

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

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 42 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WASHINGTON

Facility Information

Facility Name: COUNTRYVIEW GROUP HOME (310723)

Address: N112 W12850 W MEQUON RD, GERMANTOWN, WI 53022

License Status: REGULAR

Licensed/Certified/Registered 10/01/1999

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104032 **End Date:** 04/13/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103794 **End Date:** 03/24/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103225 **End Date:** 12/17/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #2HJR13 Served 01/20/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	03/24/2009	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WASHINGTON

Survey ID: 0101963 **End Date: 06/05/2008** **Type: OTHER** **Purpose: SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2HJR12 Served 06/28/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	12/17/2008	Yes
83.11(3)(a)	RESPONSIBILITIES	12/17/2009	Yes
83.41(10)(a)	BUILDING MAINTENANCE	12/17/2009	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	12/17/2009	Yes

Survey ID: 0101559 **End Date: 03/24/2008** **Type: ABBREVIATED** **Purpose: SURVEY/COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2HJR11 Served 05/01/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	05/29/2008	Yes
83.11(3)(a)	RESPONSIBILITIES	05/29/2008	No
83.19(3)(c)	INVESTIGATE ALLEGATION	05/29/2008	Yes
83.33(2)(c)	LEISURE TIME ACTIVITIES	05/29/2008	Yes
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN	05/29/2008	Yes
83.33(3)(e)2.b	INJECTIONS	05/29/2008	Yes
83.41(10)(a)	BUILDING MAINTENANCE	05/29/2008	No
83.41(11)	DAY CARE	05/29/2008	No
83.41(4)(b)2	GAS FURNACE SERVICED EVERY 3 YEARS	05/29/2008	Yes
83.41(5)(d)4	APPROVED WELLS WATER SAMPLED ANNUALLY	05/29/2008	Yes
83.42(12)	MAINTENANCE OF EXITS	05/29/2008	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	05/29/2008	Yes
83.42(9)	EXTINGUISHER MOUNTING	05/29/2008	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	05/29/2008	No

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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: WASHINGTON

Enforcement History (COUNTRYVIEW GROUP HOME)

Date: 06/26/2008 **SOD #2HJR12** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---50.065(2)(bb)

FORFEITURE---83.11(3)(a)

FORFEITURE---83.41(10)(a)

FORFEITURE---83.43(3)(b)1

Date: 04/28/2008 **SOD #2HJR11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

PROVIDE TRAINING

FORFEITURE---83.11(3)

FORFEITURE---83.33(2)(c)

FORFEITURE---83.33(3)(e)2.b

FORFEITURE---83.41(10)

FORFEITURE---83.41(11)

FORFEITURE---83.42(12)

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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: WASHINGTON

Complaint History (COUNTRYVIEW GROUP HOME)

Date Complaint Received: 04/06/2009

Date Investigation Completed: 04/13/2009

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 03/11/2009

Date Investigation Completed: 03/24/2009

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 03/04/2009

Date Investigation Completed: 03/24/2009

Subject Area(s)

Result

SOD #

SUPERVISION

SUBSTANTIATED

2HJR14

NUTRITION & FOOD SERVICES

SUBSTANTIATED

2HJR14

Date Complaint Received: 03/03/2009

Date Investigation Completed: 03/24/2009

Subject Area(s)

Result

SOD #

SUPERVISION

SUBSTANTIATED

2HJR14

NUTRITION & FOOD SERVICES

SUBSTANTIATED

2HJR14

Date Complaint Received: 11/11/2008

Date Investigation Completed: 12/17/2008

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 12/10/2007

Date Investigation Completed: 03/24/2008

Subject Area(s)

Result

SOD #

PHYSICAL PLANTS & SAFETY HAZARDS

SUBSTANTIATED

2HJR11

HOMELIKE ENVIRONMENT & CLEANLINESS

SUBSTANTIATED

2HJR11

NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED

MEDICATIONS

SUBSTANTIATED

2HJR11

QUALITY OF LIFE

SUBSTANTIATED

2HJR11

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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: WASHINGTON

Date Complaint Received: 12/01/2007

Subject Area(s)
ABUSE
HOMELIKE ENVIRONMENT & CLEANLINESS

Date Investigation Completed: 03/24/2008

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
SUBSTANTIATED	2HJR11

Date Complaint Received: 11/21/2007

Subject Area(s)
PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
QUALITY OF LIFE

Date Investigation Completed: 03/24/2008

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	2HJR11
SUBSTANTIATED	2HJ R11
NOT SUBSTANTIATED	
SUBSTANTIATED	2HRJ11

