

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility
COUNTY: DANE

Notes

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

The report includes only facilities located within the City of Madison. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.

The report is a PDF (Adobe Acrobat) document and includes a total of 103 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: ALL SAINTS ASSISTED LIVING AND MEMORY CARE (0012409)

Address: 8210 HIGHVIEW DRIVE, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 09/01/2009

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

Survey History

Survey ID: 0105320 **End Date:** 12/02/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104424 **End Date:** 07/03/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TDH211 Served 07/27/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	12/02/2009	Yes
83.47(2)(d)	FIRE DRILLS	12/02/2009	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	12/02/2009	Yes

Survey ID: 0102984 **End Date:** 11/24/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102134 **End Date:** 07/16/2008 **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: DANE

Enforcement History (ALL SAINTS ASSISTED LIVING AND MEMORY CARE)

Date: 07/23/2009

SOD #TDH211

Enforcement Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

COMPLY WITH FACILITY PLAN OF CORRECTION

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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: DANE

Complaint History (ALL SAINTS ASSISTED LIVING AND MEMORY CARE)

Date Complaint Received: 10/27/2009

Date Investigation Completed: 12/02/2009

Subject Area(s)
STAFF ADEQUACY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/14/2008

Date Investigation Completed: 11/24/2008

Subject Area(s)
NUTRITION & FOOD SERVICES
ADMINISTRATION
STAFF ADEQUACY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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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: DANE

Facility Information

Facility Name: AMERICANWAY OF MADISON (0012791)

Address: 734 MESTA LANE, MADISON, WI 53704

License Status: REGULAR

Licensed/Certified/Registered 10/01/2010

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

Survey History

Survey ID: 0106550 **End Date:** 06/28/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104891 **End Date:** 09/24/2009 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

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 AA (AMBULATORY)
COUNTY: DANE

Facility Information

Facility Name: ARC DAYTON ST (110328)
Address: 2009 E DAYTON ST, MADISON, WI 53704
License Status: REGULAR
Licensed/Certified/Registered 01/31/1993
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102166 **End Date:** 07/21/2008 **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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: DANE

Facility Information

Facility Name: ARC HOUSE (110002)
Address: 202 N PATERSON ST, MADISON, WI 53703
License Status: REGULAR
Licensed/Certified/Registered 03/31/1982
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103373 **End Date:** 02/06/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ION911 Served 02/12/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	Yes
83.53(3)(d)	CLEARED PATHWAY AWAY FROM FACILITY	04/01/2009	Yes

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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: DANE

Facility Information

Facility Name: ARC MATERNAL & INFANT PROGRAM (110391)

Address: 4202 MONONA DR, MADISON, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 02/01/1995

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

Survey History

Survey ID: 0101482 **End Date:** 04/09/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #I51914 Served 04/16/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(3)(e)	QUARTERLY FIRE DRILLS	04/01/2009	Yes

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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: DANE

Facility Information

Facility Name: ASHWABAY HOUSE (THE) (0009535)

Address: 7310 ASHWABAY LANE, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 08/01/2002

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

Survey History

Survey ID: 0107382 **End Date:** 10/28/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PXG811 Served 11/17/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	04/05/2011	Yes
83.47(3)	FIRE INSPECTION	04/05/2011	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	04/05/2011	No

Survey ID: 0102264 **End Date:** 08/04/2008 **Type:** OTHER **Purpose:** COMPLAINT/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
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: DANE

Enforcement History (ASHWABAY HOUSE (THE))

Date: 11/08/2010 SOD #PXG811 Enforcement Appealed: No

Sanctions

COMPLY WITH REQUIREMENT
COMPLY WITH FACILITY PLAN OF CORRECTION
FORFEITURE---83.47(3)
FORFEITURE---83.55(6)(b)
FORFEITURE---88.35(1)(c)

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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: DANE

Complaint History (ASHWABAY HOUSE (THE))

Date Complaint Received: 06/12/2008

Date Investigation Completed: 08/04/2008

Subject Area(s)

