	FIRE EXTINGUISHER	02/14/2007	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: ROCK

Enforcement History (HEARTHSIDE)

Date: 01/09/2009 SOD #DE4F11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.33(3)(e)2.b
FORFEITURE---83.33(3)(e)5
FORFEITURE---83.41(10)(b)
FORFEITURE---83.42(4)(f)

Date: 11/28/2006 SOD #10008435 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.42(8)(b) 2nd cite

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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: ROCK

Complaint History (HEARTHSIDE)

Date Complaint Received: 12/22/2006

Date Investigation Completed: 02/14/2007

Subject Area(s)
SUPERVISION
QUALITY OF LIFE

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: ROCK

Facility Information

Facility Name: HUNTINGTON RESIDENCE MEMORY CARE #3 (0010590)

Address: 3902 EAST ROTAMER RD, JANESVILLE, WI 53546

License Status: REGULAR

Licensed/Certified/Registered 12/01/2004

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

Survey History

Survey ID: 0103916 **End Date:** 04/22/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101451 **End Date:** 04/03/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100876 **End Date:** 01/14/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100877 **End Date:** 01/14/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ROCK

Survey ID: 0099048 End Date: 03/22/2007 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008491 Served 04/16/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	01/14/2008	Yes
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS	01/14/2008	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	01/14/2008	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ROCK

Enforcement History (HUNTINGTON RESIDENCE MEMORY CARE #3)

Date: 04/12/2007 **SOD #**10008491 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ROCK

Complaint History (HUNTINGTON RESIDENCE MEMORY CARE #3)

Date Complaint Received: 02/14/2008

Date Investigation Completed: 04/03/2008

Subject Area(s)
MEDICATIONS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/12/2007

Date Investigation Completed: 01/14/2008

Subject Area(s)
NUTRITION & FOOD SERVICES
MEDICATIONS
STAFF TRAINING AND PROFICIENCY
QUALITY OF LIFE

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT 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 CNA (NONAMBULATORY)

COUNTY: ROCK

Facility Information

Facility Name: HUNTINGTON RESIDENCE MEMORY CARE 1 (0009519)

Address: 3828 EAST ROTAMER RD, JANESVILLE, WI 53546

License Status: REGULAR

Licensed/Certified/Registered 08/01/2002

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

Survey History

Survey ID: 0101937 **End Date:** 06/18/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099255 **End Date:** 04/19/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P11Q14 Served 05/11/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(w)	SAFE ENVIRONMENT	06/18/2008	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: ROCK

Enforcement History (HUNTINGTON RESIDENCE MEMORY CARE 1)

Date: 05/09/2007 **SOD #**P11Q14 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---83.21(4)(w)

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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: ROCK

Complaint History (HUNTINGTON RESIDENCE MEMORY CARE 1)

Date Complaint Received: 05/19/2008

Date Investigation Completed: 06/18/2008

Subject Area(s)
MEDICATIONS

Result
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: ROCK

Facility Information

Facility Name: HUNTINGTON RESIDENCE MEMORY CARE 2 (0009978)

Address: 3840 E ROTAMER RD, JANESVILLE, WI 53546

License Status: REGULAR

Licensed/Certified/Registered 09/01/2003

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

Survey History

Survey ID: 0100021 **End Date:** 08/15/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #P2V511 Served 08/28/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(c)	LEISURE TIME ACTIVITIES	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: ROCK

Facility Information

Facility Name: JACKSON HOUSE CRISIS STABILIZATION CENTER (0012514)

Address: 1936 N WASHINGTON ST, JANESVILLE, WI 53545

License Status: REGULAR

Licensed/Certified/Registered 12/23/2008

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

Survey History

Survey ID: 0103147 **End Date:** 12/23/2008 **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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: ROCK

Facility Information

Facility Name: KELLOGG (0011378)

Address: 1945 DUPONT DR, JANESVILLE, WI 53546

License Status: REGULAR

Licensed/Certified/Registered 03/31/2006

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

Survey History

Survey ID: 0103039 **End Date:** 12/01/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G4HK15 Served 12/23/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(10)(c)	PLUMBING IN GOOD REPAIR	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 CS (SEMIAMBULATORY)

COUNTY: ROCK

Enforcement History (KELLOGG)

Date: 12/11/2008 **SOD #**G4HK15 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH FACILITY PLAN OF CORRECTION
FORFEITURE---83.41(10)(c)

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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: ROCK

Facility Information

Facility Name: LEE LANE (0011380)

Address: 1620 LEE LA, JANESVILLE, WI 53546

License Status: REGULAR

Licensed/Certified/Registered 03/31/2006

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

Survey History

Survey ID: 0103140 **End Date:** 12/15/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MKDH11 Served 12/30/2008

<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	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: ROCK

Facility Information

Facility Name: LSS CROSBY GROUP HOME (110250)

Address: 511 S CROSBY AVE, JANESVILLE, WI 53545

License Status: REGULAR

Licensed/Certified/Registered 03/31/1991

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

Survey History

Survey ID: 0102960 **End Date:** 11/17/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097971 **End Date:** 10/17/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008422 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	11/17/2008	Yes
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN	11/17/2008	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: ROCK

Enforcement History (LSS CROSBY GROUP HOME)

Date: 10/25/2006 SOD #10008422 Appealed: No

Sanctions

FORFEITURE---83.33(3)(a)2

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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: ROCK

Facility Information

Facility Name: NEW DAWN RESIDENTIAL TREATMENT ALCOCARE INC (0012710)

