

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 is a PDF (Adobe Acrobat) document and includes a total of 33 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: ROCK

Facility Information

Facility Name: HARBOR HOUSE (0011439)

Address: 2086 COLONY CT, BELOIT, WI 53511

License Status: REGULAR

Licensed/Certified/Registered 12/01/2006

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

Survey History

Survey ID: 0103107 **End Date:** 12/17/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100774 **End Date:** 12/06/2007 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S62111 Served 12/22/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM	12/17/2008	Yes
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	12/17/2008	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	12/17/2008	Yes

Survey ID: 0099551 **End Date:** 06/11/2007 **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

Enforcement History (HARBOR HOUSE)

Date: 12/21/2007 SOD #S62I11 Appealed: No

Sanctions

FORFEITURE---50.065(4m)c

FORFEITURE---83.13(4)(a)

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 CNA (NONAMBULATORY)

COUNTY: ROCK

Complaint History (HARBOR HOUSE)

Date Complaint Received: 11/20/2008

Date Investigation Completed: 12/17/2008

Subject Area(s)
QUALITY OF LIFE

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/10/2007

Date Investigation Completed: 12/06/2007

Subject Area(s)
MEDICATIONS
ADMINISTRATION

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
S62111

Date Complaint Received: 06/08/2007

Date Investigation Completed: 06/11/2007

Subject Area(s)
ADMINISTRATION
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: HARBOR HOUSE (0011440)

Address: 2096 COLONY CT, BELOIT, WI 53511

License Status: REGULAR

Licensed/Certified/Registered 12/01/2006

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

Survey History

Survey ID: 0103238 **End Date:** 01/07/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #0KVL12 Served 01/16/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE		

Survey ID: 0099603 **End Date:** 06/12/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OKVL11 Served 07/02/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(w)	SAFE ENVIRONMENT	01/07/2009	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: ROCK

Enforcement History (HARBOR HOUSE)

Date: 06/27/2007 SOD #OKVL11 Appealed: No

Sanctions

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: 06/08/2007

Date Investigation Completed: 06/11/2007

Subject Area(s)
ADMINISTRATION
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: PIONEER COURT (110561)

Address: 2122 PIONEER DR, BELOIT, WI 53511

License Status: REGULAR

Licensed/Certified/Registered 04/01/1997

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

Survey History

Survey ID: 0102127 **End Date:** 06/30/2008 **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: REM WREN (0008927)
Address: 2008 WREN DR, BELOIT, WI 53511
License Status: REGULAR
Licensed/Certified/Registered 08/01/2000
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0100691 **End Date:** 12/03/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #7JGC13 Served 12/10/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(c)	INVESTIGATE ALLEGATION	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

Complaint History (REM WREN)

Date Complaint Received: 10/16/2007

Date Investigation Completed: 12/21/2007

Subject Area(s)
ABUSE

Result
SUBSTANTIATED

SOD #
7JGC13

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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: SUN VALLEY HOMES LLC EAST I (0010973)

Address: 2775 KADLEC DR, BELOIT, WI 53511

License Status: REGULAR

Licensed/Certified/Registered 12/01/2005

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

Survey History

Survey ID: 0101278 **End Date:** 03/10/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099434 **End Date:** 05/30/2007 **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

Facility Information

Facility Name: SUN VALLEY HOMES LLC EAST II (0010972)

Address: 2775 KADLEC DR, BELOIT, WI 53511

License Status: REGULAR

Licensed/Certified/Registered 12/01/2005

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

Survey History

Survey ID: 0103306 **End Date:** 01/21/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102820 **End Date:** 10/07/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #X3I313 Served 11/06/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.18(4)	RETENTION	01/22/2009	Yes

Survey ID: 0102499 **End Date:** 09/04/2008 **Type:** OTHER **Purpose:** OTHER

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: 0101376 **End Date: 03/10/2008** **Type: STANDARD** **Purpose: SURVEY/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #X3I312 Served 04/01/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(g)	FAIR TREATMENT	10/07/2008	Yes
83.41(9)	CLEANLINESS OF ROOMS	10/07/2008	Yes

Survey ID: 0100694 **End Date: 12/05/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #X31311 Served 12/10/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	03/10/2008	Yes
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	03/10/2008	Yes