RESIDENT RIGHTS
RESIDENT BEHAVIOR/FACILITY PRACTICE
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/09/2008

Date Investigation Completed: 08/04/2008

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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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: DANE

Facility Information

Facility Name: ATTIC CORRECTIONAL TREATMENT CENTER (110047)

Address: 4117 DWIGHT DR, MADISON, WI 53704

License Status: REGULAR

Licensed/Certified/Registered 12/01/1980

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

Survey History

Survey ID: 0104893 **End Date:** 09/14/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102282 **End Date:** 07/31/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY 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: DANE

Facility Information

Facility Name: AVALON ASSISTED LIVING COMMUNITY 500 (0011914)

Address: 2879 FISH HATCHERY RD, MADISON, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 12/01/2007

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

Survey History

Survey ID: 0106806 **End Date:** 08/11/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY 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: DANE

Survey ID: 0105454 **End Date: 12/14/2009** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VZB611 Served 01/21/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	08/11/2010	Yes
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	08/11/2010	Yes
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	08/11/2010	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	08/11/2010	Yes
83.15(3)(b)	ADMINISTRATOR RESPONSIBLE FOR STAFF TRAINING	08/11/2010	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	08/11/2010	Yes
83.45(1)(b)	BUILDING INTEGRITY	08/11/2010	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	08/11/2010	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	08/11/2010	Yes

Survey ID: 0102827 **End Date: 10/14/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY 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: DANE

Enforcement History (AVALON ASSISTED LIVING COMMUNITY 500)

Date: 01/07/2010

SOD #VZB611

Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

--Facility Compliant 08/11/2010 12:00:00AM

COMPLY WITH FACILITY PLAN OF CORRECTION

--Facility Compliant 08/11/2010 12:00:00AM

FORFEITURE---83.12(4)b

FORFEITURE---83.14(1)e

FORFEITURE---83.15(3)(a)

FORFEITURE---83.15(3)b

FORFEITURE---83.45(1)b

FORFEITURE---83.46(1)c(2)

FORFEITURE---83.48(1)b

FORFEITURE---Z-0010

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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: DANE

Complaint History (AVALON ASSISTED LIVING COMMUNITY 500)

Date Complaint Received: 09/29/2008

Date Investigation Completed: 10/14/2008

Subject Area(s)

Result

SOD #

ABUSE

SUBSTANTIATED

NOT RECORDED

Date Complaint Received: 09/12/2008

Date Investigation Completed: 10/14/2008

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE
HOMELIKE ENVIRONMENT & CLEANLINESS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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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: DANE

Facility Information

Facility Name: AVALON ASSISTED LIVING COMMUNITY 600 (0011927)

Address: 2879 FISH HATCHERY RD, MADISON, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 11/01/2007

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

Survey History

Survey ID: 0108223 **End Date:** 03/23/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107571 **End Date:** 12/01/2010 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H84712 Served 12/10/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	03/17/2011	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	03/17/2011	Yes

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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: DANE

Survey ID: 0104797 **End Date: 08/18/2009** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H84711 Served 09/11/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	11/30/2010	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	11/30/2010	Yes
83.47(2)(d)	FIRE DRILLS	11/30/2010	No
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	11/30/2010	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	11/30/2010	No
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	11/30/2010	Yes

Survey ID: 0102837 **End Date: 10/14/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J6HL12 Served 11/07/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(c)1	ADEQUATE STAFFING	04/01/2009	Yes
83.19(1)	NOTIFICATION OF CHANGES & INCIDENTS	04/01/2009	Yes
83.19(1)(e)2	REPORT OF ABUSE REQUIREMENTS	04/01/2009	Yes
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	Yes

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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: DANE

Enforcement History (AVALON ASSISTED LIVING COMMUNITY 600)

Date: 12/07/2010 **SOD #H84712** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.47(2)(d)

FORFEITURE---83.48(3)(a)

Date: 09/10/2009 **SOD #H84711** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.14(2)(j)

FORFEITURE---83.42(1)

FORFEITURE---83.48(3)(a)