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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: WASHINGTON

Facility Information

Facility Name: ELLENS HOME GERMANTOWN (0012364)

Address: N113 W16358 SYLVAN CIR, GERMANTOWN, WI 53022

License Status: REGULAR

Licensed/Certified/Registered 10/01/2009

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102590 **End Date:** 09/30/2008 **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 CNA (NONAMBULATORY)

COUNTY: WASHINGTON

Facility Information

Facility Name: GERMANTOWN HOME (0012454)

Address: W164 N10502 TIMBERLINE CT, GERMANTOWN, WI 53022

License Status: REGULAR

Licensed/Certified/Registered 09/01/2009

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104088 **End Date:** 04/27/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102333 **End Date:** 08/18/2008 **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 CNA (NONAMBULATORY)

COUNTY: WASHINGTON

Facility Information

Facility Name: DEERVIEW MEADOWS ASSISTED LIVING I (0011353)

Address: 109 LONE OAK LANE, HARTFORD, WI 53027

License Status: REGULAR

Licensed/Certified/Registered 09/01/2006

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102891 **End Date:** 10/24/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WASHINGTON

Facility Information

Facility Name: DEERVIEW MEADOWS ASSISTED LIVING II (0011354)

Address: 111 LONE OAK LA, HARTFORD, WI 53027

License Status: REGULAR

Licensed/Certified/Registered 09/01/2006

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102892 **End Date:** 10/24/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WASHINGTON

Facility Information

Facility Name: LEGACY (THE) (0010871)

Address: 1025 BELL AVE, HARTFORD, WI 53027

License Status: REGULAR

Licensed/Certified/Registered 03/01/2006

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101370 **End Date:** 02/25/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6G1V12 Served 03/29/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM		
83.14(1)(c)	UNIVERSAL PRECAUTIONS	04/01/2009	
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE	04/01/2009	

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

Enforcement History (LEGACY (THE))

Date: 03/28/2008 SOD #6G1V12 Appealed: No

Sanctions

FORFEITURE---83.14(1)(c) 2nd cite

FORFEITURE---83.14(1)(d) 2nd cite

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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: WASHINGTON

Facility Information

Facility Name: WELLINGTON PLACE OF HARTFORD (0012030)

Address: 615 HILLDALE DR, HARTFORD, WI 53027

License Status: REGULAR

Licensed/Certified/Registered 03/01/2008

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102512 **End Date:** 09/03/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #6HY411 Served 09/23/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	04/01/2009	

Survey ID: 0101066 **End Date:** 01/04/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0100087 **End Date:** 08/23/2007 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WASHINGTON

Complaint History (WELLINGTON PLACE OF HARTFORD)

Date Complaint Received: 08/21/2008

Date Investigation Completed: 09/03/2008

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
ADMINISTRATION

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

09/18/08
09/18/08

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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: WASHINGTON

Facility Information

Facility Name: IVY MANOR OF JACKSON (0011475)

Address: W194 N16744 EAGLE DR, JACKSON, WI 53037

License Status: REGULAR

Licensed/Certified/Registered 12/01/2006

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0099984 **End Date:** 07/24/2007 **Type:** OTHER **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ZBC411 Served 08/23/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)1	PHYSICAL HEALTH	04/01/2009	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WASHINGTON

Enforcement History (IVY MANOR OF JACKSON)

Date: 08/21/2007 **SOD #ZBC411** **Appealed: Yes** **Decision: WITHDRAWN APPEAL (NO STIPULATIO**
Sanctions
SUBMIT POC (SOD APPEAL ONLY)

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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: WASHINGTON

Facility Information

Facility Name: LANDMARK @ JACKSON CROSSINGS (THE) (310375)

Address: N168 W22022 MAIN ST, JACKSON, WI 53037

License Status: REGULAR

Licensed/Certified/Registered 06/01/1995

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103274 **End Date:** 01/08/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GBF911 Served 01/27/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(1)	NOTIFICATION OF CHANGES & INCIDENTS	04/01/2009	
83.21(4)(r)	TREATMENT CHOICE	04/01/2009	
83.32(2)(a)1	PHYSICAL HEALTH	04/01/2009	

Survey ID: 0101602 **End Date:** 04/15/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

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: WASHINGTON

Survey ID: 0099138 End Date: 03/19/2007 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007470 Served 05/03/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/15/2008	Yes
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN	04/15/2008	Yes
83.33(3)(e)5	MEDICAL RECORD DOCUMENTATION	04/15/2008	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: WASHINGTON

Enforcement History (LANDMARK @ JACKSON CROSSINGS (THE))

