

## Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

### Notes

**This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Lafayette County. The report is a PDF (Adobe Acrobat) document and includes a total of 13.00 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 03/28/2021 to 03/27/2024

Adult Family Home

#### Facility Information

**Facility Name:** WALNUT ACRES (0010538)

**Address:** 4224 COUNTY J, BENTON, WI 53803

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/24/2004 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

#### Survey History

**Survey ID:** 0141533    **End Date:** 12/02/2022    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #7FCQ11    Served 12/08/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(8)(b)	AGENCY MAY VISIT HOME	1/13/23	Yes

#### Enforcement History (WALNUT ACRES--0010538)

**Date:** 12/08/2022    **SOD #**7FCQ11    **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

### Facility Information

**Facility Name:** QUINN ADULT FAMILY HOME (190098)

**Address:** 7310 HWY 11 E, GRATIOT, WI 53541

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/1996 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0142032    **End Date:** 01/31/2023    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

#### Facility Information

**Facility Name:** FRANS ADULT FAMILY HOME (0014465)

**Address:** 6106 STATE RD 78, SOUTH WAYNE, WI 53587

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/22/2013 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

#### Survey History

**Survey ID:** 0143839    **End Date:** 07/26/2023    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142221    **End Date:** 02/02/2023    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3Y6711    Served 02/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	7/26/23	Yes

**Survey ID:** 0138455    **End Date:** 01/19/2022    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3NOT11    Served 01/24/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	8/21/23	Yes

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### Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

#### Enforcement History (FRANS ADULT FAMILY HOME--0014465)

**Date:** 02/20/2023      **SOD #**3Y6711      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 01/24/2022      **SOD #**3NOT11      **Appealed:** No

Sanctions

ORDER TO COMPLY

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### Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** SIENNA CREST DARLINGTON (0009501)  
**Address:** 1619 FAYETTE RD, DARLINGTON, WI 53530  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/01/2002 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

#### Survey History

**Survey ID:** 0145273    **End Date:** 12/27/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140311    **End Date:** 06/30/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0136005    **End Date:** 04/09/2021    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Complaint History (SIENNA CREST DARLINGTON--0009501)

**Date Complaint Received:** 06/03/2022

**Date Investigation Completed:** 06/30/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

### Facility Information

**Facility Name:** M & M GROUP HOME (110270)

**Address:** 30068 COUNTY B, PLATTEVILLE, WI 53818

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/1990 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0145870    **End Date:** 01/25/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ZG0Q12    Served 03/18/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS		
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW		
83.37(1)(g)	DISPOSITION OF MEDICATIONS		
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.45(3)	TOXIC SUBSTANCES		
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT		

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**Provider Inspection Summary**

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

**Survey ID: 0144289    End Date: 08/16/2023    Type: ABBREVIATED    Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #ZG0Q11    Served 09/20/2023**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	1/25/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/25/24	No
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	1/25/24	No
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	1/25/24	No
83.37(1)(g)	DISPOSITION OF MEDICATIONS	1/25/24	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	1/25/24	No
83.45(3)	TOXIC SUBSTANCES	1/25/24	No
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT	1/25/24	No

**Enforcement History (M & M GROUP HOME--110270)**

**Date: 03/18/2024    SOD #ZG0Q12    Appealed:    Decision: PENDING**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION ORDER TO COMPLY  
 FORFEITURE---83.35(5)(b)  
 FORFEITURE---83.37(1)(e)  
 FORFEITURE---83.37(1)(g)  
 FORFEITURE---83.45(3)  
 FORFEITURE---83.59(2)(b)

**Date: 09/20/2023    SOD #ZG0Q11    Appealed: No**

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** SHULLSBURG HOME CBRF (110186)

**Address:** 204 E WATER ST, SHULLSBURG, WI 53586

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/28/1983 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0143571    **End Date:** 06/30/2023    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141941    **End Date:** 01/12/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #FY1511    Served 01/25/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT	6/30/23	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	6/30/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	6/30/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	6/30/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	6/30/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	6/30/23	Yes
83.45(3)	TOXIC SUBSTANCES	6/30/23	Yes

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### Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0140952**    **End Date: 10/04/2022**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #N9IJ11    Served 10/07/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	10/4/22	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	10/4/22	Yes

**Survey ID: 0136343**    **End Date: 05/18/2021**    **Type: OTHER**    **Purpose: VERIFICATION VISIT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Enforcement History (SHULLSBURG HOME CBRF--110186)

**Date: 01/25/2023**    **SOD #FY1511**    **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.32(3)(n)  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.37(3)(c)  
FORFEITURE---83.43(1)

**Date: 10/07/2022**    **SOD #N9IJ11**    **Appealed: No**

Sanctions

ORDER TO COMPLY

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### Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Complaint History (SHULLSBURG HOME CBRF--110186)

**Date Complaint Received: 01/05/2023**

**Date Investigation Completed: 01/11/2023**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	FY1511
PROGRAM SERVICES	SUBSTANTIATED	FY1511
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	FY1511

**Date Complaint Received: 09/29/2022**

**Date Investigation Completed: 10/04/2022**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	N9IJ11
PROGRAM SERVICES	SUBSTANTIATED	N9IJ11
RESIDENT RIGHTS	SUBSTANTIATED	N9IJ11

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### Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Residential Care Apartment Complex (CERTIFIED)

#### Facility Information

**Facility Name:** WILLOW VALLEY LLC (0013813)  
**Address:** 520 W ESTEY ST, SHULLSBURG, WI 53586  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/01/2011 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

#### Survey History

**Survey ID:** 0146051    **End Date:** 03/27/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142800    **End Date:** 04/05/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138338    **End Date:** 11/16/2021    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #1MT211    Served 01/15/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	3/1/22	Yes
89.23(3)(f)	SERVICES	3/1/22	Yes
89.34(17)	TENANT RIGHTS	3/1/22	Yes

#### Enforcement History (WILLOW VALLEY LLC--0013813)

**Date:** 01/15/2022    **SOD #**1MT211    **Appealed:** No

#### Sanctions

ORDER TO COMPLY

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### Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Residential Care Apartment Complex (CERTIFIED)

#### Complaint History (WILLOW VALLEY LLC--0013813)

**Date Complaint Received: 03/21/2023**

**Date Investigation Completed: 04/05/2023**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 03/10/2023**

**Date Investigation Completed: 04/05/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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