Survey ID: 0099433 **End Date: 05/31/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097586 **End Date: 08/10/2006** **Type: STANDARD** **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 (SUN VALLEY HOMES LLC EAST II)

Date: 11/04/2008 **SOD #X3I313** **Appealed: No**

Sanctions

FORFEITURE---83.18(4)Retention

Date: 03/24/2008 **SOD #X3I312** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT
COMPLY WITH FACILITY PLAN OF CORRECTION
FORFEITURE---83.21(4)(g)
FORFEITURE---83.41(9)

Date: 12/07/2007 **SOD #X3I311** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.21(4)(p)
FORFEITURE---83.33(2)(g)3

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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 (SUN VALLEY HOMES LLC EAST II)

Date Complaint Received: 12/12/2008

Date Investigation Completed: 01/21/2009

Subject Area(s)

RESIDENT RIGHTS
ADMINISTRATION

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

NOT RECORDED

Date Complaint Received: 09/12/2008

Date Investigation Completed: 10/07/2008

Subject Area(s)

ADMINISTRATION

Result

SUBSTANTIATED

SOD #

X3I313

Date Complaint Received: 09/21/2007

Date Investigation Completed: 12/05/2007

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES
QUALITY OF LIFE

Result

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

X3I311
X3I311
X3I311

Date Complaint Received: 03/22/2007

Date Investigation Completed: 05/30/2007

Subject Area(s)

ADMINISTRATION
STAFF ADEQUACY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/13/2006

Date Investigation Completed: 08/14/2006

Subject Area(s)

ABUSE
MEDICATIONS
STAFF ADEQUACY

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 CNA (NONAMBULATORY)

COUNTY: ROCK

Facility Information

Facility Name: SUN VALLEY HOMES LLC TERRACE (0010974)

Address: 1866 W HART RD, BELOIT, WI 53511

License Status: REGULAR

Licensed/Certified/Registered 12/01/2005

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

Survey History

Survey ID: 0101410 **End Date:** 03/31/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #M1QB11 Served 04/05/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.16(1)	ADMISSIONS AGREEMENT	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: SUN VALLEY HOMES LLC WEST (0010970)

Address: 2156 HOUSE ST, BELOIT, WI 53511

License Status: REGULAR

Licensed/Certified/Registered 12/01/2005

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

Survey History

Survey ID: 0101130 **End Date:** 02/05/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XNT212 Served 02/22/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	
83.42(12)	MAINTENANCE OF EXITS	04/01/2009	
83.42(2)(b)	ANNUAL EVALUATION MORE THAN 2 MINUTES	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	

Survey ID: 0098033 **End Date:** 10/23/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008426 Served 11/01/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(g)	ENSURE CRIMINAL RECORDS CHECKS FOR ALL	02/05/2008	Yes
83.15(1)(c)1	ADEQUATE STAFFING	02/05/2008	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	02/05/2008	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 (SUN VALLEY HOMES LLC WEST)

Date: 02/19/2008 **SOD #XNT212** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH FACILITY PLAN OF CORRECTION
FORFEITURE---83.42(12)

Date: 10/31/2006 **SOD #10008426** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---83.11(3)(g)
FORFEITURE---83.15(1)(c)1

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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 (SUN VALLEY HOMES LLC WEST)

Date Complaint Received: 12/18/2007

Date Investigation Completed: 02/05/2008

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS
ADMISSION, TRANSFER & DISCHARGE
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/28/2006

Date Investigation Completed: 10/23/2006

Subject Area(s)

STAFF ADEQUACY

Result

SUBSTANTIATED

SOD #

10008426

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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: SUN VALLEY HOMES NORTH (0011787)

Address: 2027 COLONY COURT, BELOIT, WI 53511

License Status: REGULAR

Licensed/Certified/Registered 10/01/2007

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

Survey History

Survey ID: 0098943 **End Date:** 03/22/2007 **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: ROCK

Complaint History (SUN VALLEY HOMES NORTH)

Date Complaint Received: 05/12/2009

Date Investigation Completed: 07/02/2009

Subject Area(s)
SUPERVISION
MEDICATIONS
STAFF ADEQUACY
QUALITY OF LIFE

Result
SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
WFTB11
WFTB11

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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: WOODS CROSSING @ WOODS POINT (0010939)

