

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 includes only facilities located within the City of Whitewater. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.

The report is a PDF (Adobe Acrobat) document and includes a total of 26 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 AS (SEMIAMBULATORY)

COUNTY: WALWORTH

Facility Information

Facility Name: COUNTRY HOME (0010032)

Address: N8525 HWY H, WHITEWATER, WI 53190

License Status: REGULAR

Licensed/Certified/Registered 12/01/2003

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

Survey History

Survey ID: 0099480 **End Date:** 05/31/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 26 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Facility Information

Facility Name: FAIR VIEW CBRF (310377)
Address: W5903 HIGHWAY 12, WHITEWATER, WI 53190
License Status: REGULAR
Licensed/Certified/Registered 03/01/1988
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103449 **End Date:** 02/04/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SWIZ13 Served 02/19/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	04/01/2009	
83.41(9)	CLEANLINESS OF ROOMS	04/01/2009	
83.42(4)(a)	EMERGENCY PLANNING FOR CERTAIN RESIDENT	04/01/2009	
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS	04/01/2009	

Survey ID: 0098614 **End Date:** 01/31/2007 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008461 Served 02/06/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(3)(e)	QUARTERLY FIRE DRILLS	02/03/2009	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	02/03/2009	Yes

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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: WALWORTH

Enforcement History (FAIR VIEW CBRF)

Date: 02/16/2009 SOD #SWIZ13 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.43(3)(a)

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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: WALWORTH

Complaint History (FAIR VIEW CBRF)

Date Complaint Received: 04/18/2007

Date Investigation Completed: 01/31/2007

Subject Area(s)
SUPERVISION
ABUSE

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
NOT RECORDED

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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: WALWORTH

Facility Information

Facility Name: FAIRHAVEN (310378)

Address: 435 STARIN RD, WHITEWATER, WI 531901125

License Status: REGULAR

Licensed/Certified/Registered 09/01/1980

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

Survey History

Survey ID: 0104143 **End Date:** 05/20/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PVX411 Served 06/11/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT		
83.35(3)(b)	MENU DATED AND KEPT ON FILE		
83.47(2)(d)	FIRE DRILLS		

Survey ID: 0098702 **End Date:** 02/07/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008468 Served 02/20/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	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 ANA (NONAMBULATORY)

COUNTY: WALWORTH

Enforcement History (FAIRHAVEN)

Date: 06/10/2009 SOD #PVX411 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.32(3)(n)

FORFEITURE---83.47(2)(d)

Date: 02/19/2007 SOD #10008468 Appealed: No

Sanctions

FORFEITURE---83.21(4)(o)

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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: WALWORTH

Facility Information

Facility Name: GLEN SUPPORTED LIVING (THE) (310476)

Address: 1281 W MAIN ST, WHITEWATER, WI 53190

License Status: REGULAR

Licensed/Certified/Registered 09/01/1996

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

Survey History

Survey ID: 0103890 **End Date:** 04/09/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #39SV11 Served 04/30/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS		
83.46(1)(b)	PORTABLE SPACE HEATERS PROHIBITED		
83.47(2)(d)	FIRE DRILLS		

Survey ID: 0099264 **End Date:** 05/10/2007 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WALWORTH

Enforcement History (GLEN SUPPORTED LIVING (THE))

Date: 04/29/2009 **SOD #**39SV11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.47(2)(d)

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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: WALWORTH

Complaint History (GLEN SUPPORTED LIVING (THE))

Date Complaint Received: 02/17/2009

Date Investigation Completed: 04/09/2009

Subject Area(s)

NUTRITION & FOOD SERVICES
MEDICATIONS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WALWORTH

Facility Information

Facility Name: HEARTHSTONE (310689)

Address: 426 W NORTH ST, WHITEWATER, WI 53190

License Status: REGULAR

Licensed/Certified/Registered 09/01/1998

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

Survey History

Survey ID: 0103505 **End Date:** 02/16/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101421 **End Date:** 04/03/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098785 **End Date:** 02/19/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008475 Served 03/02/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(4)(c)	PORTABLE SPACE HEATERS PROHIBITED	04/03/2008	Yes