FORFEITURE---83.48(8)(b)

Date: 11/06/2008 **SOD #J6HL12** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.15(1)(c)(1)

FORFEITURE---83.19(1)

FORFEITURE---83.19(1)(e)2

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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: DANE

Complaint History (AVALON ASSISTED LIVING COMMUNITY 600)

Date Complaint Received: 10/13/2010

Date Investigation Completed: 12/01/2010

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

NOF

Date Complaint Received: 07/06/2009

Date Investigation Completed: 08/18/2009

Subject Area(s)

ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

H84711

H84711

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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: DANE

Facility Information

Facility Name: AVALON ASSISTED LIVING COMMUNITY 700 (0011915)

Address: 2879 FISH HATCHERY RD, MADISON, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 12/01/2007

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

Survey History

Survey ID: 0108118 **End Date:** 02/15/2011 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HE2V12 Served 03/11/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS		
83.38(1)(b)	SUPERVISION		
83.45(1)(b)	BUILDING INTEGRITY		

Survey ID: 0106425 **End Date:** 06/09/2010 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Survey ID: 0104758 End Date: 08/17/2009 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HE2V11 Served 09/04/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	02/15/2011	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	02/15/2011	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	02/15/2011	No
83.44(2)(a)	BUILDING CONTROLLED BY CBRF OWNER	02/15/2011	Yes
83.47(2)(d)	FIRE DRILLS	02/15/2011	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	02/15/2011	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	02/15/2011	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	02/15/2011	Yes

Survey ID: 0102817 End Date: 10/14/2008 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q7HS11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(d)	MAINTAIN BACKGROUND INFORMATION		
83.14(1)(a)3	CLIENT GROUP SPECIFIC TRAINING	04/01/2009	Yes
83.14(1)(b)	LICENSEE: CAREGIVER BACKGROUND REQUIREMENTS	04/01/2009	Yes
83.14(1)(c)	UNIVERSAL PRECAUTIONS	04/01/2009	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	Yes
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	Yes

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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: DANE

Enforcement History (AVALON ASSISTED LIVING COMMUNITY 700)

Date: 03/09/2011 **SOD #HE2V12** **Enforcement Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT
COMPLY WITH FACILITY PLAN OF CORRECTION
FORFEITURE---83.35(1)(c)
FORFEITURE---83.38(1)(b)
FORFEITURE---83.45(1)(b)

Date: 09/03/2009 **SOD #HE2V11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH FACILITY PLAN OF CORRECTION
FORFEITURE---83.12(4)(c)
FORFEITURE---83.32(3)(n)
FORFEITURE---83.35(1)(c)7
FORFEITURE---83.44(2)a
FORFEITURE---83.48(8)(b)
FORFEITURE---83.48(8)(b)

Date: 10/31/2008 **SOD #Q7HS11** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.14(1)(a)
FORFEITURE---83.14(1)(b)
FORFEITURE---83.14(1)(c)
FORFEITURE---83.14(1)(d)

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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: DANE

Complaint History (AVALON ASSISTED LIVING COMMUNITY 700)

Date Complaint Received: 01/19/2011

Date Investigation Completed: 02/15/2011

Subject Area(s)

SUPERVISION
PHYSICAL PLANTS & SAFETY HAZARDS
STAFF ADEQUACY

Result

SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

HE2V12
HE2V12

Date Complaint Received: 04/22/2010

Date Investigation Completed: 06/09/2010

Subject Area(s)

RESIDENT RIGHTS
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/12/2008

Date Investigation Completed: 10/16/2008

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY
QUALITY OF LIFE

Result

SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Q7HS11
Q7HS11

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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: DANE

Facility Information

Facility Name: BAYSIDE CARE CENTER (0013603)

Address: 702 W MAIN ST, MADISON, WI 53703

License Status: PROBATIONARY

Licensed/Certified/Registered 02/23/2011

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

Survey History

Survey ID: 0108019 **End Date:** 02/23/2011 **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: DANE

Facility Information

Facility Name: BRIGHTER LIFE LIVING (0011577)