Address: E401 23RD ST, BROADHEAD, WI 53520

License Status: REGULAR

Licensed/Certified/Registered 01/01/2006

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

Survey History

Survey ID: 0103100 **End Date:** 12/15/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #HT3711 Served 12/18/2008

<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	

Survey ID: 0101263 **End Date:** 02/20/2008 **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: ROCK

Complaint History (WOODS CROSSING @ WOODS POINT)

Date Complaint Received: 11/13/2008

Date Investigation Completed: 12/15/2008

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD 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: ROCK

Facility Information

Facility Name: HARBOR HOUSE (0011438)

Address: 805 SUE LANE, CLINTON, WI 53525

License Status: REGULAR

Licensed/Certified/Registered 12/01/2006

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

Survey History

Survey ID: 0103405 **End Date:** 01/27/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XRJB11 Served 02/13/2009

<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 CNA (NONAMBULATORY)

COUNTY: ROCK

Enforcement History (HARBOR HOUSE)

Date: 02/12/2009 SOD #XRJB11 Appealed: No

Sanctions

FORFEITURE---50.03(5g)(c)1, 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: INNCARE OF EVANSVILLE (111048)

Address: 5 N WATER ST, EVANSVILLE, WI 53536

License Status: REGULAR

Licensed/Certified/Registered 07/31/1998

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

Survey History

Survey ID: 0104198 **End Date:** 06/10/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101156 **End Date:** 01/30/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZP1W11 Served 02/23/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	
83.33(3)(c)1	CONTROLLED SUBSTANCES	04/01/2009	
83.33(4)(h)	ACTIVITY PROGRAMMING FOR DEMENTIA	04/01/2009	

Survey ID: 0100408 **End Date:** 10/24/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098997 **End Date:** 04/02/2007 **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

Enforcement History (INNCARE OF EVANSVILLE)

Date: 02/21/2008 **SOD #ZP1W11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH FACILITY PLAN OF CORRECTION
FORFEITURE---83.33(4)(n)

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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 (INNCARE OF EVANSVILLE)

Date Complaint Received: 05/01/2009

Date Investigation Completed: 06/10/2009

Subject Area(s)

RESIDENT RIGHTS
ADMINISTRATION
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/02/2007

Date Investigation Completed: 04/02/2007

Subject Area(s)

RESIDENT RIGHTS
ABUSE
PHYSICAL PLANTS & SAFETY HAZARDS
ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
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 CNA (NONAMBULATORY)

COUNTY: ROCK

Facility Information

Facility Name: KELLY HOUSE (110260)

Address: 121 S 5TH ST, EVANSVILLE, WI 53536

License Status: REGULAR

Licensed/Certified/Registered 08/02/1990

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

Survey History

Survey ID: 0099846 **End Date:** 07/19/2007 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ROCK

Facility Information

Facility Name: ST ELIZABETH MANOR (0012686)

Address: 111 COMMERCIAL DR, FOOTVILLE, WI 53537

License Status: PROBATIONARY

Licensed/Certified/Registered 04/06/2009

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

Survey History

Survey ID: 0103776 **End Date:** 04/06/2009 **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 CNA (NONAMBULATORY)

COUNTY: ROCK

Complaint History (ST ELIZABETH MANOR)

Date Complaint Received: 06/22/2009

Date Investigation Completed: 07/29/2009

Subject Area(s)

NUTRITION & FOOD SERVICES
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
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: COLLINWOOD ELDERLY CARE (0008631)

Address: 506 NORTH MAIN ST, ORFORDVILLE, WI 53576

License Status: REGULAR

Licensed/Certified/Registered 11/01/1999

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

Survey History

Survey ID: 0099885 **End Date:** 07/23/2007 **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 AA (AMBULATORY)
COUNTY: ROCK

Facility Information

Facility Name: EMERALD HOUSE (110283)
Address: 10304 WAL ROCK COUNTY LINE RD, WHITEWATER, WI 53190
License Status: REGULAR
Licensed/Certified/Registered 09/27/1990
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103246 **End Date:** 01/08/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OLPS11 Served 01/20/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	

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