Address: 210 S JACKSON ST, JANESVILLE, WI 53545

License Status: REGULAR

Licensed/Certified/Registered 03/23/2009

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

Survey History

Survey ID: 0103622 **End Date:** 03/12/2009 **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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: ROCK

Facility Information

Facility Name: NEW DAWN RESIDENTIAL TX ALCOCARE (0011860)

Address: 430 NORTH JACKSON ST, JANESVILLE, WI 53545

License Status: REGULAR

Licensed/Certified/Registered 04/01/2008

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

Survey History

Survey ID: 0103621 **End Date:** 03/17/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101261 **End Date:** 03/04/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0100325 **End Date:** 10/11/2007 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

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: ROCK

Facility Information

Facility Name: OUR HOUSE ASSISTED CARE (0009288)

Address: 2516 GREEN VALLEY DR, JANESVILLE, WI 53546

License Status: REGULAR

Licensed/Certified/Registered 01/01/2002

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

Survey History

Survey ID: 0103990 **End Date:** 05/13/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #2ISF11 Served 05/19/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(2)(b)	LIVING UNITS SHALL BE SEPARATE ENTITIES		

Survey ID: 0102555 **End Date:** 09/22/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101460 **End Date:** 04/09/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098138 **End Date:** 10/03/2006 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ROCK

Complaint History (OUR HOUSE ASSISTED CARE)

Date Complaint Received: 04/27/2009

Date Investigation Completed: 05/13/2009

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
QUALITY OF LIFE

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

2ISF11

Date Complaint Received: 08/01/2008

Date Investigation Completed: 09/22/2008

Subject Area(s)

RESIDENT RIGHTS
HOMELIKE ENVIRONMENT & CLEANLINESS
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/26/2008

Date Investigation Completed: 04/09/2008

Subject Area(s)

ABUSE
ADMISSION, TRANSFER & DISCHARGE
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/25/2008

Date Investigation Completed: 04/09/2008

Subject Area(s)

ABUSE
HOMELIKE ENVIRONMENT & CLEANLINESS

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: ROCK

Facility Information

Facility Name: OUR HOUSE MEMORY CARE (0009287)

Address: 4333 PHEASANT RUN RD, JANESVILLE, WI 53546

License Status: REGULAR

Licensed/Certified/Registered 01/01/2002

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

Survey History

Survey ID: 0101857 **End Date:** 06/03/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097647 **End Date:** 08/23/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097355 **End Date:** 07/17/2006 **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: ROCK

Complaint History (OUR HOUSE MEMORY CARE)

Date Complaint Received: 07/05/2006

Date Investigation Completed: 08/22/2006

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
ADMINISTRATION	SUBSTANTIATED	NOT RECORDED
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	
PROGRAM 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: ROCK

Facility Information

Facility Name: REM CANTERBURY (110449)

Address: 3605/3607 CANTERBURY LA, JANESVILLE, WI 53546

License Status: REGULAR

Licensed/Certified/Registered 06/30/1995

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

Survey History

Survey ID: 0102018 **End Date:** 06/24/2008 **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: ROCK

Facility Information

Facility Name: REM JONATHON (110458)

Address: 223 225 JONATHON DR, JANESVILLE, WI 53548

License Status: REGULAR

Licensed/Certified/Registered 02/01/1996

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

Survey History

Survey ID: 0101609 **End Date:** 04/25/2008 **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 AA (AMBULATORY)
COUNTY: ROCK

Facility Information

Facility Name: RIVER COMMONS ALCOCARE INC (0011861)
Address: 786 SOUTH MAIN STREET, JANESVILLE, WI 53545
License Status: REGULAR
Licensed/Certified/Registered 05/01/2008
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0101260 **End Date:** 03/04/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0100587 **End Date:** 11/13/2007 **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 CNA (NONAMBULATORY)

COUNTY: ROCK

Facility Information

Facility Name: ROCK VALLEY COMMUNITY PROGRAMS INC (111054)

Address: 203 WEST SUNNY LANE RD, JANESVILLE, WI 53546

License Status: REGULAR

Licensed/Certified/Registered 06/30/1998

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

Survey History

Survey ID: 0099549 **End Date:** 05/23/2007 **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 AS (SEMIAMBULATORY)

COUNTY: ROCK

Facility Information

Facility Name: SHERMAN HOME (THE) (110107)

Address: 1321 SHERMAN AVE, JANESVILLE, WI 53545

License Status: REGULAR

Licensed/Certified/Registered 02/28/1988

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

Survey History

Survey ID: 0103407 **End Date:** 02/11/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098465 **End Date:** 01/03/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008448 Served 01/18/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.05(2)(b)	CLASS A SEMIAMBULATORY (AS)	02/09/2009	Yes
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	02/09/2009	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	02/09/2009	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: ROCK

Enforcement History (SHERMAN HOME (THE))

Date: 01/16/2007 **SOD #10008448** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.05(2)(b)

FORFEITURE---83.32(2)(c)1

FORFEITURE---83.42(3)(f)

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

Facility Information

Facility Name: WRIGHT HOME (110210)
Address: 637 N WRIGHT RD, JANESVILLE, WI 53546
License Status: REGULAR
Licensed/Certified/Registered 11/30/1991
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0099251 **End Date:** 04/19/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KXRW12 Served 05/09/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	
83.53(1)(c)	EXIT DOORS, STAIRWAYS OR FIRE ESCAPES	04/01/2009	

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