Address: 901 PFLAUM RD, MADISON, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 02/01/2007

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

Survey History

Survey ID: 0103494 **End Date:** 02/23/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #YPHI12 Served 03/03/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	Yes

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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: DANE

Facility Information

Facility Name: CAPITOL LAKES TERRACES (110509)

Address: 345 W MAIN ST, MADISON, WI 53703

License Status: REGULAR

Licensed/Certified/Registered 10/01/1996

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

Survey History

Survey ID: 0104759 **End Date:** 08/25/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #V7CV11 Served 09/04/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.42(1)	RESIDENT RECORD MAINTAINED		

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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: DANE

Enforcement History (CAPITOL LAKES TERRACES)

Date: 09/03/2009 **SOD #V7CV11** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.35(3)(d)

FORFEITURE---83.42(1)

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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: DANE

Complaint History (CAPITOL LAKES TERRACES)

Date Complaint Received: 07/07/2009

Date Investigation Completed: 08/12/2009

Subject Area(s)

ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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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: DANE

Facility Information

Facility Name: CHAMOMILE ASSISTED LIVING LTD II (0010867)

Address: 842 JUPITER DR, MADISON, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 12/01/2005

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

Survey History

Survey ID: 0105945 **End Date:** 03/15/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #VZE111 Served 03/24/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION		

Survey ID: 0105184 **End Date:** 11/09/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101519 **End Date:** 04/17/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY 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: DANE

Complaint History (CHAMOMILE ASSISTED LIVING LTD II)

Date Complaint Received: 10/07/2009

Date Investigation Completed: 11/09/2009

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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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: DANE

Facility Information

Facility Name: CHAMOMILE ASSISTED LIVING LTD (0008514)

Address: 22 MILO LANE, MADISON, WI 53714

License Status: REGULAR

Licensed/Certified/Registered 06/30/1999

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 CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: COVENANT OAKS (0008572)

Address: 6165 MINERAL POINT RD, MADISON, WI 53705

License Status: REGULAR

Licensed/Certified/Registered 05/01/2000

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: DANE

Facility Information

Facility Name: FOSTER COMMUNITY CORRECTIONS CENTER (110377)

Address: 5706 ODANA RD, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 02/28/1994

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 CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: FOUNTAINHEAD HOMES (0009770)

Address: 5222 HAMMERSLEY RD, MADISON, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 08/01/2003

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: DANE

Facility Information

Facility Name: GOODWILL JAMESTOWN GROUP HOME (110243)
Address: 5815 WILLIAMSBURG WAY, MADISON, WI 53719
License Status: REGULAR
Licensed/Certified/Registered 06/26/1989
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0104852 **End Date:** 09/16/2009 **Type:** ABBREVIATED **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: HANNAHS HOUSE EAST (0013459)

Address: 4702 MILWAUKEE ST, MADISON, WI 53714

License Status: PROBATIONARY

Licensed/Certified/Registered 10/01/2010

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

Survey History

Survey ID: 0107189 **End Date:** 10/01/2010 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

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 AS (SEMIAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: HANNAHS HOUSE (0012865)

Address: 510 N GAMMON RD, MADISON, WI 53717

License Status: REGULAR

Licensed/Certified/Registered 09/01/2010

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

Survey History

Survey ID: 0106611 **End Date:** 07/07/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104633 **End Date:** 07/28/2009 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

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: DANE

Facility Information

Facility Name: HARMONY OF MADISON (0008676)

Address: 705 ZIEGLER RD, MADISON, WI 53714

License Status: REGULAR

Licensed/Certified/Registered 01/01/2000

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

Survey History

Survey ID: 0106756 **End Date:** 07/27/2010 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104085 **End Date:** 05/13/2009 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GRCZ11 Served 06/03/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	07/27/2010	Yes

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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: DANE

