

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

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 39 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: ROCK

Facility Information

Facility Name: EAST RIDGE (0011377)
Address: 2009 EAST RIDGE RD, BELOIT, WI 53511
License Status: REGULAR
Licensed/Certified/Registered 03/31/2006
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102606 **End Date:** 09/30/2008 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 39 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Facility Information

Facility Name: LOVING GENERATIONS LCC (0010440)
Address: 1281 PRAIRIE AVE, BELOIT, WI 53511
License Status: REGULAR
Licensed/Certified/Registered 03/01/2004
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0104195 **End Date:** 06/02/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HLLG13 Served 06/20/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(b)	FREE OF HAZARDS		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

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

Survey ID: 0099427 End Date: 05/29/2007 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HLLG12 Served 06/20/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	06/02/2009	Yes
88.05(3)(a)	HOME ENVIRONMENT	06/02/2009	No
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	06/02/2009	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	06/02/2009	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	06/02/2009	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	06/02/2009	Yes
88.09(2)(a)	SERVICE PROVIDER RECORD	06/02/2009	Yes

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

Enforcement History (LOVING GENERATIONS LCC)

Date: 06/18/2009 SOD #HLLG13 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Date: 06/04/2007 SOD #HLLG12 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
PROVIDE TRAINING

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

Facility Information

Facility Name: MJ INDEPENDENT LIVING (0012235)
Address: 862 NINTH ST, БЕЛОIT, WI 53511
License Status: REGULAR
Licensed/Certified/Registered 03/18/2008
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0101359 **End Date:** 03/18/2008 **Type:** OTHER **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: ROCK

Facility Information

Facility Name: POST ROAD (0011381)
Address: 835 EAST POST RD, BELOIT, WI 53511
License Status: REGULAR
Licensed/Certified/Registered 03/31/2006
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102627 **End Date:** 09/30/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #2DNN15 Served 10/23/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		

Survey ID: 0096651 **End Date:** 03/27/2008 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

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: ROCK

Facility Information

Facility Name: REM RITSHER (199019)
Address: 550 552 RITSHER ST, BELOIT, WI 53511
License Status: REGULAR
Licensed/Certified/Registered 07/07/1997
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103740 **End Date:** 03/31/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102429 **End Date:** 09/02/2008 **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
Adult Family Home
COUNTY: ROCK

Complaint History (REM RITSHER)

Date Complaint Received: 03/03/2009

Date Investigation Completed: 03/31/2009

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: ROCK

Facility Information

Facility Name: SHAWS ADULT FAMILY HOME (0011792)
Address: 7071 S STATE RD 213, BELOIT, WI 53511
License Status: REGULAR
Licensed/Certified/Registered 02/01/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0098769 **End Date:** 02/21/2007 **Type:** INITIAL **Purpose:** OTHER
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: ROCK

Facility Information

Facility Name: DRAKE FAMILY HOME (190101)
Address: 5932 N HYNE RD, EVANSVILLE, WI 53536
License Status: REGULAR
Licensed/Certified/Registered: 11/01/1996
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102372 **End Date:** 08/12/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #855011 Served 08/27/2008

Deficiencies Cited
88.05(2)(a)

Subject Area
DIFFICULTY WALKING

Compliance
Verified

Corrected

Survey ID: 0097295 **End Date:** 07/06/2006 **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: ROCK

Enforcement History (DRAKE FAMILY HOME)

Date: 08/27/2008 SOD #855011 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: ROCK

Facility Information

Facility Name: R & L ENTERPRISES COUNTRY ESTATES (190074)

Address: 9544 WEST U S HWY 14, EVANSVILLE, WI 53536

License Status: REGULAR

Licensed/Certified/Registered 04/01/1996

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

Survey History

Survey ID: 0099629 **End Date:** 06/20/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MNMN13 Served 06/30/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP		

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

Facility Information

Facility Name: BLISS (199048)
Address: 3026 SCHUMAN RD, HANOVER, WI 53542
License Status: REGULAR
Licensed/Certified/Registered 07/17/1998
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0100200 **End Date:** 09/17/2007 **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: ROCK

