

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011

COUNTY: CRAWFORD

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 22 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 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: CRAWFORD

Facility Information

Facility Name: IRISH HOUSE (0012955)
Address: 23631 N IRISH RIDGE RD, BOSCOBEL, WI 53805
License Status: REGULAR
Licensed/Certified/Registered 11/10/2009
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0105145 **End Date:** 11/10/2009 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 2 of 22 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 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: CRAWFORD

Facility Information

Facility Name: KNAPP 10TH STREET NORTH (0009216)
Address: 1227 SOUTH 10TH ST, PRAIRIE DU CHIEN, WI 53821
License Status: REGULAR
Licensed/Certified/Registered 01/01/2001
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0106912 **End Date:** 08/18/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ICY911 Served 08/26/2010

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

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: CRAWFORD

Facility Information

Facility Name: KNAPP 10TH STREET SOUTH (0009355)
Address: 1303 SOUTH 10TH ST, PRAIRIE DU CHIEN, WI 53821
License Status: REGULAR
Licensed/Certified/Registered 01/01/2001
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0106878 **End Date:** 08/18/2010 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: CRAWFORD

Facility Information

Facility Name: KNAPP 13TH STREET (0009223)
Address: 1220 SOUTH 13TH ST, PRAIRIE DU CHIEN, WI 53821
License Status: REGULAR
Licensed/Certified/Registered 01/01/2001
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0106910 **End Date:** 08/17/2010 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: CRAWFORD

Facility Information

Facility Name: KNAPP BEAUMONT SOUTH AFH (0010527)
Address: 303 SOUTH BEAUMONT, PRAIRIE DU CHIEN, WI 53821
License Status: REGULAR
Licensed/Certified/Registered 02/23/2004
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0105976 **End Date:** 03/24/2010 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102605 **End Date:** 09/23/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: CRAWFORD

Facility Information

Facility Name: KNAPP MEADOW LANE AFH (0010677)
Address: 63808 MEADOW LA, PRAIRIE DU CHIEN, WI 53821
License Status: REGULAR
Licensed/Certified/Registered 08/12/2004
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0106898 **End Date:** 08/17/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5TX411 Served 08/25/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		

Survey ID: 0102582 **End Date:** 09/22/2008 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: CRAWFORD

Facility Information

Facility Name: KNAPP MONDELL (0009354)
Address: 35117 WINDWALKER, PRAIRIE DU CHIEN, WI 53821
License Status: REGULAR
Licensed/Certified/Registered 01/01/2001
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0104205 **End Date:** 06/16/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: CRAWFORD

Facility Information

Facility Name: KNAPP PARKVIEW LOWER (0012424)
Address: 611 PARKVIEW CRT, PRAIRIE DU CHIEN, WI 53821
License Status: REGULAR
Licensed/Certified/Registered 09/02/2008
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0106911 **End Date:** 08/17/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102408 **End Date:** 08/13/2008 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: CRAWFORD

Facility Information

Facility Name: KNAPP PARKVIEW UPPER (0010897)
Address: 611 PARKVIEW CT, PRAIRIE DU CHIEN, WI 53821
License Status: REGULAR
Licensed/Certified/Registered 04/05/2005
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102345 **End Date:** 08/13/2008 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: CRAWFORD

Facility Information

Facility Name: KNAPP STATE STREET (0009402)
Address: 500 SOUTH STATE ST, PRAIRIE DU CHIEN, WI 53821
License Status: REGULAR
Licensed/Certified/Registered 01/01/2001
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0104260 **End Date:** 06/18/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NHTF14 Served 06/29/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS		

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: CRAWFORD

Enforcement History (KNAPP STATE STREET)

Date: 06/25/2009 SOD #NHTF14 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: CRAWFORD

Facility Information

Facility Name: KNAPP WACOUTA BLUE (0009213)
Address: 218 NORTH WACOUTA, PRAIRIE DU CHIEN, WI 53821
License Status: REGULAR
Licensed/Certified/Registered 01/01/2001
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0106956 **End Date:** 08/17/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #IF8S11 Served 09/01/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: CRAWFORD

