

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 27.00 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 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

### Facility Information

**Facility Name:** BRANDI HOME I (0017637)

**Address:** 1685 BRANDI ST, BURLINGTON, WI 53105

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/27/2019 12:00:00AM

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

### Survey History

**Survey ID:** 0139587      **End Date:** 4/20/2022      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 2 of 27 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 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** BRANDI HOME II (0017639)

**Address:** 1683 BRANDI ST, BURLINGTON, WI 53105

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/27/2019 12:00:00AM

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

### Survey History

**Survey ID:** 0140819      **End Date:** 9/21/2022      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139789      **End Date:** 4/20/2022      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #HB4W11      Served 6/8/2022

<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	9/21/22	Yes
88.06(3)(f)	REVIEW OF ISP	9/21/22	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	9/21/22	Yes

### Enforcement History (BRANDI HOME II--0017639)

**Date:** 6/8/2022      **SOD #HB4W11**      **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** COURAGE CARE (0016289)

**Address:** 1455 MILL ST, BURLINGTON, WI 53105

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/11/2016 12:00:00AM

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

### Survey History

**Survey ID:** 0140953      **End Date:** 10/5/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** MILL HOUSE (0016862)

**Address:** 1451 MILL ST, BURLINGTON, WI 53105

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/17/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0140455      **End Date:** 8/8/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** PATHWAY HOUSE (0017770)

**Address:** 1463 MILL ST, BURLINGTON, WI 53105

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/2/2019 12:00:00AM

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

### Survey History

**Survey ID:** 0140950      **End Date:** 10/5/2022      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

### Facility Information

**Facility Name:** STATE HOME (0015938)

**Address:** 1642 KNOB HILL RD, BURLINGTON, WI 53105

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/11/2015 12:00:00AM

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

### Survey History

**Survey ID:** 0140734      **End Date:** 9/8/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** Country Treasures LLC (0019239)

**Address:** N6032 State Road 89, Delavan, WI 531152422

**License Status:** REGULAR

**Licensed/Certified/Registered** 1/11/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0141828      **End Date:** 1/11/2023      **Type:** INITIAL      **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** STEVENS HOPE AND LOVE (0013791)

**Address:** 317 BUTTERNUT DR, DELAVAN, WI 53115

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/18/2011 12:00:00AM

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

### Survey History

**Survey ID:** 0137119      **End Date:** 8/17/2021      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

### Facility Information

**Facility Name:** VOSKUIL ADULT FAMILY HOME 2 (0015252)

**Address:** 7980 SUMMIT DRIVE, DELAVAN, WI 53115

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/18/2014 12:00:00AM

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

### Survey History

**Survey ID:** 0140920      **End Date:** 9/21/2022      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** BAUER ADULT FAMILY HOME (0008746)

**Address:** W4855 STATE RD 20, EAST TROY, WI 53121

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/1/2000 12:00:00AM

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

### Survey History

**Survey ID:** 0140758      **End Date:** 9/7/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### 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 12:00:00AM

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

### Survey History

**Survey ID:** 0140093      **End Date:** 6/27/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** BLACK ROCK ADULT LIVING LLC (0017481)  
**Address:** W4715 POTTER RD, ELKHORN, WI 53121  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 8/1/2019 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0143140    **End Date:** 5/10/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141720    **End Date:** 12/1/2022    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #K66X11    Served 1/3/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	5/10/23	Yes
88.05(3)(a)	HOME ENVIRONMENT	5/10/23	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	5/10/23	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	5/10/23	Yes
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	5/10/23	Yes

### Enforcement History (BLACK ROCK ADULT LIVING LLC--0017481)

**Date:** 1/3/2023    **SOD #**K66X11    **Appealed:** No

#### Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** BMK ADULT LIVING LLC (0018211)

**Address:** W4753 POTTER RD, ELKHORN, WI 53121

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/8/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0142725      **End Date:** 3/21/2023      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141557      **End Date:** 9/21/2022      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #863B11      Served 12/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	3/21/23	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	3/21/23	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	3/21/23	Yes
88.06(3)(f)	REVIEW OF ISP	3/21/23	Yes
88.07(2)(b)1	SUPERVISNG & ASSISTING WITH ADLS	3/21/23	Yes
88.10(3)(q)	MEDICATIONS	3/21/23	Yes

**Survey ID:** 0134851      **End Date:** 9/8/2020      **Type:** INITIAL      **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Enforcement History (BMK ADULT LIVING LLC--0018211)

