

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

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 51 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: WALWORTH

Facility Information

Facility Name: LAKESIDE WOODLAND HOME (0009855)

Address: W913 WASHINGTON AVE, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 08/01/2003

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

Survey History

Survey ID: 0103115 **End Date:** 12/11/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #740C13 Served 12/26/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
83.06(1)(a)3	NEEDS NOT COMPATIBLE WITH CLIENT GROUP	04/01/2009	
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	
83.16(1)	ADMISSIONS AGREEMENT	04/01/2009	
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	04/01/2009	
83.42(12)	MAINTENANCE OF EXITS	04/01/2009	

This is Page 2 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: WALWORTH

Survey ID: 0100180 **End Date: 09/05/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #74OC12 Served 09/27/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	12/11/2008	Yes
83.41(5)(d)2	HOT WATER TEMPERATURES	12/11/2008	Yes

Survey ID: 0098737 **End Date: 01/30/2007** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10012488 Served 03/05/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	12/11/2008	Yes
83.33(3)(e)5	MEDICAL RECORD DOCUMENTATION	09/05/2007	Yes
83.41(5)(d)2	HOT WATER TEMPERATURES	12/11/2008	Yes

This is Page 3 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: WALWORTH

Enforcement History (LAKESIDE WOODLAND HOME)

Date: 12/18/2008 **SOD #740C13** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---50.065(2)(bm)

FORFEITURE---83.06(1)(a)3

FORFEITURE---83.16(1)

FORFEITURE---83.41(10)(a)

FORFEITURE---83.41(10)(b)

FORFEITURE---83.42(12)

Date: 09/18/2007 **SOD #740C12** **Appealed: No**

Sanctions

FORFEITURE---50.03(5g)(c)1 83.21(4)(0)

FORFEITURE---50.03(5g)(c)1 83.41(5)(d)2

Date: 02/21/2007 **SOD #10012488** **Appealed: No**

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION

FORFEITURE---83.33(3)(e)5

This is Page 4 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: WALWORTH

Complaint History (LAKESIDE WOODLAND HOME)

Date Complaint Received: 11/12/2008

Date Investigation Completed: 12/09/2008

Subject Area(s)

LICENSED CAPACITY /CLASS OF LICENSE

Result

SUBSTANTIATED

SOD #

740C13

Date Complaint Received: 06/07/2007

Date Investigation Completed: 09/12/2007

Subject Area(s)

MEDICATIONS
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

740C12

Date Complaint Received: 11/17/2006

Date Investigation Completed: 01/30/2007

Subject Area(s)

RESIDENT RIGHTS
MEDICATIONS

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

10012488

Date Complaint Received: 10/26/2006

Date Investigation Completed: 01/30/2007

Subject Area(s)

MEDICATIONS

Result

SUBSTANTIATED

SOD #

10012488

Date Complaint Received: 09/01/2006

Date Investigation Completed: 01/30/2007

Subject Area(s)

RESIDENT RIGHTS
ADMISSION, TRANSFER & DISCHARGE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 5 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WALWORTH

Facility Information

Facility Name: PRAIRIE VILLAGE NORTH (0008641)

Address: 311 TURTLE CREEK DR, DELAVAN, WI 53115

License Status: REGULAR

Licensed/Certified/Registered 11/01/1999

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

Survey History

Survey ID: 0098685 **End Date:** 02/09/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 6 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WALWORTH

Facility Information

Facility Name: PRAIRIE VILLAGE SOUTH (0008642)

Address: 315 TURTLE CREEK DR, DELAVAN, WI 53115

License Status: REGULAR

Licensed/Certified/Registered 05/01/2000

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

Survey History

No survey activity during the period 07/01/2006 through 06/30/2009.

This is Page 7 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WALWORTH

Facility Information

Facility Name: RICHMOND WAY CBRF (0009167)

Address: N6032 STATE HWY 89, DELAVAN, WI 53115

License Status: REGULAR

Licensed/Certified/Registered 11/21/2000

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

Survey History

Survey ID: 0104206 **End Date:** 06/15/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2MMN11 Served 06/25/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE		
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS		

Survey ID: 0100026 **End Date:** 08/18/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PZZF11 Served 08/28/2007

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

This is Page 8 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WALWORTH

Enforcement History (RICHMOND WAY CBRF)

Date: 06/19/2009 **SOD #2MMN11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.48(8)(b)

Date: 08/27/2007 **SOD #PZZF11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

This is Page 9 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WALWORTH

Complaint History (RICHMOND WAY CBRF)

