

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

**Notes**

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 43 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: WALWORTH

**Facility Information**

**Facility Name:** LINCOLN STREET AFH (0012893)  
**Address:** N2465 LINCOLN DR, BURLINGTON, WI 53105  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/25/2009  
**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  
Adult Family Home  
COUNTY: WALWORTH

**Facility Information**

**Facility Name:** MABRY ADULT FAMILY HOME (0010241)  
**Address:** 7980 SUMMIT DR, DELAVAN, WI 53115  
**License Status:** REGULAR  
**Licensed/Certified/Registered:** 11/01/2003  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103268    **End Date:** 01/08/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #9VUL12    Served 01/24/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

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

**Survey ID: 0098691    End Date: 02/12/2007    Type: ABBREVIATED    Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10011941    Served 02/28/2007**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	01/08/2009	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	01/08/2009	Yes

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

**Enforcement History (MABRY ADULT FAMILY HOME)**

**Date: 01/20/2009      SOD #9VUL12      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

**Date: 02/15/2007      SOD #10011941      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

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

**Facility Information**

**Facility Name:** PEASE ADULT FAMILY HOME (390149)  
**Address:** 5281 STATE RD 50, DELAVAN, WI 53115  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/01/1997  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103365    **End Date:** 01/28/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #FIS913    Served 02/07/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(h)	COMPLY WITH OSHA		
88.05(3)(i)	BATHROOM LOCK		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.10(3)(b)	PRIVACY		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

**Survey ID:** 0099319    **End Date:** 05/16/2007    **Type:** OTHER    **Purpose:** OTHER

**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: WALWORTH

**Survey ID: 0098684    End Date: 01/31/2007    Type: STANDARD    Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10008453    Served 02/28/2007**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	01/28/2009	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	01/28/2009	Yes
88.05(3)(a)	HOME ENVIRONMENT	01/28/2009	Yes
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	01/28/2009	Yes
88.05(3)(e)2	HEATING SYSTEM INSPECTIONS	01/28/2009	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	01/28/2009	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	01/28/2009	Yes
88.09(1)(d)8	RESIDENT RECORD-ISP	01/28/2009	Yes
88.09(2)(a)	SERVICE PROVIDER RECORD	01/28/2009	Yes

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

**Enforcement History (PEASE ADULT FAMILY HOME)**

**Date: 02/05/2009**      **SOD #FIS913**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

**Date: 02/13/2007**      **SOD #10008453**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS

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

**Facility Information**

**Facility Name:** VOSKUIL ADULT FAMILY HOME (0009865)  
**Address:** 337 BRADLEY AVE, DELAVAN, WI 53115  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/24/2003  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102430    **End Date:** 08/27/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Facility Information**

**Facility Name:** MACKENZIE ADULT FAMILY HOME (0008746)  
**Address:** W4855 STATE RD 20, EAST TROY, WI 53121  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/01/2000  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103959    **End Date:** 04/27/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #BM0X12    Served 05/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

**Survey ID:** 0098429    **End Date:** 01/10/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10008446    Served 01/13/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	04/27/2009	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	04/27/2009	Yes

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

**Facility Information**

**Facility Name:** AMANDA LINDNER ADULT FAMILY CARE HOME (390128)

**Address:** W5069 FARM VILLAGE LN, ELKHORN, WI 53121

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/22/1997

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

**Survey History**

**Survey ID:** 0099389      **End Date:** 05/24/2007      **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  
Adult Family Home  
COUNTY: WALWORTH

**Facility Information**

**Facility Name:** ARBOR HOUSE (390129)  
**Address:** W5428 COUNTY A, ELKHORN, WI 53121  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/01/1995  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0099482    **End Date:** 05/30/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT  
**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: WALWORTH

**Complaint History (ARBOR HOUSE)**

**Date Complaint Received: 05/22/2007**

**Date Investigation Completed: 05/30/2007**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
RESTRAINTS	NOT SUBSTANTIATED	
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED	
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	

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

**Facility Information**

**Facility Name:** CLA COURT STREET (390048)  
**Address:** 298 W COURT ST, ELKHORN, WI 53121  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/01/1996  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103891    **End Date:** 04/20/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #51NW11    Served 05/06/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(i)	BATHROOM LOCK		
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR		
88.07(1)(a)	RESIDENT CARE-GENERAL REQUIREMENTS		
88.10(3)(a)	FAIR TREATMENT		

**Survey ID:** 0098498    **End Date:** 01/16/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Enforcement History (CLA COURT STREET)**

**Date: 04/29/2009      SOD #51NW11      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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

**Facility Information**

**Facility Name:** CLA DUNBAR (0009527)  
**Address:** W4911 MALLARD DR, ELKHORN, WI 53121  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/01/2002  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0100464    **End Date:** 10/22/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #R1KX11    Served 11/07/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(g)	WINDOWS AND VENTILATION		

