

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009

COUNTY: SAUK

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Sauk County.

The report is a PDF (Adobe Acrobat) document and includes a total of 42 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: SAUK

Facility Information

Facility Name: RIDGEVIEW (0010420)
Address: S9068 COUNTY RD G, PLAIN, WI 53577
License Status: REGULAR
Licensed/Certified/Registered 12/23/2003
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0101929 **End Date:** 06/12/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097605 **End Date:** 07/28/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008391 Served 08/22/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		

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

Enforcement History (RIDGEVIEW)

Date: 08/18/2006 SOD #10008391 Appealed: No

Sanctions

SUBMIT POC (SOD APPEAL ONLY)

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

Facility Information

Facility Name: BLEVINS (0012475)
Address: 2220 MYRTLE ST, REEDSBURG, WI 53959
License Status: REGULAR
Licensed/Certified/Registered 10/23/2008
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102776 **End Date:** 10/16/2008 **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
Adult Family Home
COUNTY: SAUK

Facility Information

Facility Name: KIEFER ADULT FAMILY HOME (0009289)
Address: E6844 FAWN VALLEY DR, REEDSBURG, WI 53959
License Status: REGULAR
Licensed/Certified/Registered 03/15/2001
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0104082 **End Date:** 05/13/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #96M611 Served 06/03/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
88.05(3)(b)	FREE OF HAZARDS		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.07(1)(a)	RESIDENT CARE-GENERAL REQUIREMENTS		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

Survey ID: 0099051 **End Date:** 04/10/2007 **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: SAUK

Enforcement History (KIEFER ADULT FAMILY HOME)

Date: 06/02/2009 SOD #96M611 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: SAUK

Facility Information

Facility Name: PINE ROCK HEIGHTS (0011575)
Address: E6267 PINE ROCK RD, REEDSBURG, WI 53959
License Status: REGULAR
Licensed/Certified/Registered 09/01/2006
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103955 **End Date:** 05/05/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099161 **End Date:** 04/10/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008496 Served 04/17/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(d)	MEDICATION- WRITTEN ORDER	05/05/2009	Yes

Survey ID: 0097668 **End Date:** 08/28/2006 **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: SAUK

Facility Information

Facility Name: REM EAST RIDGE (0011542)
Address: 744 EAST RIDGE DR, REEDSBURG, WI 53959
License Status: REGULAR
Licensed/Certified/Registered 07/20/2006
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102636 **End Date:** 10/02/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101824 **End Date:** 05/29/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100011 **End Date:** 08/22/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099513 **End Date:** 06/04/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097379 **End Date:** 07/20/2006 **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: SAUK

Complaint History (REMEAST RIDGE)

Date Complaint Received: 06/19/2009

Date Investigation Completed: 07/29/2009

Subject Area(s)

Result

SOD #

ABUSE
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 08/04/2008

Date Investigation Completed: 10/02/2008

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 06/21/2007

Date Investigation Completed: 08/22/2007

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS
ADMINISTRATION

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 04/25/2007

Date Investigation Completed: 06/04/2007

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS
PROGRAM SERVICES
QUALITY OF LIFE

NOT SUBSTANTIATED
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 AA (AMBULATORY)
COUNTY: SAUK

Facility Information

Facility Name: CASA DE OAKES INC BARABOO (0012391)
Address: 717 JEFFERSON ST, BARABOO, WI 53913
License Status: REGULAR
Licensed/Certified/Registered 07/01/2009
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103861 **End Date:** 04/21/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0101982 **End Date:** 06/24/2008 **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: SAUK

Facility Information

Facility Name: MEADOW LANE (110191)

Address: 1414 JEFFERSON ST, BARABOO, WI 53913

License Status: REGULAR

Licensed/Certified/Registered 01/01/1987

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

Survey History

Survey ID: 0103212 **End Date:** 01/06/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098328 **End Date:** 12/19/2006 **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: SAUK