Date Complaint Received: 05/07/2009

Date Investigation Completed: 06/10/2009

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

This is Page 10 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WALWORTH

Facility Information

Facility Name: RIDGESTONE VILLAGE LTD (310698)

Address: 1025 S SECOND ST, DELAVAN, WI 53115

License Status: REGULAR

Licensed/Certified/Registered 02/01/1999

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

Survey History

Survey ID: 0103194 **End Date:** 01/05/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099038 **End Date:** 04/10/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 11 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WALWORTH

Complaint History (RIDGESTONE VILLAGE LTD)

Date Complaint Received: 11/21/2008

Date Investigation Completed: 01/06/2009

Subject Area(s)
RESIDENT RIGHTS
ABUSE
MEDICATIONS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 12 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WALWORTH

Facility Information

Facility Name: ROSEWOOD MANOR LLC (0009613)

Address: 2220 BORG RD, DELAVAN, WI 53115

License Status: REGULAR

Licensed/Certified/Registered 02/01/2003

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

Survey History

Survey ID: 0103430 **End Date:** 02/03/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QBVQ13 Served 02/14/2009

<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)(a)	NUMBER & TYPES OF EXITS & PASSAGEWAYS	04/01/2009	
83.53(2)(a)	DOORS EXCEPT PATIO DOORS	04/01/2009	

Survey ID: 0098505 **End Date:** 01/11/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008451 Served 01/25/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(1)	RESIDENT RECORD MAINTAINED	02/03/2009	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	02/03/2009	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	02/03/2009	Yes
83.44(1)(g)	EMERGENCY PLAN & NO ONE OVER 2 MINUTES	02/03/2009	Yes

This is Page 13 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WALWORTH

Enforcement History (ROSEWOOD MANOR LLC)

Date: 02/11/2009 **SOD #QBVQ13** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT
COMPLY WITH FACILITY PLAN OF CORRECTION

Date: 01/23/2007 **SOD #10008451** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.42(3)(f)

This is Page 14 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WALWORTH

Facility Information

Facility Name: VINTAGE ON THE PONDS (310575)

Address: N4901 DAM RD, DELAVAN, WI 53115

License Status: REGULAR

Licensed/Certified/Registered 10/01/1994

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

Survey History

Survey ID: 0103550 **End Date:** 03/09/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102823 **End Date:** 11/03/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101753 **End Date:** 05/13/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #J06D11 Served 05/22/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(1)(b)	LICENSEE PROTECT CIVIL RIGHTS OF RESIDENTS	11/03/2008	Yes
83.41(10)(a)	BUILDING MAINTENANCE	11/03/2008	Yes

This is Page 15 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WALWORTH

Complaint History (VINTAGE ON THE PONDS)

Date Complaint Received: 02/10/2009

Date Investigation Completed: 03/04/2009

Subject Area(s)

STAFF TRAINING AND PROFICIENCY
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 16 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WALWORTH

Facility Information

Facility Name: EAST TROY VILLA (0012608)

Address: 3271 NORTH ST, EAST TROY, WI 53120

License Status: PROBATIONARY

Licensed/Certified/Registered 02/02/2009

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

Survey History

Survey ID: 0104022 **End Date:** 05/07/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103345 **End Date:** 02/02/2009 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

This is Page 17 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WALWORTH

Complaint History (EAST TROY VILLA)

Date Complaint Received: 04/17/2009

Date Investigation Completed: 05/07/2009

Subject Area(s)
MEDICATIONS

Result
NOT SUBSTANTIATED

SOD #

This is Page 18 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: WALWORTH

Facility Information

Facility Name: COBBLESTONES (0008520)

Address: 4492 COBBLESTONE RD, ELKHORN, WI 53121

License Status: REGULAR

Licensed/Certified/Registered 09/01/1999

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

Survey History

Survey ID: 0103514 **End Date:** 02/18/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7HHU11 Served 03/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(u)	LEAST RESTRICTIVE CONDITIONS	04/01/2009	
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS	04/01/2009	

This is Page 19 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: WALWORTH

Enforcement History (COBBLESTONES)

Date: 03/04/2009 SOD #7HHU11 Appealed: No

Sanctions

FORFEITURE---50.03(5g)(b)3

FORFEITURE---50.03(5g)(b)6

This is Page 20 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: JUST LIKE HOME IV (0010103)
Address: W5140 HWY A, ELKHORN, WI 53121
License Status: REGULAR
Licensed/Certified/Registered 04/01/2004
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103120 **End Date:** 12/16/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098082 **End Date:** 10/24/2006 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011916 Served 11/07/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	12/16/2008	Yes