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

**Facility Information**

**Facility Name:** CLA PRESCOTT (390220)  
**Address:** 13 PRESCOTT ST, ELKHORN, WI 53121  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/01/1998  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0101405    **End Date:** 03/31/2008    **Type:** STANDARD    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Facility Information**

**Facility Name:** JODIS HOME (0010620)  
**Address:** W3928 POTTERS RD, ELKHORN, WI 53121  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/09/2005  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0099436    **End Date:** 05/31/2007    **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: WALWORTH

**Facility Information**

**Facility Name:** GENEVA TERRITORY (0012515)  
**Address:** 6582 LAKESIDE RD, LAKE GENEVA, WI 53147  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/17/2008  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102918    **End Date:** 11/17/2008    **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: WALWORTH

**Facility Information**

**Facility Name: PRIME CHOICE HOME CARE SERVICES (0012578)**

**Address: N3305 COMO RD, LAKE GENEVA, WI 53147**

**License Status: REGULAR**

**Licensed/Certified/Registered 02/16/2009**

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

**Survey History**

**Survey ID: 0103452    End Date: 02/12/2009    Type: INITIAL    Purpose: SURVEY**

**Results: LICENSE/CERT/REGISTRATION ISSUED**

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

**Facility Information**

**Facility Name:** SKY LANE HOME (0010664)  
**Address:** 109 SKY LANE DR, LAKE GENEVA, WI 53147  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/01/2004  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102360    **End Date:** 08/20/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0100179    **End Date:** 09/17/2007    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0097794    **End Date:** 09/28/2006    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**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: WALWORTH

**Complaint History (SKY LANE HOME)**

**Date Complaint Received: 07/20/2007**

**Date Investigation Completed: 09/17/2007**

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS  
HOMELIKE ENVIRONMENT & CLEANLINESS  
MEDICATIONS  
QUALITY OF LIFE

Result

SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

NOT RECORDED

**Date Complaint Received: 09/07/2006**

**Date Investigation Completed: 09/28/2006**

Subject Area(s)

RESIDENT RIGHTS  
HOMELIKE ENVIRONMENT & CLEANLINESS

Result

NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #

NOT RECORDED

**Date Complaint Received: 08/28/2006**

**Date Investigation Completed: 09/28/2006**

Subject Area(s)

SUPERVISION  
RESIDENT RIGHTS  
PHYSICAL PLANTS & SAFETY HAZARDS  
HOMELIKE ENVIRONMENT & CLEANLINESS

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #

NOT RECORDED

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

**Facility Information**

**Facility Name:** SMITH FAMILY HOME (0010639)  
**Address:** N1640 WASHINGTON AVE, LAKE GENEVA, WI 53147  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/23/2004  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0101733    **End Date:** 04/30/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #YFVD11    Served 05/21/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(m)	2 EXITS TO GRADE-BEDROOMS IN BASEMENT		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		

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

**Enforcement History (SMITH FAMILY HOME)**

**Date: 05/16/2008      SOD #YFVD11      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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

**Facility Information**

**Facility Name:** VALERIES HOME (0009133)  
**Address:** 208 MADISON ST, WALWORTH, WI 53184  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/09/2000  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103831    **End Date:** 04/08/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #XCHO13    Served 04/16/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(e)2	HEATING SYSTEM INSPECTIONS		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

**Survey ID:** 0098805    **End Date:** 02/21/2007    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008473    Served 03/09/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(d)	BEDROOM ON FIRST FLOOR	03/27/2009	Yes

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

**Enforcement History (VALERIES HOME)**

**Date: 04/15/2009      SOD #XCHO13      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

**Date: 03/01/2007      SOD #10008473      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: WALWORTH

**Facility Information**

**Facility Name:** CARRIES HOME (0010176)  
**Address:** 1234 W MELROSE ST, WHITEWATER, WI 53190  
**License Status:** REGULAR  
**Licensed/Certified/Registered:** 10/23/2003  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103788    **End Date:** 04/07/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098180    **End Date:** 11/16/2006    **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  
Adult Family Home  
COUNTY: WALWORTH

**Facility Information**

**Facility Name:** CHRIS HOME (0009782)  
**Address:** 424 PLEASANT ST, WHITEWATER, WI 53190  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/18/2002  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0100666      **End Date:** 12/03/2007      **Type:** STANDARD      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Facility Information**

**Facility Name:** HEART PRAIRIE WAY (0009941)  
**Address:** W6359 TERRITORIAL RD, WHITEWATER, WI 53190  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/21/2003  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102005    **End Date:** 06/17/2008    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #GP1512    Served 07/07/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(3)(d)1	DESCRIPTION OF SERVICES		
88.10(3)(a)	FAIR TREATMENT		

**Survey ID:** 0097567    **End Date:** 07/31/2006    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10011882    Served 08/16/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	06/17/2008	Yes
88.07(1)(a)	RESIDENT CARE-GENERAL REQUIREMENTS	06/17/2008	Yes