Facility Information

Facility Name: CENTER AVENUE (0011042)
Address: 1404 CENTER AVE, JANESVILLE, WI 53546
License Status: REGULAR
Licensed/Certified/Registered 12/01/2005
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0100923 **End Date:** 01/18/2008 **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
Adult Family Home
COUNTY: ROCK

Facility Information

Facility Name: CORNELIA CORNER (0011157)
Address: 745 CORNELIA ST, JANESVILLE, WI 53545
License Status: REGULAR
Licensed/Certified/Registered 11/14/2005
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0101367 **End Date:** 03/07/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NNF711 Served 03/29/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(3)(e)2	MEDICATION- RECORD OF SIDE EFFECTS		
88.09(1)(d)6	RESIDENT RECORD-SERVICE AGREEMENT		

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

Enforcement History (CORNELIA CORNER)

Date: 03/27/2008 SOD #NNF711 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: ROCK

Facility Information

Facility Name: GOLDEN HAVEN THE (0010528)
Address: 1405 LINDEN AVE, JANESVILLE, WI 53548
License Status: REGULAR
Licensed/Certified/Registered 03/24/2004
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102425 **End Date:** 08/20/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #069512 Served 09/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.06(3)(f)	REVIEW OF ISP		

Survey ID: 0098186 **End Date:** 10/31/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008433 Served 11/24/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	08/20/2008	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	08/20/2008	Yes
88.06(3)(f)	REVIEW OF ISP		

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

Enforcement History (GOLDEN HAVEN THE)

Date: 09/05/2008 SOD #069512 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS

Date: 11/22/2006 SOD #10008433 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: ROCK

Facility Information

Facility Name: HARVEST HOME AT CENTURY ELMS (0009769)

Address: 2200 WEST MEMORIAL DR, JANESVILLE, WI 53545

License Status: REGULAR

Licensed/Certified/Registered 10/29/2002

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

Survey History

Survey ID: 0100137 **End Date:** 08/21/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VTL513

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	07/22/2009	Yes
88.04(2)(h)	COMPLY WITH OSHA	07/22/2009	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	07/22/2009	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	07/22/2009	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	07/22/2009	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	07/22/2009	Yes
88.07(2)(b)5	MONITORING HEALTH	07/22/2009	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	07/22/2009	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	07/22/2009	No

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

Enforcement History (HARVEST HOME AT CENTURY ELMS)

Date: 09/17/2007 SOD #VTL513 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: ROCK

Facility Information

Facility Name: HOME OF PAVEL & DANIELA GOIA (0011868)
Address: 4264 N POLARIS PKWY, JANESVILLE, WI 53546
License Status: REGULAR
Licensed/Certified/Registered 08/01/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0104101 **End Date:** 05/14/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5MLA11 Served 06/04/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

Survey ID: 0099903 **End Date:** 08/01/2007 **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: ROCK

Facility Information

Facility Name: MAC ARTHUR'S PARK (0011394)
Address: 1322 MAC ARTHUR DRIVE, JANESVILLE, WI 53548
License Status: REGULAR
Licensed/Certified/Registered 08/22/2006
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103245 **End Date:** 01/12/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #IERY12 Served 01/20/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.09(1)(a)	RESIDENT RECORDS		

Survey ID: 0099015 **End Date:** 03/21/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008487 Served 04/09/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(1)	SAFE PHYSICAL ENVIRONMENT	01/12/2009	Yes

Survey ID: 0097620 **End Date:** 08/22/2006 **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: ROCK

Facility Information

Facility Name: PARK VIEW TERRACE (0012507)
Address: 4251 PARK VIEW DR, JANESVILLE, WI 53546
License Status: REGULAR
Licensed/Certified/Registered 10/16/2008
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102747 **End Date:** 10/16/2008 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 24 of 39 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Facility Information

Facility Name: RABES (190026)
Address: 6915 W BUTLER RD, JANESVILLE, WI 53548
License Status: REGULAR
Licensed/Certified/Registered 01/02/1993
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103672 **End Date:** 03/09/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WZR515 Served 03/28/2009

Deficiencies Cited
88.06(3)(f)

Subject Area
REVIEW OF ISP

Compliance
Verified

Corrected

Survey ID: 0099296 **End Date:** 05/01/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WZR514 Served 05/29/2007