Survey ID: 0103359 End Date: 01/28/2009 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LK1P12 Served 02/06/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	04/01/2009	Yes
83.15(1)(a)	ADMINISTRATOR QUALIFIED: ASSOCIATE DEGREE	04/01/2009	Yes
83.33(3)(d)2	SUPERVISED SELF-ADMINISTRATION	04/01/2009	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	04/01/2009	Yes
83.43(7)(b)	INSTALLATION AND MAINTENANCE	04/01/2009	Yes

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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: DANE

Enforcement History (HARMONY OF MADISON)

Date: 06/02/2009 **SOD #GRCZ11** **Enforcement Appealed: No**

Sanctions
FORFEITURE---83.32(3)(h)

Date: 02/04/2009 **SOD #LK1P12** **Enforcement Appealed: No**

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.12(5)(a)
FORFEITURE---83.15(1)(a)

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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: DANE

Complaint History (HARMONY OF MADISON)

Date Complaint Received: 07/01/2010

Date Investigation Completed: 07/27/2010

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/19/2009

Date Investigation Completed: 05/13/2009

Subject Area(s)

MEDICATIONS

Result

SUBSTANTIATED

SOD #

GRCZ11

Date Complaint Received: 12/19/2008

Date Investigation Completed: 02/04/2009

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
ADMINISTRATION
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

LK1P12
LK1P12

Date Complaint Received: 12/16/2008

Date Investigation Completed: 02/04/2009

Subject Area(s)

SUPERVISION
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
MEDICATIONS
STAFF ADEQUACY
PROGRAM SERVICES
QUALITY OF LIFE

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

LK1P12

LK1P12

LK1P12

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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: DANE

Date Complaint Received: 12/15/2008

Date Investigation Completed: 02/04/2009

Subject Area(s)

NUTRITION & FOOD SERVICES
MEDICATIONS
ADMINISTRATION
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

LK1P12
LK1P12

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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: DANE

Facility Information

Facility Name: HOPE HAVEN COLVIN MANOR (110013)
Address: 425 W JOHNSON ST, MADISON, WI 53703
License Status: REGULAR
Licensed/Certified/Registered 03/31/1983
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107242 **End Date:** 10/06/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106223 **End Date:** 04/21/2010 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FO9W11 Served 05/07/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	10/06/2010	Yes
83.38(1)(b)	SUPERVISION	10/06/2010	Yes
83.47(2)(d)	FIRE DRILLS	10/06/2010	Yes

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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: DANE

Enforcement History (HOPE HAVEN COLVIN MANOR)

Date: 05/06/2010 SOD #FO9W11 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH FACILITY PLAN OF CORRECTION

FORFEITURE---83.32(3)(n)

FORFEITURE---83.38(1)(b)

FORFEITURE---83.47(2)(d)

FORFEITURE---83.47(3)

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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: DANE

Complaint History (HOPE HAVEN COLVIN MANOR)

Date Complaint Received: 04/06/2010

Date Investigation Completed: 04/21/2010

Subject Area(s)
RESIDENT RIGHTS
PROGRAM SERVICES

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
FO9W11
FO9W11

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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: DANE

Facility Information

Facility Name: LEGACY GARDENS ASSISTED LIVING COMMUNITY (0013336)

Address: 1601 WHEELER RD, MADISON, WI 53704

License Status: PROBATIONARY

Licensed/Certified/Registered 08/05/2010

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

Survey History

Survey ID: 0108182 **End Date:** 03/02/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #175M12 Served 03/21/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.29(3)(a)	REFUNDS RETURNED WITHIN 30 DAYS OF DISCHARGE		
83.31(4)(a)	NOTICE OF FACILITY INITIATED DISCHARGES		

Survey ID: 0107293 **End Date:** 10/14/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #175M11 Served 10/25/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.29(3)(a)	REFUNDS RETURNED WITHIN 30 DAYS OF DISCHARGE	03/02/2011	No

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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: DANE

Survey ID: 0106744 **End Date: 07/20/2010** **Type: INITIAL** **Purpose: CHOW--LICENSURE**

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: DANE

Enforcement History (LEGACY GARDENS ASSISTED LIVING COMMUNITY)