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

**Enforcement History (HEART PRAIRIE WAY)**

**Date: 07/01/2008      SOD #GP1512      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

**Date: 08/14/2006      SOD #10011882      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

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

**Facility Information**

**Facility Name:** KINDRED HEARTS FAMILY HOME (0012654)  
**Address:** N7227 WOODFIELD LN, WHITEWATER, WI 53190  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/01/2008  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103228      **End Date:** 12/18/2008      **Type:** INITIAL      **Purpose:** CHOW--DESK REVIEW  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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

**Facility Information**

**Facility Name:** OPAL HOUSE (0011300)  
**Address:** N9633 HOWARD RD, WHITEWATER, WI 53190  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/26/2006  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0101246    **End Date:** 02/20/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0097453    **End Date:** 07/11/2006    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10011880    Served 08/01/2006

Deficiencies Cited  
13.05(3)(a)

Subject Area  
ENTITY ALLEGATION REPORTING REQUIREMENTS

Compliance  
Verified

Corrected

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

**Facility Information**

**Facility Name:** RIDGE WOOD (0008791)  
**Address:** 204 N JEFFERSON ST, WHITEWATER, WI 53190  
**License Status:** REGULAR  
**Licensed/Certified/Registered:** 11/17/1999  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103281    **End Date:** 01/07/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #6B6M16    Served 01/30/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM		
88.03(2)(b)2	PROGRAM STATEMENT		
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT RESPONSIBILITIES		
88.04(2)(a)	CHANGE IN TYPE OF INDIVIDUAL SERVED		
88.04(2)(c)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.04(5)(a)	HOME ENVIRONMENT		
88.05(3)(a)	INSPECTIONS-GAS FURNACE		
88.05(3)(e)2.b	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(b)2	PRESCRIPTION MEDICATIONS		
88.07(3)(a)	SAFE PHYSICAL ENVIRONMENT		
88.10(3)(l)			

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

**Survey ID: 0101924    End Date: 03/07/2008    Type: OTHER    Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #6B6M15    Served 06/23/2008

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

**Survey ID: 0099467    End Date: 05/01/2007    Type: OTHER    Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #6B6M14    Served 06/14/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(o)	HOME NOT BE USED FOR OTHER BUSINESS	03/06/2008	Yes

**Survey ID: 0098477    End Date: 01/17/2007    Type: STANDARD    Purpose: SURVEY**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10008450    Served 01/23/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	04/25/2007	Yes

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

**Enforcement History (RIDGE WOOD)**

**Date: 01/26/2009      SOD #6B6M16      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS

**Date: 06/18/2008      SOD #6B6M15      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

**Date: 05/24/2007      SOD #6B6M14      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: WALWORTH

**Complaint History (RIDGE WOOD)**

**Date Complaint Received: 10/10/2007**

**Date Investigation Completed: 03/07/2008**

Subject Area(s)

RESIDENT RIGHTS  
ABUSE  
ADMINISTRATION

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 04/05/2007**

**Date Investigation Completed: 05/14/2007**

Subject Area(s)

LICENSED CAPACITY /CLASS OF LICENSE  
RESIDENT RIGHTS  
PHYSICAL PLANTS & SAFETY HAZARDS  
ADMINISTRATION

Result

SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #

6B6M14  
  
  
6B6M14

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

**Facility Information**

**Facility Name:** TOPAZ HOUSE (390110)  
**Address:** N197 COUNTY HWY N, WHITEWATER, WI 531900650  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/01/1996  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102220    **End Date:** 07/21/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0097961    **End Date:** 10/03/2006    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10011911    Served 10/24/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	07/21/2008	Yes
88.05(3)(a)	HOME ENVIRONMENT	07/21/2008	Yes
88.06(3)(f)	REVIEW OF ISP	07/21/2008	Yes

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

**Enforcement History (TOPAZ HOUSE)**

**Date: 10/23/2006      SOD #10011911      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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

**Facility Information**

**Facility Name:** WHITE PINES ADULT FAMILY HOME (390169)  
**Address:** N7453 COUNTY TRUNK P, WHITEWATER, WI 53190  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/01/1997  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0100402    **End Date:** 10/22/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Facility Information**

**Facility Name:** COUNTRY JOY (0009906)  
**Address:** N501 ZENDA RD, ZENDA, WI 53195  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/24/2003  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102493    **End Date:** 09/11/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #F3GU12    Served 09/18/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

**Survey ID:** 0101265    **End Date:** 02/25/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #F3GU11    Served 03/12/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(u)	SERVICE CHARGES	09/11/2008	Yes

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

**Survey ID: 0098226      End Date: 11/21/2006      Type: STANDARD      Purpose: SURVEY**

**Results: NO STATEMENT OF DEFICIENCY ISSUED**

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

**Enforcement History (COUNTRY JOY)**

**Date: 09/17/2008      SOD #F3GU12      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

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

**Complaint History (COUNTRY JOY)**

**Date Complaint Received: 01/25/2008**

**Date Investigation Completed: 02/25/2008**

Subject Area(s)  
RESIDENT RIGHTS  
ADMINISTRATION

Result  
SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #  
E3GU11

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