Date: 01/26/2009 **SOD #GBF911** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.19(1)
FORFEITURE---83.21(4)(r)
FORFEITURE---83.32(2)(a)
FORFEITURE---83.33(2)(a)
FORFEITURE---83.42(3)(f)

Date: 04/24/2007 **SOD #10007470** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.14(1)(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: WASHINGTON

Complaint History (LANDMARK @ JACKSON CROSSINGS (THE))

Date Complaint Received: 11/18/2008

Date Investigation Completed: 01/08/2009

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

01/26/09

Date Complaint Received: 09/04/2008

Date Investigation Completed: 01/08/2009

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

01/26/09

ADMINISTRATION

NOT SUBSTANTIATED

SUPERVISION

SUBSTANTIATED

01/26/09

RESIDENT RIGHTS

SUBSTANTIATED

01/26/09

ADMINISTRATION

SUBSTANTIATED

01/26/09

Date Complaint Received: 02/19/2007

Date Investigation Completed: 03/19/2007

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED

MEDICATIONS

SUBSTANTIATED

10007470

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

10007470

STAFF ADEQUACY

NOT SUBSTANTIATED

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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: WASHINGTON

Facility Information

Facility Name: EXODUS TRANSITIONAL CARE FACILITY (310376)

Address: 1421 FOND DU LAC AVE, KEWASKUM, WI 53040

License Status: REGULAR

Licensed/Certified/Registered 06/01/1980

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0099996 **End Date:** 08/17/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099723 **End Date:** 07/03/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #94D713 Served 07/16/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE	04/01/2009	
83.33(3)(a)1	PRACTITIONER'S WRITTEN ORDER FOR MEDS	04/01/2009	
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN	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 AS (SEMIAMBULATORY)

COUNTY: WASHINGTON

Complaint History (EXODUS TRANSITIONAL CARE FACILITY)

Date Complaint Received: 07/27/2007

Date Investigation Completed: 08/17/2007

Subject Area(s)
SUPERVISION
MEDICATIONS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WASHINGTON

Facility Information

Facility Name: KETTLE MORaine GARDENS MEMORY UNIT (0012054)

Address: 1042 FOND DU LAC AVE, KEWASKUM, WI 53040

License Status: REGULAR

Licensed/Certified/Registered 05/01/2008

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101492 **End Date:** 04/09/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0100596 **End Date:** 11/15/2007 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WASHINGTON

Facility Information

Facility Name: KETTLE MORAIN GARDENS (0012055)

Address: 1038 FOND DU LAC AVE, KEWASKUM, WI 53040

License Status: REGULAR

Licensed/Certified/Registered 05/01/2008

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101478 **End Date:** 04/02/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #83S311 Served 04/16/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		

Survey ID: 0100606 **End Date:** 11/15/2007 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WASHINGTON

Facility Information

Facility Name: AUTUMN OAKS LLC (0010126)

Address: 227 E WASHINGTON ST, SLINGER, WI 53086

License Status: REGULAR

Licensed/Certified/Registered 02/01/2004

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103399 **End Date:** 01/28/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5BPZ13 Served 02/18/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN	04/01/2009	
83.42(1)	RESIDENT RECORD MAINTAINED	04/01/2009	
83.53(2)(a)	DOORS EXCEPT PATIO DOORS	04/01/2009	

Survey ID: 0098889 **End Date:** 03/08/2007 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007456 Served 03/20/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(a)	ADMINISTRATOR QUALIFIED: ASSOCIATE DEGREE	01/22/2009	Yes
83.32(2)(a)1	PHYSICAL HEALTH	01/22/2009	Yes
83.53(2)(a)	DOORS EXCEPT PATIO DOORS	01/22/2009	No

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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: WASHINGTON

Enforcement History (AUTUMN OAKS LLC)

Date: 03/19/2007 **SOD #10007456** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.15(1)(a)

FORFEITURE---83.32(2)(a)1

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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: WASHINGTON

Complaint History (AUTUMN OAKS LLC)

Date Complaint Received: 12/21/2006

Date Investigation Completed: 03/08/2007

Subject Area(s)
STAFF ADEQUACY

Result
SUBSTANTIATED

SOD #
10007456

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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: WASHINGTON

Facility Information

Facility Name: SERENITY VILLA (0012822)

Address: 1650 AMERICAN EAGLE DR, SLINGER, WI 53086

License Status: PROBATIONARY

Licensed/Certified/Registered 06/15/2009

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104167 **End Date:** 06/15/2009 **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: WASHINGTON