Facility Information

Facility Name: MEADOW RIDGE ASSISTED LIVING LLC (0009753)

Address: 1700 JEFFERSON ST, BARABOO, WI 53913

License Status: REGULAR

Licensed/Certified/Registered 04/01/2003

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

Survey History

Survey ID: 0103459 **End Date:** 02/17/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099016 **End Date:** 03/09/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008488 Served 04/09/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	02/17/2009	Yes
83.14(1)(a)	CLIENT RELATED TRAINING	02/17/2009	Yes
83.14(1)(b)	LICENSEE: CAREGIVER BACKGROUND REQUIREMENTS	02/17/2009	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: SAUK

Enforcement History (MEADOW RIDGE ASSISTED LIVING LLC)

Date: 03/30/2007 **SOD #**10008488 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.14(1)(a)

FORFEITURE---83.14(1)(b)

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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: SAUK

Facility Information

Facility Name: MEADOW VIEW (0011486)

Address: 1600 JEFFERSON ST, BARABOO, WI 53913

License Status: REGULAR

Licensed/Certified/Registered 01/01/2007

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

Survey History

Survey ID: 0103834 **End Date:** 04/14/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098884 **End Date:** 03/09/2007 **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: SAUK

Facility Information

Facility Name: OAK PARK PLACE BARABOO AUTUMN LA (0012510)

Address: 800 WALDO ST, BARABOO, WI 53913

License Status: PROBATIONARY

Licensed/Certified/Registered 11/19/2008

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

Survey History

Survey ID: 0102973 **End Date:** 11/12/2008 **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 CNA (NONAMBULATORY)

COUNTY: SAUK

Facility Information

Facility Name: OUR HOUSE LLC (111042)

Address: 1200 WASHINGTON AVE, BARABOO, WI 53913

License Status: REGULAR

Licensed/Certified/Registered 04/30/1998

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

Survey History

Survey ID: 0104341 **End Date:** 06/26/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #474Q11 Served 07/10/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		

Survey ID: 0103397 **End Date:** 02/06/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J16E12 Served 02/12/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	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: SAUK

Survey ID: 0102786 End Date: 10/15/2008 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J16E11 Served 10/28/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	04/01/2009	

Survey ID: 0099635 End Date: 06/21/2007 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 CNA (NONAMBULATORY)

COUNTY: SAUK

Enforcement History (OUR HOUSE LLC)

Date: 02/11/2009 **SOD #J16E12** **Appealed: No**

Sanctions

FORFEITURE---83.33(2)(g)3

Date: 10/24/2008 **SOD #J16E11** **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: SAUK

Complaint History (OUR HOUSE LLC)

Date Complaint Received: 04/27/2009

Date Investigation Completed: 06/19/2009

Subject Area(s)

RESIDENT RIGHTS
ADMINISTRATION
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/12/2009

Date Investigation Completed: 02/05/2009

Subject Area(s)

NUTRITION & FOOD SERVICES
MEDICATIONS
PROGRAM SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

J16E12

Date Complaint Received: 01/06/2009

Date Investigation Completed: 02/05/2009

Subject Area(s)

NUTRITION & FOOD SERVICES
MEDICATIONS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/25/2008

Date Investigation Completed: 10/15/2008

Subject Area(s)

ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

J16E11

J16E11

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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: SAUK

Facility Information

Facility Name: WALNUT GROVE BARABOO I (0012555)

Address: 1200 SILVER CIRCLE, BARABOO, WI 53913

License Status: PROBATIONARY

Licensed/Certified/Registered 11/19/2008

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

Survey History

Survey ID: 0104155 **End Date:** 06/01/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N71Y11 Served 07/22/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(a)	PERSONAL CARE		

Survey ID: 0102989 **End Date:** 11/19/2008 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

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 CS (SEMIAMBULATORY)