Date: 03/17/2011

SOD #175M12

Enforcement Appealed: No

Sanctions

FORFEITURE---83.29(3)(a)

FORFEITURE---83.31(4)(a)

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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: DANE

Complaint History (LEGACY GARDENS ASSISTED LIVING COMMUNITY)

Date Complaint Received: 02/04/2011

Date Investigation Completed: 03/02/2011

Subject Area(s)

RESIDENT RIGHTS
ADMISSION, TRANSFER & DISCHARGE
ADMINISTRATION

Result

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

175M12

Date Complaint Received: 09/09/2010

Date Investigation Completed: 10/13/2010

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE
ADMINISTRATION

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

175M11

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

Facility Information

Facility Name: LSS DEAN AVENUE GROUP HOME (110077)
Address: 500 E DEAN AVE, MADISON, WI 53716
License Status: REGULAR
Licensed/Certified/Registered 06/01/1983
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0101750 **End Date:** 05/19/2008 **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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: DANE

Facility Information

Facility Name: NORTH BAY LODGE (110102)
Address: 3602 MEMORIAL DR, MADISON, WI 53704
License Status: REGULAR
Licensed/Certified/Registered 02/01/1981
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103838 **End Date:** 04/16/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101508 **End Date:** 04/15/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DJWD14 Served 04/19/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	Yes

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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: DANE

Facility Information

Facility Name: NORTHPORT GROUP HOME (110130)
Address: 1602 NORTHPORT DR, MADISON, WI 53704
License Status: REGULAR
Licensed/Certified/Registered: 12/31/1982
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0106606 **End Date:** 06/24/2010 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #AFMA11 Served 07/20/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.47(3)	FIRE INSPECTION		

Survey ID: 0102277 **End Date:** 07/31/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #YWW914 Served 08/14/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(10)(a)	BUILDING MAINTENANCE	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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: OAK PARK PLACE AUTUMN LANE II (0012511)

Address: 719 JUPITER DR, MADISON, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 12/01/2009

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

Survey History

Survey ID: 0107077 **End Date:** 09/15/2010 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104952 **End Date:** 09/30/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0103461 **End Date:** 02/13/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102974 **End Date:** 11/19/2008 **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: DANE

Complaint History (OAK PARK PLACE AUTUMN LANE II)

Date Complaint Received: 07/15/2010

Date Investigation Completed: 09/15/2010

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
QUALITY OF LIFE	NOT SUBSTANTIATED	

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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: DANE

Facility Information

Facility Name: OAK PARK PLACE AUTUMN LANE (0011449)

Address: 702 JUPITER DR, MADISON, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 12/01/2006

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

Survey History

Survey ID: 0106168 **End Date:** 04/28/2010 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102635 **End Date:** 10/02/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102283 **End Date:** 07/30/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY 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: DANE

Enforcement History (OAK PARK PLACE AUTUMN LANE)

Date: 04/08/2008 SOD #XDD912 Enforcement Appealed: No

Sanctions

FORFEITURE---83.21(4)(o)

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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: DANE

Complaint History (OAK PARK PLACE AUTUMN LANE)

Date Complaint Received: 09/10/2008

Date Investigation Completed: 10/02/2008

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

NOT RECORDED

Date Complaint Received: 06/18/2008

Date Investigation Completed: 07/30/2008

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
MEDICATIONS
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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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: DANE

Facility Information

Facility Name: OAKWOOD KNOLL (0009395)

Address: 5565 TANCHO DR, MADISON, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 04/01/2002

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

Survey History

Survey ID: 0104023 **End Date:** 04/30/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #488511 Served 05/27/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(2)(a)	BEDDING AND LAUNDRY		

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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: DANE

Enforcement History (OAKWOOD KNOLL)

Date: 05/22/2009 SOD #488511 Enforcement Appealed: No

Sanctions

FORFEITURE---83.41(2)(a)

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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: DANE

Facility Information

Facility Name: OAKWOOD MEADOWS (0011119)

Address: 5565 TANCHI DR, MADISON, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 04/01/2006

