

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

COUNTY: WAUSHARA

Notes

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

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
Adult Day Care Facility
COUNTY: WAUSHARA

Facility Information

Facility Name: ADULT DAY SERVICES LIVING ENVIRONMENTAL FOUND (0011258)

Address: 220 N OAKRIDGE CT STE B, WAUTOMA, WI 54982

License Status: REGULAR

Licensed/Certified/Registered 11/17/2006

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

Survey History

Survey ID: 0102569 **End Date:** 09/17/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098194 **End Date:** 11/17/2006 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION 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
Adult Family Home
COUNTY: WAUSHARA

Facility Information

Facility Name: OXFORD STREET RESIDENCE (0008925)
Address: 438 S OXFORD ST, WAUTOMA, WI 54982
License Status: REGULAR
Licensed/Certified/Registered 02/08/2000
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0099069 **End Date:** 04/02/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10012959 Served 04/09/2007

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|-----------------------------------|----------------------------|------------------|
| 88.09(1)(d)6 | RESIDENT RECORD-SERVICE AGREEMENT | | |

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

Facility Information

Facility Name: PRAIRIE STREET RESIDENCE (0009077)
Address: 511 W PRAIRIE ST, WAUTOMA, WI 54982
License Status: REGULAR
Licensed/Certified/Registered 06/08/2000
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102053 **End Date:** 06/23/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097542 **End Date:** 08/02/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: WOODHAVEN RESIDENCE (0009621)
Address: W6547 WOODHAVEN CIRCLE, WAUTOMA, WI 54982
License Status: REGULAR
Licensed/Certified/Registered 07/15/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0099068 **End Date:** 03/28/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009702 Served 04/09/2007

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|-------------------------------|----------------------------|------------------|
| 88.05(3)(d) | ANNUAL WELL WATER INSPECTIONS | 07/22/2009 | Yes |
| 88.05(3)(e)2.b | INSPECTIONS-GAS FURNACE | 07/22/2009 | Yes |
| 88.06(3)(d)5 | SIGNED STATEMENT OF AGREEMENT | 07/22/2009 | Yes |

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

Facility Information

Facility Name: HIDDEN PINES INC (0012249)
Address: N5085 18TH ROAD, WILD ROSE, WI 54984
License Status: REGULAR
Licensed/Certified/Registered 02/21/2008
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101205 **End Date:** 02/21/2008 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUSHARA

Facility Information

Facility Name: PRESTON PLACE CBRF (0010070)

Address: 401 PRESTON LANE, REDGRANITE, WI 54970

License Status: REGULAR

Licensed/Certified/Registered 01/01/2004

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

Survey History

Survey ID: 0099793 **End Date:** 06/19/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #RDBT11 Served 07/21/2007

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--|----------------------------|------------------|
| 13.05(3)(a) | ENTITY ALLEGATION REPORTING REQUIREMENTS | 06/20/2007 | Yes |

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

Enforcement History (PRESTON PLACE CBRF)

Date: 07/19/2007 SOD #RDBT11 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: WAUSHARA

Facility Information

Facility Name: ARBOR PINES INC (0012367)

Address: 540 W PRAIRIE STREET, WAUTOMA, WI 54982

License Status: REGULAR

Licensed/Certified/Registered 04/10/2008

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

Survey History

Survey ID: 0103476 **End Date:** 04/10/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUSHARA

Facility Information

Facility Name: HEARTLAND HOUSE CBRF (0009861)

Address: 668 W CUMMINGS RD, WAUTOMA, WI 54982

License Status: REGULAR

Licensed/Certified/Registered 12/31/2002

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

Survey History

Survey ID: 0103579 **End Date:** 03/10/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099865 **End Date:** 07/20/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8OMM11 Served 08/01/2007

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|------------------------------------|----------------------------|------------------|
| 83.21(4)(p) | PROMPT AND ADEQUATE TREATMENT | 03/04/2009 | Yes |
| 83.33(3)(b)2.d | MEDICATION STORAGE SHALL BE LOCKED | 03/04/2009 | Yes |
| 83.41(4)(b)2 | GAS FURNACE SERVICED EVERY 3 YEARS | 03/04/2009 | Yes |
| 83.43(4)(b)1.d | COMMON USE ROOMS SMOKE DETECTOR | 03/04/2009 | 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: WAUSHARA

Enforcement History (HEARTLAND HOUSE CBRF)

Date: 07/31/2007 SOD #80MM11 Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
PROVIDE TRAINING
FORFEITURE---83.14(1)(a)
FORFEITURE---83.21(4)(p)

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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: WAUSHARA

Facility Information

Facility Name: SILVER LAKE HAVEN (0012405)

Address: N2641 17TH LANE, WAUTOMA, WI 54982

License Status: REGULAR

Licensed/Certified/Registered 06/03/2008

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

Survey History

Survey ID: 0101878 **End Date:** 05/30/2008 **Type:** STANDARD **Purpose:** CHOW--LICENSURE

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: WAUSHARA

Facility Information

Facility Name: SILVER LAKE MANOR CBRF (0012406)

Address: N2641 17TH LANE, WAUTOMA, WI 54982

License Status: REGULAR

Licensed/Certified/Registered 07/01/2008

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

Survey History

Survey ID: 0102040 **End Date:** 07/01/2008 **Type:** OTHER **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: WAUSHARA

Facility Information

Facility Name: TOWNLINE ROAD RESIDENCE (410059)