COUNTY: SAUK

Enforcement History (WALNUT GROVE BARABOO I)

Date: 06/11/2009 SOD #N71Y11 Appealed: No

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION
FORFEITURE---83.12(5)(a)

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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: SAUK

Complaint History (WALNUT GROVE BARABOO I)

Date Complaint Received: 05/06/2009

Date Investigation Completed: 06/01/2009

Subject Area(s)
RESIDENT RIGHTS
ABUSE
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

N71Y11

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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: SAUK

Facility Information

Facility Name: WALNUT GROVE BARABOO II (0012556)

Address: 1114 SILVER DR, BARABOO, WI 53913

License Status: PROBATIONARY

Licensed/Certified/Registered 11/19/2008

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

Survey History

Survey ID: 0102990 **End Date:** 11/19/2008 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

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: SAUK

Complaint History (WALNUT GROVE BARABOO II)

Date Complaint Received: 06/12/2009

Date Investigation Completed: 07/09/2009

Subject Area(s)

RESIDENT RIGHTS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SAUK

Facility Information

Facility Name: NARROWS, THE (0010107)

Address: E4796 NARROWS CREEK RD, LOGANVILLE, WI 53943

License Status: REGULAR

Licensed/Certified/Registered 04/01/2004

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

Survey History

Survey ID: 0101378 **End Date:** 03/19/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: 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: SAUK

Facility Information

Facility Name: BLUFFVIEW MEADOWS (110496)

Address: S7559 US HWY 12, NORTH FREEDOM, WI 53951

License Status: REGULAR

Licensed/Certified/Registered 09/01/1996

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

Survey History

Survey ID: 0102962 **End Date:** 11/13/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102579 **End Date:** 09/23/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LW6N11 Served 10/02/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(d)	WHEREABOUTS UNKNOWN	04/01/2009	
83.33(2)	GENERAL SERVICES	04/01/2009	

Survey ID: 0101825 **End Date:** 05/29/2008 **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: SAUK

Enforcement History (BLUFFVIEW MEADOWS)

Date: 09/25/2008 **SOD #LW6N11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH FACILITY PLAN OF CORRECTION

FORFEITURE---83.19(3)(d)

FORFEITURE---83.33(2)

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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: SAUK

Complaint History (BLUFFVIEW MEADOWS)

Date Complaint Received: 10/23/2008

Date Investigation Completed: 11/17/2008

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/25/2008

Date Investigation Completed: 09/24/2008

Subject Area(s)

SUPERVISION
RESIDENT BEHAVIOR/FACILITY PRACTICE
MEDICATIONS
STAFF ADEQUACY

Result

SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

NOT RECORDED
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: SAUK

Facility Information

Facility Name: PINE VILLA (0009311)

Address: 950 PRAIRIE ST, PRAIRIE DU SAC, WI 53578

License Status: REGULAR

Licensed/Certified/Registered 11/01/2001

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

Survey History

Survey ID: 0100321 **End Date:** 09/27/2007 **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: SAUK

Facility Information

Facility Name: PINES ASSISTED LIVING (THE) (110462)

Address: 1050 PRAIRIE ST, PRAIRIE DU SAC, WI 53578

License Status: REGULAR

Licensed/Certified/Registered 06/30/1996

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

Survey History

Survey ID: 0102128 **End Date:** 07/02/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097524 **End Date:** 07/25/2006 **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 AA (AMBULATORY)
COUNTY: SAUK

Facility Information

Facility Name: CASA DE OAKES INC REEDSBURG (0012392)
Address: 201 SOUTH GROVE ST, REEDSBURG, WI 53959
License Status: REGULAR
Licensed/Certified/Registered 07/01/2009
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103954 **End Date:** 05/04/2009 **Type:** STANDARD **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 CNA (NONAMBULATORY)

COUNTY: SAUK

Facility Information

Facility Name: CASA DE OAKES (0008972)