**Date:** 12/12/2022      **SOD #**863B11      **Appealed:** No

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Adult Family Home

### Facility Information

**Facility Name:** HEART TO HEART AFH PRESCOTT (0017374)  
**Address:** 13 PRESCOTT ST, ELKHORN, WI 53121  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/6/2019 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0142809    **End Date:** 4/13/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141212    **End Date:** 8/9/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT  
**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #0SHW12    Served 11/3/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	4/13/23	Yes

**Survey ID:** 0139790    **End Date:** 5/10/2022    **Type:** STANDARD    **Purpose:** SURVEY  
**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #0SHW11    Served 6/8/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM	8/9/22	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	8/29/22	No
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	8/29/22	Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Enforcement History (HEART TO HEART AFH PRESCOTT--0017374)

**Date:** 11/3/2022      **SOD #**0SHW12      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 6/8/2022      **SOD #**0SHW11      **Appealed:** No

Sanctions

ORDER TO COMPLY

### Complaint History (HEART TO HEART AFH PRESCOTT--0017374)

**Date Complaint Received:** 1/31/2023

**Date Investigation Completed:** 4/4/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** JODIS HOME (0010620)

**Address:** W3928 POTTERS RD, ELKHORN, WI 53121

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/9/2005 12:00:00AM

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

### Survey History

**Survey ID:** 0137113      **End Date:** 8/11/2021      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (JODIS HOME--0010620)

**Date Complaint Received:** 7/23/2021

**Date Investigation Completed:** 8/11/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** KINDREDHEARTS FAMILY HOMES II (0014674)

**Address:** 1005 N PHEASANT WAY, ELKHORN, WI 53190

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/15/2013 12:00:00AM

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

### Survey History

**Survey ID:** 0139757      **End Date:** 4/29/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** GENEVA TERRITORY (0012515)

**Address:** 6582 LAKESIDE RD, LAKE GENEVA, WI 53147

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/17/2008 12:00:00AM

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

### Survey History

**Survey ID:** 0135182      **End Date:** 11/10/2020      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

### Facility Information

**Facility Name:** PALMER ROAD AFH (0013259)

**Address:** W4080 PALMER RD, LAKE GENEVA, WI 53147

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/2/2010 12:00:00AM

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

### Survey History

**Survey ID:** 0143115      **End Date:** 5/4/2023      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142104      **End Date:** 2/1/2023      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #8QQ911      Served 2/9/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	5/4/23	Yes
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	5/4/23	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	5/4/23	Yes

### Enforcement History (PALMER ROAD AFH--0013259)

**Date:** 2/9/2023      **SOD #**8QQ911      **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** CHRIS HOME (0009782)

**Address:** 424 PLEASANT ST, WHITEWATER, WI 53190

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/18/2002 12:00:00AM

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

### Survey History

**Survey ID:** 0140921      **End Date:** 9/20/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** JENNIES PLACE (0014215)

**Address:** 213 S WHITON ST, WHITEWATER, WI 53190

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/20/2012 12:00:00AM

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

### Survey History

**Survey ID:** 0139801      **End Date:** 4/28/2022      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #CDGE11      Served 6/9/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(b)	AWAKE STAFF FOR CONTINUOUS CARE	4/28/22	No
88.05(3)(b)	FREE OF HAZARDS	4/28/22	No

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** KINDRED HEARTS FAMILY HOME (0012654)  
**Address:** N7227 WOODFIELD LN, WHITEWATER, WI 53190  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/1/2008 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0139629      **End Date:** 4/28/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** LOHFFS ASSISTED LIVING NORTH (0015044)

**Address:** 11046 E COUNTY RD N, WHITEWATER, WI 53190

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/9/2014 12:00:00AM

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

### Survey History

**Survey ID:** 0142376    **End Date:** 3/2/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141499    **End Date:** 8/23/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #HSUE11    Served 12/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	3/2/23	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	3/2/23	Yes
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	3/2/23	Yes
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	3/2/23	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	3/2/20	Yes

**Survey ID:** 0135076    **End Date:** 11/4/2020    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Enforcement History (LOHFFS ASSISTED LIVING NORTH--0015044)

**Date:** 12/5/2022      **SOD #**HSUE11      **Appealed:** No

Sanctions

ORDER TO COMPLY

### Complaint History (LOHFFS ASSISTED LIVING NORTH--0015044)

**Date Complaint Received:** 10/12/2020

**Date Investigation Completed:** 11/4/2020

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** OPAL HOUSE (0011300)

**Address:** N9633 HOWARD RD, WHITEWATER, WI 53190

**License Status:** REGULAR

**Licensed/Certified/Registered** 1/26/2006 12:00:00AM

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

### Survey History

**Survey ID:** 0140983      **End Date:** 10/10/2022      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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