Address: 130 S TOWNLINE RD, WAUTOMA, WI 54982

License Status: REGULAR

Licensed/Certified/Registered 10/01/1988

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

Survey History

Survey ID: 0104240 **End Date:** 05/29/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5W6M11 Served 06/26/2009

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---|----------------------------|------------------|
| 83.32(3)(b) | RIGHTS OF RESIDENTS: CONFIDENTIALITY | | |
| 83.32(3)(k) | RIGHTS OF RESIDENTS: SELF-DETERMINATION | | |
| 83.32(3)(l) | RIGHTS OF RESIDENTS: LEAST RESTRICTIVE | | |

Survey ID: 0102056 **End Date:** 06/24/2008 **Type:** OTHER **Purpose:** COMPLAINT

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: WAUSHARA

Survey ID: 0099066 **End Date:** 03/23/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009699 Served 04/09/2007

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---|----------------------------|------------------|
| 83.32(2)(c)1 | ANNUAL EVALUATION-PARTICIPATION | 06/24/2008 | Yes |
| 83.32(2)(d) | REVIEW OF PROGRESS | 06/24/2008 | Yes |
| 83.33(3)(a)1 | PRACTITIONER'S WRITTEN ORDER FOR MEDS | 06/24/2008 | Yes |
| 83.33(3)(b)2.b | MEDICATION STORED IN ORIGINAL CONTAINER | 06/24/2008 | Yes |
| 83.41(5)(d)2 | HOT WATER TEMPERATURES | 06/24/2008 | Yes |
| 83.43(4)(b)2.c | BASEMENT SMOKE DETECTOR | 06/24/2008 | 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: WAUSHARA

Enforcement History (TOWNLIN ROAD RESIDENCE)

Date: 06/24/2009 SOD #5W6M11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
PROVIDE TRAINING
FORFEITURE---83.32(3)(b)
FORFEITURE---83.32(4)(k)

Date: 04/06/2007 SOD #10009699 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.41(5)(d)2

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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: WAUSHARA

Complaint History (TOWNLIN ROAD RESIDENCE)

Date Complaint Received: 04/16/2008

Date Investigation Completed: 06/24/2008

Subject Area(s)
MEDICATIONS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/22/2007

Date Investigation Completed: 03/21/2007

Subject Area(s)
RESIDENT RIGHTS
RESIDENT BEHAVIOR/FACILITY PRACTICE
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10009699

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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: WAUSHARA

Facility Information

Facility Name: WAUTOMA HOUSE (THE) (0010450)

Address: 402 E DIVISION ST, WAUTOMA, WI 54982

License Status: REGULAR

Licensed/Certified/Registered 01/28/2004

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

Survey History

Survey ID: 0101472 **End Date:** 03/25/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #JGPF11 Served 04/10/2008

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|------------------------------|----------------------------|------------------|
| 83.33(3)(a)2 | REVIEW OF MEDICATION REGIMEN | 04/01/2009 | |

Survey ID: 0101132 **End Date:** 01/21/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XMI711 Served 02/15/2008

| <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 | |
| 83.32(2)(d) | REVIEW OF PROGRESS | 04/01/2009 | |
| 83.42(3)(f) | SLEEPING HOURS EVACUATION DRILL | 04/01/2009 | |
| 83.43(5)(a) | HEAT DETECTORS | 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: WAUSHARA

Enforcement History (WAUTOMA HOUSE (THE))

Date: 02/14/2008 SOD #XMI711 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
PROVIDE TRAINING
FORFEITURE---83.32(2)(a)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUSHARA

Complaint History (WAUTOMA HOUSE (THE))

Date Complaint Received: 12/17/2007

Date Investigation Completed: 02/15/2008

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 CNA (NONAMBULATORY)

COUNTY: WAUSHARA

Facility Information

Facility Name: ROSEMORE VILLAGE (0010927)

Address: 830 HIGH ST, WILD ROSE, WI 54984

License Status: REGULAR

Licensed/Certified/Registered 07/01/2006

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

Survey History

Survey ID: 0102808 **End Date:** 10/31/2008 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101430 **End Date:** 03/28/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099125 **End Date:** 03/30/2007 **Type:** OTHER **Purpose:** COMPLAINT

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: WAUSHARA

Complaint History (ROSEMORE VILLAGE)

Date Complaint Received: 02/01/2007

Date Investigation Completed: 03/30/2007

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUSHARA

Facility Information

Facility Name: PRESTON PLACE (0010346)
Address: 401 PRESTON LANE, REDGRANITE, WI 54970
License Status: REGULAR
Licensed/Certified/Registered 12/31/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0099910 **End Date:** 07/19/2007 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUSHARA

Facility Information

Facility Name: HEARTLAND HOUSE RCAC (0010337)
Address: 668 W CUMMINGS RD, WAUTOMA, WI 54982
License Status: REGULAR
Licensed/Certified/Registered 01/01/2003
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102335 **End Date:** 08/13/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099116 **End Date:** 04/19/2007 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUSHARA

Complaint History (HEARTLAND HOUSE RCAC)

Date Complaint Received: 07/23/2008

Date Investigation Completed: 08/13/2008

Subject Area(s)

ABUSE
MEDICATIONS
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 25 of 26 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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUSHARA

Facility Information

Facility Name: SILVER LAKE MANOR RCAC (0012407)
Address: N2641 17TH LANE, WAUTOMA, WI 54982
License Status: REGULAR
Licensed/Certified/Registered 06/03/2008
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101879 **End Date:** 05/30/2008 **Type:** STANDARD **Purpose:** CHOW--LICENSURE
Results: LICENSE/CERT/REGISTRATION ISSUED

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