Address: E6846 FAWN VALLEY DR, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 11/01/2000

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

Survey History

Survey ID: 0100223 **End Date:** 09/24/2007 **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 ANA (NONAMBULATORY)

COUNTY: SAUK

Facility Information

Facility Name: COUNTRY CASA (0010325)

Address: E8509 N REEDSBURG RD, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 06/01/2004

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

Survey History

Survey ID: 0102428 **End Date:** 08/27/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PG3913 Served 09/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(5)(d)4	APPROVED WELLS WATER SAMPLED ANNUALLY	04/01/2009	
83.43(3)(b)1	TESTING BY SERVICE COMPANY	04/01/2009	

Survey ID: 0097745 **End Date:** 08/23/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008399 Served 09/25/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	08/21/2008	Yes
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	08/21/2008	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: SAUK

Enforcement History (COUNTRY CASA)

Date: 09/05/2008 **SOD #PG3913** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.43(3)(b)1

Date: 09/22/2006 **SOD #10008399** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.32(2)(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: SAUK

Facility Information

Facility Name: MAPLE RIDGE ELDERLY CARE (111011)

Address: 355 MACK DR, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 10/31/1997

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

Survey History

Survey ID: 0103488 **End Date:** 02/20/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102926 **End Date:** 11/03/2008 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100520 **End Date:** 11/05/2007 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097539 **End Date:** 07/25/2006 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008392 Served 08/15/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	11/05/2007	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: SAUK

Complaint History (MAPLE RIDGE ELDERLY CARE)

Date Complaint Received: 01/22/2009

Date Investigation Completed: 02/20/2009

Subject Area(s)
ADMINISTRATION
STAFF ADEQUACY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/07/2008

Date Investigation Completed: 11/03/2008

Subject Area(s)
RESIDENT BEHAVIOR/FACILITY PRACTICE

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/26/2007

Date Investigation Completed: 11/07/2007

Subject Area(s)
ADMISSION, TRANSFER & DISCHARGE
ADMINISTRATION

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: SAUK

Facility Information

Facility Name: OUR HOUSE ASSISTED CARE (111007)

Address: 1135 17TH CT, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 02/28/1998

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

Survey History

Survey ID: 0102346 **End Date:** 08/18/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097795 **End Date:** 09/27/2006 **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: SAUK

Facility Information

Facility Name: MEADOWS OF SPRING GREEN (THE) (110558)

Address: 477 RAINBOW RD, SPRING GREEN, WI 53588

License Status: REGULAR

Licensed/Certified/Registered 06/30/1997

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

Survey History

Survey ID: 0102344 **End Date:** 07/30/2008 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: SAUK

Facility Information

Facility Name: OAK PARK PLACE THE GROVE (0012768)
Address: 800 WALDO ST, BARABOO, WI 53913
License Status: REGULAR
Licensed/Certified/Registered 04/07/2009
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103797 **End Date:** 04/07/2009 **Type:** OTHER **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
Residential Care Apartment Complex (REGISTERED)
COUNTY: SAUK

Facility Information

Facility Name: RIDGEVIEW PLACE (0011110)
Address: 2350 NORTH DEWEY AVE, REEDSBURG, WI 53959
License Status: REGULAR
Licensed/Certified/Registered 08/01/2005
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: SAUK

Facility Information

Facility Name: MAPLEWOOD VILLAGE (0010279)
Address: 1425 HEMLOCK STREET, SAUK CITY, WI 53583
License Status: REGULAR
Licensed/Certified/Registered 06/01/1999
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0101377 **End Date:** 03/24/2008 **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
Residential Care Apartment Complex (REGISTERED)
COUNTY: SAUK

Facility Information

Facility Name: GREENWAY TERRACE (0010288)
Address: 547 EAST MCKINLEY STREET, SPRING GREEN, WI 53588
License Status: REGULAR
Licensed/Certified/Registered 11/01/1999
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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