Deficiencies Cited
88.06(3)(d)2
88.07(3)(d)

Subject Area
LEVEL OF SUPERVISION
MEDICATION- WRITTEN ORDER

Compliance
Verified

Corrected

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

Enforcement History (RABES)

Date: 03/26/2009 **SOD #WZR515** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Date: 05/14/2007 **SOD #WZR514** **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: ROCK

Facility Information

Facility Name: REM BOND (0009025)
Address: 3411 3413 BOND PLACE, JANESVILLE, WI 53545
License Status: REGULAR
Licensed/Certified/Registered 06/07/2000
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102625 **End Date:** 10/02/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097432 **End Date:** 07/24/2006 **Type:** INITIAL **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: ROCK

Facility Information

Facility Name: REM CUMBERLAND (0011213)
Address: 2619 CUMBERLAND, JANESVILLE, WI 53546
License Status: REGULAR
Licensed/Certified/Registered: 12/16/2005
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0104180 **End Date:** 06/09/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100692 **End Date:** 12/03/2007 **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: ROCK

Complaint History (REM CUMBERLAND)

Date Complaint Received: 05/13/2009

Date Investigation Completed: 06/09/2009

Subject Area(s)
ADMINISTRATION
STAFF ADEQUACY

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
NOF

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

Facility Information

Facility Name: REM ROTAMER (0011212)
Address: 4264 E ROTAMER RD, JANESVILLE, WI 53546
License Status: REGULAR
Licensed/Certified/Registered 12/28/2005
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0100933 **End Date:** 01/22/2008 **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
Adult Family Home
COUNTY: ROCK

Facility Information

Facility Name: RIVERFRONT BLAINE AVE (0011306)
Address: 928 BLAINE AVE, JANESVILLE, WI 53545
License Status: REGULAR
Licensed/Certified/Registered 01/25/2006
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102034 **End Date:** 06/18/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OLB211 Served 07/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Survey ID: 0097486 **End Date:** 07/27/2006 **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: ROCK

Enforcement History (RIVERFRONT BLAINE AVE)

Date: 07/07/2008 SOD #OLB211 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: ROCK

Facility Information

Facility Name: RIVERFRONT MCCANN (0012855)
Address: 2700 MCCANN DR, JANESVILLE, WI 53546
License Status: REGULAR
Licensed/Certified/Registered 06/23/2009
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0104271 **End Date:** 06/23/2009 **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: ROCK

Facility Information

Facility Name: RIVERFRONT SANDHILL (0012856)
Address: 4400 SANDHILL DR, JANESVILLE, WI 53546
License Status: REGULAR
Licensed/Certified/Registered 06/13/2009
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0104190 **End Date:** 06/15/2009 **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: ROCK

Facility Information

Facility Name: SKYVIEW (0011382)
Address: 4438 SKYVIEW 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: 0103015 **End Date:** 12/03/2008 **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
Adult Family Home
COUNTY: ROCK

Facility Information

Facility Name: CURLER HOME (0012727)
Address: 238 E MADISON AVE, MILTON, WI 53563
License Status: REGULAR
Licensed/Certified/Registered 03/01/2009
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103500 **End Date:** 03/02/2009 **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: ROCK

Facility Information

Facility Name: THORP ADULT FAMILY HOME (199055)
Address: 717 LAMAR DR, MILTON, WI 53563
License Status: REGULAR
Licensed/Certified/Registered 03/26/1999
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103451 **End Date:** 02/12/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ADON15 Served 02/18/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		

Survey ID: 0100384 **End Date:** 10/22/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4DON14 Served 10/25/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	02/12/2009	No

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

Enforcement History (THORP ADULT FAMILY HOME)

Date: 02/16/2009 **SOD #ADON15** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Date: 10/23/2007 **SOD #4DON14** **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: ROCK

Complaint History (THORP ADULT FAMILY HOME)

Date Complaint Received: 01/29/2009

Date Investigation Completed: 02/12/2009

Subject Area(s)

Result

SOD #

ADMINISTRATION
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
SUBSTANTIATED

NOT RECORDED

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