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

Survey History

Survey ID: 0101500 **End Date:** 04/10/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: OAKWOOD SEASONS (0009394)

Address: 5565 TANCHI DR, MADISON, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 04/01/2002

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 CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: OAKWOOD VILLAGE TABOR OAKS (110198)

Address: 6175 MINERAL POINT RD, MADISON, WI 53705

License Status: REGULAR

Licensed/Certified/Registered 07/01/1993

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

Survey History

Survey ID: 0104851 **End Date:** 09/11/2009 **Type:** ABBREVIATED **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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: DANE

Facility Information

Facility Name: OFFSHORE GROUP HOME (110075)
Address: 6418 OFFSHORE DR, MADISON, WI 53705
License Status: REGULAR
Licensed/Certified/Registered 05/31/1984
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0106805 **End Date:** 08/05/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #D4ZQ11 Served 08/12/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS		

Survey ID: 0103875 **End Date:** 04/22/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102816 **End Date:** 10/21/2008 **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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: DANE

Complaint History (OFFSHORE GROUP HOME)

Date Complaint Received: 03/26/2009

Date Investigation Completed: 04/22/2009

Subject Area(s)

Result

SOD #

SUPERVISION

NOT SUBSTANTIATED

PHYSICAL PLANTS & SAFETY HAZARDS

NOT SUBSTANTIATED

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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: DANE

Facility Information

Facility Name: PINE VIEW OF MADISON (0011309)

Address: 8410 BLACKWOLF DR, MADISON, WI 53517

License Status: REGULAR

Licensed/Certified/Registered 11/01/2006

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

Survey History

Survey ID: 0106591 **End Date:** 07/01/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MVMX12 Served 07/10/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

Survey ID: 0105012 **End Date:** 10/08/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MVMX11 Served 11/14/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.31(4)(a)	NOTICE OF FACILITY INITIATED DISCHARGES	07/01/2010	Yes
83.35(2)	MODIFIED OR SPECIAL DIETS	07/01/2010	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	07/01/2010	Yes

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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: DANE

Survey ID: 0102783 End Date: 10/01/2008 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SWMT12 Served 10/28/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(3)(b)1	TESTING BY SERVICE COMPANY	04/01/2009	Yes

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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: DANE

Enforcement History (PINE VIEW OF MADISON)

Date: 10/24/2008 **SOD #SWMT12** **Enforcement Appealed: No**

Sanctions

FORFEITURE---SOD #SWMT12

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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: DANE

Complaint History (PINE VIEW OF MADISON)

Date Complaint Received: 09/10/2009

Date Investigation Completed: 10/08/2009

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE
ADMINISTRATION

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

MVMX11
MVMX11

Date Complaint Received: 07/14/2008

Date Investigation Completed: 09/26/2008

Subject Area(s)

RESIDENT RIGHTS
ABUSE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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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: DANE

Facility Information

Facility Name: PORCHLIGHT (110310)
Address: 902 NORTHPORT DR, MADISON, WI 53704
License Status: REGULAR
Licensed/Certified/Registered 06/30/1992
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103527 **End Date:** 02/16/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7HOQ13 Served 03/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(c)1	ADEQUATE STAFFING	04/01/2009	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	Yes
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	04/01/2009	Yes
83.41(9)	CLEANLINESS OF ROOMS	04/01/2009	Yes

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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: DANE

Enforcement History (PORCHLIGHT)

Date: 03/05/2009 SOD #7HOQ13 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.32(2)(a)

FORFEITURE---83.33(2)(g)3

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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: DANE

Facility Information

Facility Name: REBOS CHRIS FARLEY HOUSE (110151)
Address: 810 W OLIN AVE, MADISON, WI 53715
License Status: REGULAR
Licensed/Certified/Registered 03/31/1990
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107568 **End Date:** 11/29/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R8VM11 Served 12/10/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(1)(b)	BUILDING INTEGRITY		
83.46(1)(c)	HEATING SYSTEM MAINTENANCE		

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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: DANE

Enforcement History (REBOS CHRIS FARLEY HOUSE)