This is Page 21 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Complaint History (JUST LIKE HOME IV)

Date Complaint Received: 11/19/2008

Date Investigation Completed: 12/16/2008

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED

Date Complaint Received: 08/02/2006

Date Investigation Completed: 10/24/2006

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED

Date Complaint Received: 07/14/2006

Date Investigation Completed: 10/24/2006

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

This is Page 22 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: KIMBERLY LANE CBRF (310437)
Address: 416 KIMBERLY LN, ELKHORN, WI 53121
License Status: REGULAR
Licensed/Certified/Registered 11/11/1992
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0098585 **End Date:** 01/24/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008459 Served 02/02/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(3)(b)1	TESTING BY SERVICE COMPANY	04/01/2009	
83.43(3)(b)2	TESTING OF SMOKE DETECTORS	04/01/2009	

This is Page 23 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WALWORTH

Facility Information

Facility Name: KINDREDHEARTS OF ELKHORN (0010415)

Address: 450 E GENEVA ST, ELKHORN, WI 53121

License Status: REGULAR

Licensed/Certified/Registered 05/01/2004

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

Survey History

Survey ID: 0103413 **End Date:** 02/09/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101810 **End Date:** 05/21/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098936 **End Date:** 02/26/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008484 Served 03/26/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(b)	DEVELOPMENT	05/21/2008	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	05/21/2008	Yes

This is Page 24 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WALWORTH

Enforcement History (KINDREDHEARTS OF ELKHORN)

Date: 03/22/2007 **SOD #**10008484 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.42(3)(f)

This is Page 25 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WALWORTH

Complaint History (KINDREDHEARTS OF ELKHORN)

Date Complaint Received: 05/19/2008

Date Investigation Completed: 05/21/2008

Subject Area(s)
STAFF ADEQUACY
QUALITY OF LIFE

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/09/2008

Date Investigation Completed: 05/21/2008

Subject Area(s)
MEDICATIONS
STAFF ADEQUACY
QUALITY OF LIFE

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/29/2006

Date Investigation Completed: 02/26/2007

Subject Area(s)
RESIDENT RIGHTS
PHYSICAL PLANTS & SAFETY HAZARDS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 26 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: RUNGES CBRF FOR DEVELOPMENTALLY DISABLED (310515)

Address: W3705 LOVELAND RD, ELKHORN, WI 53121

License Status: REGULAR

Licensed/Certified/Registered 04/09/1991

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

Survey History

Survey ID: 0104221 **End Date:** 06/09/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SUHT11 Served 06/24/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		

Survey ID: 0103911 **End Date:** 04/29/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HGNN11 Served 05/02/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		

This is Page 27 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

COUNTY: WALWORTH

Survey ID: 0103403 **End Date: 01/26/2009** **Type: OTHER** **Purpose: DESK REVIEW**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8M3X11 Served 02/13/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.07(10)(a)1	PLAN OF CORRECTION	04/01/2009	

Survey ID: 0103236 **End Date: 12/01/2008** **Type: OTHER** **Purpose: DESK REVIEW**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ONWZ11 Served 12/23/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.03(5g)(c)1.c	FORFEITURE PAYMENTS		

Survey ID: 0102468 **End Date: 08/27/2008** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2EGV15 Served 09/29/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	
83.41(10)(e)	STORAGE IN ORDERLY CONDITION	04/01/2009	
83.41(3)(c)	FURNISHING APPROPRIATE TO THE ROOM	04/01/2009	
83.42(3)(e)	QUARTERLY FIRE DRILLS	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	
83.51(3)(a)	AREA OF REFUGE: DOORS	04/01/2009	

This is Page 28 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

COUNTY: WALWORTH

Survey ID: 0098232 End Date: 10/27/2006 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009211 Served 12/04/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.07(3)	RESIDENCY OR SIGNATORY CHANGE	08/27/2008	Yes
83.15(1)(c)1	ADEQUATE STAFFING	08/27/2008	Yes
83.35(5)(c)	FROZEN AT 0 DEGREES F. OR BELOW	08/27/2008	Yes
83.41(10)(e)	STORAGE IN ORDERLY CONDITION	04/01/2009	
83.55(1)(a)	ELECTRICAL SERVICE AND FIXTURES	08/27/2008	Yes

This is Page 29 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Enforcement History (RUNGES CBRF FOR DEVELOPMENTALLY DISABLED)