Facility Information

Facility Name: KNAPP WACOUTA STREET AFH (0013607)
Address: 210 N WACOUTA AVE, PRAIRIE DU CHIEN, WI 53821
License Status: REGULAR
Licensed/Certified/Registered 03/01/2011
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0108034 **End Date:** 03/01/2011 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: CRAWFORD

Facility Information

Facility Name: CASSUTT HOUSE (0012201)
Address: 44760 NORTH CLAYTON RD, SOLDIERS GROVE, WI 54655
License Status: REGULAR
Licensed/Certified/Registered 01/14/2008
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107391 **End Date:** 11/08/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106324 **End Date:** 05/03/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZME611 Served 05/24/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(h)	COMPLY WITH OSHA	11/04/2010	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	11/04/2010	Yes
88.06(3)(f)	REVIEW OF ISP	11/04/2010	Yes
88.11(1)	REPORTING OF ABUSE AND NEGLECT	11/04/2010	Yes

Survey ID: 0105660 **End Date:** 02/08/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: CRAWFORD

Enforcement History (CASSUTT HOUSE)

Date: 05/21/2010	SOD #ZME611	Enforcement Appealed: No
<u>Sanctions</u>		
COMPLY WITH DEPARTMENT PLAN OF CORRECTION	--Facility Compliant 11/08/2010 12:00:00AM	
COMPLY WITH REQUIREMENT	--Facility Compliant 11/08/2010 12:00:00AM	

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: CRAWFORD

Complaint History (CASSUTT HOUSE)

Date Complaint Received: 03/26/2010

Date Investigation Completed: 05/03/2010

Subject Area(s)
RESIDENT RIGHTS
ABUSE
ADMINISTRATION

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

ZME611

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CRAWFORD

Facility Information

Facility Name: BLUFF HAVEN ASSISTED LIVING (0012823)

Address: 720 S FREMONT ST, PRAIRIE DU CHIEN, WI 53821

License Status: REGULAR

Licensed/Certified/Registered 08/01/2010

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

Survey History

Survey ID: 0106316 **End Date:** 05/19/2010 **Type:** OTHER **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104601 **End Date:** 08/10/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CRAWFORD

Facility Information

Facility Name: KNAPP HOME CASS STREET (110418)

Address: 216 W CASS ST, PRAIRIE DU CHIEN, WI 53821

License Status: REGULAR

Licensed/Certified/Registered 03/01/1980

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

Survey History

No survey activity during the period 04/01/2008 through 03/31/2011.

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: CRAWFORD

Facility Information

Facility Name: VILLA SUCCES (110410)
Address: 121 SOUTH PRAIRIE ST, PRAIRIE DU CHIEN, WI 53821
License Status: REGULAR
Licensed/Certified/Registered 12/21/1982
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

No survey activity during the period 04/01/2008 through 03/31/2011.

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: CRAWFORD

Facility Information

Facility Name: WALTER SCHMIDT INDEPENDENT LIVING (110413)

Address: 424 N BEAUMONT RD, PRAIRIE DU CHIEN, WI 53821

License Status: REGULAR

Licensed/Certified/Registered 01/18/1988

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

Survey History

Survey ID: 0102694 **End Date:** 09/22/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #RMPC11 Served 10/17/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(c)1	CONTROLLED SUBSTANCES	04/01/2009	Yes
83.41(5)(d)2	HOT WATER TEMPERATURES	04/01/2009	Yes

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Residential Care Apartment Complex (CERTIFIED)
COUNTY: CRAWFORD

Facility Information

Facility Name: RESIDENCE AT BLUFF HAVEN (0012866)
Address: 720 S FREMONT ST, PRAIRIE DU CHIEN, WI 53821
License Status: REGULAR
Licensed/Certified/Registered 08/03/2009
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0104523 **End Date:** 08/03/2009 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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