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

Enforcement History (HEARTHSTONE)

Date: 02/27/2007 SOD #10008475 Appealed: No

Sanctions

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: WALWORTH

Complaint History (HEARTHSTONE)

Date Complaint Received: 04/01/2008

Date Investigation Completed: 04/03/2008

Subject Area(s)

ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: HIDDEN VIEW CBRF (310418)
Address: N8425 HWY 89, WHITEWATER, WI 53190
License Status: REGULAR
Licensed/Certified/Registered 04/01/1990
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0104371 **End Date:** 06/18/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100038 **End Date:** 08/15/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TT9K12 Served 09/06/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(10)(d)	FURNITURE IN GOOD REPAIR	04/01/2009	

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

Enforcement History (HIDDEN VIEW CBRF)

Date: 08/28/2007 SOD #TT9K12 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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

Complaint History (HIDDEN VIEW CBRF)

Date Complaint Received: 03/23/2009

Date Investigation Completed: 06/18/2009

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE

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: WALWORTH

Facility Information

Facility Name: JADE HOUSE (310430)
Address: 1541 W WALWORTH AVE, WHITEWATER, WI 53190
License Status: REGULAR
Licensed/Certified/Registered 10/01/1989
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103479 **End Date:** 02/18/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098937 **End Date:** 03/15/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008483 Served 03/23/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(4)(a)	HEATING	02/18/2009	Yes
83.41(4)(c)	PORTABLE SPACE HEATERS PROHIBITED	02/18/2009	Yes
83.43(3)(b)2	TESTING OF SMOKE DETECTORS	02/18/2009	Yes

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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: WALWORTH

Enforcement History (JADE HOUSE)

Date: 03/22/2007 SOD #10008483 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.41(4)(a)
FORFEITURE---83.41(4)(c)

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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: KETTLE VIEW CBRF (310436)

Address: N8603 DUFFIN RD, WHITEWATER, WI 53190

License Status: REGULAR

Licensed/Certified/Registered 01/01/1990

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

Survey History

Survey ID: 0102165 **End Date:** 07/22/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100466 **End Date:** 10/10/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: WALWORTH

Complaint History (KETTLE VIEW CBRF)

Date Complaint Received: 06/27/2008

Date Investigation Completed: 07/22/2008

Subject Area(s)

SUPERVISION
RESIDENT BEHAVIOR/FACILITY PRACTICE
PROGRAM SERVICES
QUALITY OF LIFE

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: WALWORTH

Facility Information

Facility Name: OUR HOUSE SENIOR LIVING (0009290)

Address: 945 E CHICAGO ST, WHITEWATER, WI 53190

License Status: REGULAR

Licensed/Certified/Registered 01/01/2002

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

Survey History

Survey ID: 0102269 **End Date:** 08/05/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100416 **End Date:** 10/22/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KKWT11 Served 10/27/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	08/05/2008	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WALWORTH

Enforcement History (OUR HOUSE SENIOR LIVING)

Date: 10/26/2007 **SOD #**KKWT11 **Appealed:** No

Sanctions

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: WALWORTH

Complaint History (OUR HOUSE SENIOR LIVING)

Date Complaint Received: 06/16/2008

Date Investigation Completed: 08/05/2008

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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: WALWORTH

Facility Information

Facility Name: RIVER VIEW CBRF (310509)
Address: 740 N FREMONT ST, WHITEWATER, WI 53190
License Status: REGULAR
Licensed/Certified/Registered 09/01/1987
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0101611 **End Date:** 04/30/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: SAPHIRE HOUSE (0011610)
Address: W7332 STATE ROAD 12, WHITEWATER, WI 53190
License Status: REGULAR
Licensed/Certified/Registered 04/01/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103358 **End Date:** 01/27/2009 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099143 **End Date:** 04/24/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0097930 **End Date:** 10/11/2006 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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

Complaint History (SAPPHIRE HOUSE)

Date Complaint Received: 12/15/2008

Date Investigation Completed: 02/04/2009

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED

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