Date: 06/23/2009 **SOD #SUHT11** **Appealed: No**

Sanctions

NO NEW ADMISSIONS
OTHER SANCTION
FORFEITURE---Accrual: \$20/day 5/1-7/21

Date: 04/30/2009 **SOD #HGNN11** **Appealed: No**

Sanctions

FORFEITURE---and \$20/day beginning 5/1/09, HGNN11

Date: 02/12/2009 **SOD #8M3X11** **Appealed: No**

Sanctions

FORFEITURE---\$10/day for 27 days
FORFEITURE---50.03 (5g)(c)1, 83.07(10)(a)1

Date: 12/05/2008 **SOD #ONWZ11** **Appealed: No**

Sanctions

FORFEITURE---Accruing from 11-12-08-12-2-08
FORFEITURE---Overdue forfeiture

Date: 09/11/2008 **SOD #2EGV15** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.41(10)(e)
FORFEITURE---83.42(3)(e)

This is Page 30 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

COUNTY: WALWORTH

Date: 12/01/2006

SOD #10009211

Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---83.15(1)(c)1

This is Page 31 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: WALWORTH

Facility Information

Facility Name: SUNNYSIDE HOME (310561)

Address: I EASTOWN MANOR, ELKHORN, WI 53121

License Status: REGULAR

Licensed/Certified/Registered 06/01/1985

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

Survey History

Survey ID: 0098686 **End Date:** 02/08/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 32 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

COUNTY: WALWORTH

Facility Information

Facility Name: WHISPERING WILLOWS (310585)

Address: W4517 WILLOW BEND RD, ELKHORN, WI 53121

License Status: REGULAR

Licensed/Certified/Registered 07/01/1993

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

Survey History

Survey ID: 0099010 **End Date:** 04/03/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 33 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WALWORTH

Facility Information

Facility Name: BURR OAK MANOR INC (310321)

Address: 264 WALWORTH ST, GENOA CITY, WI 53128

License Status: REGULAR

Licensed/Certified/Registered 07/01/1996

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

Survey History

Survey ID: 0099915 **End Date:** 08/09/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097938 **End Date:** 10/11/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 34 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WALWORTH

Complaint History (BURR OAK MANOR INC)

Date Complaint Received: 05/31/2007

Date Investigation Completed: 08/09/2007

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

This is Page 35 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: WALWORTH

Facility Information

Facility Name: WBF GENOA CITY RETIREMENT HOME (310579)

Address: 1201 CTY RD H, GENOA CITY, WI 53128

License Status: REGULAR

Licensed/Certified/Registered 07/01/1982

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

Survey History

Survey ID: 0100538 **End Date:** 11/08/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 36 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

COUNTY: WALWORTH

Facility Information

Facility Name: BOULEVARD MANOR (310316)

Address: 945 LAKE GENEVA BLVD, LAKE GENEVA, WI 53147

License Status: REGULAR

Licensed/Certified/Registered 04/01/1983

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

Survey History

Survey ID: 0101046 **End Date:** 01/28/2008 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #B60911 Served 02/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(h)	NOT PERMIT A CONDITION OF RISK	04/01/2009	

This is Page 37 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

COUNTY: WALWORTH

Survey ID: 0100071 **End Date: 08/01/2007** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y63113 Served 09/07/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.05(2)(c)	CLASS A NONAMBULATORY (ANA)	04/01/2009	
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	
83.21(4)(n)4	FREE FROM PHYSICAL RESTRAINTS	04/01/2009	
83.32(2)(a)6	CAPACITY FOR SELF-CARE	04/01/2009	
83.32(2)(d)	REVIEW OF PROGRESS	04/01/2009	
83.33(3)(b)2.e	REFRIGERATED MEDICATION IN LOCKED BOX	04/01/2009	
83.33(4)	CLIENT GROUP SPECIFIC SERVICES	04/01/2009	
83.41(5)(a)2	MEDIUM CBRF TWO BATHROOMS	04/01/2009	
83.41(5)(a)4	BATHROOMS SHALL PROVIDE PRIVACY	04/01/2009	
83.43(4)(b)3	BATTERY OPERATED AND 5 YEAR DELAY	04/01/2009	
83.43(5)(b)	LICENSED BEFORE 1-1-97 REQUIREMENTS	04/01/2009	

This is Page 38 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

COUNTY: WALWORTH

Enforcement History (BOULEVARD MANOR)

Date: 02/07/2008 **SOD #B60911** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
OTHER SANCTION
FORFEITURE---Accruing fee due for 112 days
FORFEITURE---Based on 137 days of violation (\$10 day)