Facility Information

Facility Name: CALM HARBOR (0011095)
Address: 141 S 8TH AVE, WEST BEND, WI 53095
License Status: REGULAR
Licensed/Certified/Registered 02/01/2006
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101915 **End Date:** 06/10/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #12JS11 Served 06/19/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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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: WASHINGTON

Enforcement History (CALM HARBOR)

Date: 06/18/2008 SOD #12JS11 Appealed: Yes Decision: STIPULATION

Sanctions

SUBMIT POC (SOD APPEAL ONLY)

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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: WASHINGTON

Facility Information

Facility Name: FIELDS OF WASHINGTON COUNTY THE (0012737)

Address: 531 E WASHINGTON ST, WEST BEND, WI 53095

License Status: PROBATIONARY

Licensed/Certified/Registered 07/29/2009

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WASHINGTON

Facility Information

Facility Name: FRIENDSHIP HOUSE (0009046)

Address: 5595 COUNTY RD Z, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 05/01/2001

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102159 **End Date:** 07/03/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #D4CU12 Served 07/28/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.53(2)(a)	DOORS EXCEPT PATIO DOORS	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 AS (SEMIAMBULATORY)

COUNTY: WASHINGTON

Facility Information

Facility Name: HAWTHORN MANOR INC (310413)

Address: 321 HAWTHORN DR, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 12/01/1989

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102703 **End Date:** 09/24/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #XD8911 Served 10/23/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(4)(b)3	CHIMNEY INSPECTION	04/01/2009	
83.43(3)(b)1	TESTING BY SERVICE COMPANY	04/01/2009	
83.55(4)(d)	TEMPORARY AND EXPOSED WIRING	04/01/2009	

Survey ID: 0100406 **End Date:** 10/10/2007 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099517 **End Date:** 06/07/2007 **Type:** OTHER **Purpose:** DESK REVIEW

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #59F311 Served 06/19/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.03(5g)	LICENSING, POWERS AND DUTIES	10/10/2007	Yes

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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: WASHINGTON

Survey ID: 0097748 End Date: 08/22/2006 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008398 Served 09/25/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	10/10/2007	Yes

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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: WASHINGTON

Enforcement History (HAWTHORN MANOR INC)

Date: 06/18/2007 **SOD #59F311** **Appealed: No**

Sanctions

FORFEITURE---50.03)5g)(c)1

Date: 09/21/2006 **SOD #10008398** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---83.42(3)(f)

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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: WASHINGTON

Complaint History (HAWTHORN MANOR INC)

Date Complaint Received: 09/04/2007

Date Investigation Completed: 10/10/2007

Subject Area(s)
SUPERVISION

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 AS (SEMIAMBULATORY)
COUNTY: WASHINGTON

Facility Information

Facility Name: HAWTHORN MANOR INC (310415)
Address: 346 S MAIN, WEST BEND, WI 53095
License Status: REGULAR
Licensed/Certified/Registered 06/01/1996
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0099983 **End Date:** 07/26/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QISR12 Served 08/29/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	04/01/2009	
83.14(1)(c)	UNIVERSAL PRECAUTIONS	04/01/2009	
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	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 AS (SEMIAMBULATORY)

COUNTY: WASHINGTON

Enforcement History (HAWTHORN MANOR INC)

Date: 08/27/2007 **SOD #QISR12** **Appealed: No**

Sanctions

FORFEITURE---83.14(1)(c)

FORFEITURE---83.19(3)(f)

FORFEITURE---83.42(3)(f)

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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: WASHINGTON

Facility Information

Facility Name: RIVER WAY PLACE LLC (0010782)

Address: 831 E WASHINGTON ST, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 07/01/2005

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100746 **End Date:** 11/27/2007 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #618311 Served 12/19/2007

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

Survey ID: 0100275 **End Date:** 10/03/2007 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099974 **End Date:** 08/16/2007 **Type:** OTHER **Purpose:** DESK REVIEW

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: WASHINGTON

Complaint History (RIVER WAY PLACE LLC)

Date Complaint Received: 08/23/2007

Date Investigation Completed: 11/27/2007

Subject Area(s)
SUPERVISION
ABUSE

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
12/18/07

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: WASHINGTON

Facility Information

Facility Name: TRI MANOR LTD (310570)

Address: 1937 N MAIN ST, WEST BEND, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 07/21/1984

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101703 **End Date:** 05/02/2008 **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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: WASHINGTON

Enforcement History (TRI MANOR LTD)

Date: 07/06/2006 **SOD #10008382** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.21(4)(n)

FORFEITURE---83.42(3)(f)

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