

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex
COUNTY: ROCK

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Residential Care Apartment Complexes in Rock County.

The report is a PDF (Adobe Acrobat) document and includes a total of 12 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
Residential Care Apartment Complex (REGISTERED)
COUNTY: ROCK

Facility Information

Facility Name: RIVERSIDE TERRACE (0010295)
Address: 3055 RIVERSIDE DRIVE, BELOIT, WI 53511
License Status: REGULAR
Licensed/Certified/Registered 06/01/2001
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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: ROCK

Facility Information

Facility Name: SWIFTHAVEN COMMUNITY RCAC (0010671)
Address: 124 HENRY ST, EDGERTON, WI 53534
License Status: REGULAR
Licensed/Certified/Registered 11/11/2004
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103817 **End Date:** 04/08/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098725 **End Date:** 02/13/2007 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097299 **End Date:** 07/05/2006 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: ROCK

Complaint History (SWIFTHAVEN COMMUNITY RCAC)

Date Complaint Received: 01/04/2007

Date Investigation Completed: 02/13/2007

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: ROCK

Facility Information

Facility Name: HEIGHTS AT EVANSVILLE MANOR (THE) (0012587)

Address: 201 N 4TH ST, EVANSVILLE, WI 53536

License Status: REGULAR

Licensed/Certified/Registered 12/10/2008

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

Survey History

Survey ID: 0103048 **End Date:** 12/08/2008 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: ROCK

Facility Information

Facility Name: KELLY HOUSE ASSISTED LIVING APARTMENTS (0010246)

Address: 121 SOUTH FIFTH ST, EVANSVILLE, WI 53536

License Status: REGULAR

Licensed/Certified/Registered 07/01/1997

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

Survey History

Survey ID: 0098070 **End Date:** 10/30/2006 **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
Residential Care Apartment Complex (REGISTERED)
COUNTY: ROCK

Facility Information

Facility Name: CEDAR CREST WATERFORD PLACE APARTMENTS (0010302)

Address: 1702 SOUTH RIVER RD, JANESVILLE, WI 53546

License Status: REGULAR

Licensed/Certified/Registered 07/01/2002

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

Survey History

Survey ID: 0102435 End Date: 08/26/2008 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
Residential Care Apartment Complex (REGISTERED)
COUNTY: ROCK

Complaint History (CEDAR CREST WATERFORD PLACE APARTMENTS)

Date Complaint Received: 07/09/2008

Date Investigation Completed: 08/26/2008

Subject Area(s)
ADMINISTRATION
STAFF ADEQUACY
PROGRAM SERVICES

Result
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
NOT RECORDED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (REGISTERED)
COUNTY: ROCK

Facility Information

Facility Name: HUNTINGTON (THE) (0010283)
Address: 3801 NORTH WRIGHT ROAD, JANESVILLE, WI 53545
License Status: REGULAR
Licensed/Certified/Registered 10/01/1999
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0101095 **End Date:** 02/11/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100430 **End Date:** 10/29/2007 **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
Residential Care Apartment Complex (REGISTERED)
COUNTY: ROCK

Complaint History (HUNTINGTON (THE))

Date Complaint Received: 01/18/2008

Date Investigation Completed: 02/12/2008

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/02/2007

Date Investigation Completed: 10/29/2007

Subject Area(s)
MEDICATIONS
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/25/2007

Date Investigation Completed: 10/29/2007

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
Residential Care Apartment Complex (REGISTERED)
COUNTY: ROCK

Facility Information

Facility Name: MILTON SENIOR LIVING LLC (0011690)

Address: 600 W SUNSET DR, MILTON, WI 53563

License Status: REGULAR

Licensed/Certified/Registered 01/01/2007

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

Survey History

Survey ID: 0104256 **End Date:** 06/22/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103880 **End Date:** 04/27/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098284 **End Date:** 12/12/2006 **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
Residential Care Apartment Complex (REGISTERED)
COUNTY: ROCK

Complaint History (MILTON SENIOR LIVING LLC)

Date Complaint Received: 05/13/2009

Date Investigation Completed: 06/22/2009

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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