Date: 09/05/2007 **SOD #Y63113** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.05(2)(c)
FORFEITURE---83.11(3)(a)
FORFEITURE---83.21(4)(n)
FORFEITURE---83.32(2)(a)6
FORFEITURE---83.32(2)(d)
FORFEITURE---83.33(3)(b)2.(e)
FORFEITURE---83.33(4)
FORFEITURE---83.43(5)(b) and 83.43(4)(b)3

This is Page 39 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WALWORTH

Facility Information

Facility Name: LAURAS HOME (310450)

Address: 945 LAKE GENEVA BLVD, LAKE GENEVA, WI 53147

License Status: REGULAR

Licensed/Certified/Registered 07/01/1991

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

Survey History

Survey ID: 0100693 **End Date:** 11/27/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I63M13 Served 11/08/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	04/01/2009	
83.33(3)(a)1	PRACTITIONER'S WRITTEN ORDER FOR MEDS	04/01/2009	

This is Page 40 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Enforcement History (LAURAS HOME)

Date: 12/06/2007 SOD #I63M13 Appealed: No

Sanctions

FORFEITURE---83.21(4)(p)
FORFEITURE---83.33(3)(a)1

This is Page 41 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: LSS GENEVA PLACE (310400)
Address: N3155 HWY H, LAKE GENEVA, WI 53147
License Status: REGULAR
Licensed/Certified/Registered: 11/05/1993
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0098883 **End Date:** 03/14/2007 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098771 **End Date:** 02/19/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008470 Served 02/24/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.53(1)(a)	NUMBER & TYPES OF EXITS & PASSAGEWAYS	04/01/2009	

This is Page 42 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

COUNTY: WALWORTH

Facility Information

Facility Name: PINECREST OF LAKE GENEVA (0009428)

Address: N3367 COUNTY HWY NN, LAKE GENEVA, WI 53147

License Status: REGULAR

Licensed/Certified/Registered 04/01/2002

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

Survey History

Survey ID: 0100514 **End Date:** 11/01/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #593011 Served 11/10/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.05(2)(c)	CLASS A NONAMBULATORY (ANA)	04/01/2009	

This is Page 43 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

COUNTY: WALWORTH

Enforcement History (PINECREST OF LAKE GENEVA)

Date: 11/07/2007 SOD #593011 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.05(2)(c)

This is Page 44 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: WALWORTH

Facility Information

Facility Name: PRAIRIE VIEW HOME (310501)

Address: W4080 PALMER RD, LAKE GENEVA, WI 53147

License Status: REGULAR

Licensed/Certified/Registered 04/01/1989

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

Survey History

Survey ID: 0099012 **End Date:** 04/04/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 45 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WALWORTH

Facility Information

Facility Name: VILLAGE GLEN OF GENEVA CROSSING (0009329)

Address: 723 S CURTIS ST, LAKE GENEVA, WI 53147

License Status: REGULAR

Licensed/Certified/Registered 11/16/2003

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

Survey History

Survey ID: 0099177 **End Date:** 04/17/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 46 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WALWORTH

Facility Information

Facility Name: WALNUT GROVE LAKE GENEVA (0012554)

Address: 6722 HWY 50 EAST, LAKE GENEVA, WI 53147

License Status: PROBATIONARY

Licensed/Certified/Registered 12/01/2008

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

Survey History

Survey ID: 0102980 **End Date:** 11/25/2008 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

This is Page 47 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: WALWORTH

Facility Information

Facility Name: CASA MIA CARE CENTER (310324)

Address: BOX 292 W1043 ROSEWOOD RD, PELL LAKE, WI 53157

License Status: REGULAR

Licensed/Certified/Registered 11/01/1982

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

Survey History

Survey ID: 0098178 **End Date:** 11/16/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 48 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WALWORTH

Facility Information

Facility Name: GOLDEN YEARS ASSISTED LIVING RESIDENCE (310402)

Address: 270 RIDGE RD, WALWORTH, WI 53184

License Status: REGULAR

Licensed/Certified/Registered 04/19/1994

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

Survey History

Survey ID: 0098835 **End Date:** 03/06/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 49 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WALWORTH

Complaint History (GOLDEN YEARS ASSISTED LIVING RESIDENCE)

Date Complaint Received: 01/22/2007

Date Investigation Completed: 03/06/2007

Subject Area(s)

Result

SOD #

ABUSE
MEDICATIONS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

This is Page 50 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WALWORTH

Facility Information

Facility Name: INSPIRATION MINISTRIES (310343)

Address: N2270 HWY 67, WALWORTH, WI 53184

License Status: REGULAR

Licensed/Certified/Registered 09/01/1987

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

Survey History

Survey ID: 0100530 **End Date:** 10/31/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 51 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.