Date: 12/07/2010 **SOD #R8VM11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: SCHWERT AODA TREATMENT CENTER (110289)

Address: 3501 KIPLING DR, MADISON, WI 53704

License Status: REGULAR

Licensed/Certified/Registered 01/08/1991

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

Survey History

Survey ID: 0102433 **End Date:** 08/27/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: SEBRING ASSISTED CARE RESIDENCE (0009868)

Address: 7710 SOUTH BROOKLINE DRIVE, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 09/01/2004

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

Survey History

Survey ID: 0102835 **End Date:** 10/28/2008 **Type:** ABBREVIATED **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: SEGOE GARDENS ASSISTED LIVING (0009246)

Address: 606 NORTH SEGOE RD, MADISON, WI 53705

License Status: REGULAR

Licensed/Certified/Registered 10/01/2001

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

Survey History

Survey ID: 0107622 End Date: 12/14/2010 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106344 End Date: 05/24/2010 Type: OTHER Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #U6MC12 Served 05/27/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	12/14/2010	Yes

Survey ID: 0106070 End Date: 04/08/2010 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #U6MC11 Served 04/14/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	05/19/2010	Yes
83.47(2)(d)	FIRE DRILLS	05/19/2010	Yes

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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: DANE

Survey ID: 0102102 End Date: 07/08/2008 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L7BO11 Served 07/18/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(6)(a)	SECURITY DEPOSIT-INTEREST ACCOUNT	04/01/2009	Yes
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	04/01/2009	Yes
83.21(4)(o)	MEDICATIONS	04/01/2009	Yes

Survey ID: 0101948 End Date: 06/05/2008 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #F6XI11 Served 06/26/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	04/01/2009	Yes

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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: DANE

Enforcement History (SEGOE GARDENS ASSISTED LIVING)

Date: 05/26/2010 **SOD #U6MC12** **Enforcement Appealed: No**
Sanctions
COMPLY WITH REQUIREMENT
FORFEITURE---83.36(1)(b)2
--Facility Compliant 12/14/2010 12:00:00AM

Date: 07/16/2008 **SOD #L7BO11** **Enforcement Appealed: No**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH FACILITY PLAN OF CORRECTION
FORFEITURE---83.19(1)(d)
FORFEITURE---83.21(4)(b)

Date: 06/24/2008 **SOD #F6XI11** **Enforcement Appealed: No**
Sanctions
FORFEITURE---83.33(2)(g)3

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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: DANE

Complaint History (SEGOE GARDENS ASSISTED LIVING)

Date Complaint Received: 05/11/2010

Date Investigation Completed: 05/19/2010

Subject Area(s)
MEDICATIONS
STAFF ADEQUACY

Result
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

U6MC12

Date Complaint Received: 06/05/2008

Date Investigation Completed: 07/08/2008

Subject Area(s)
RESIDENT BEHAVIOR/FACILITY PRACTICE
MEDICATIONS
ADMINISTRATION

Result
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #
LZBO11
LZBO11
LZBO11

Date Complaint Received: 04/11/2008

Date Investigation Completed: 06/05/2008

Subject Area(s)
SUPERVISION
NUTRITION & FOOD SERVICES
PROGRAM SERVICES
QUALITY OF LIFE

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

F6XI11

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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: DANE

Facility Information

Facility Name: TELLURIAN UCAN ACEWOOD HOUSE (110326)

Address: 221 ACEWOOD BLVD, MADISON, WI 53714

License Status: REGULAR

Licensed/Certified/Registered 12/31/1997

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 AS (SEMIAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: TELLURIAN UCAN CRAWFORD HOUSE (110366)

Address: 4326 CRAWFORD DR, MADISON, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 04/26/1994

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 CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: TELLURIAN UCAN TRANSITIONAL HOUSING (0009432)

Address: 300 FEMRITE DR, MADISON, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 10/01/2002

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 CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: TIMBERWOOD HOMES (0010792)

Address: 7102 TIMBERWOOD DR, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 12/01/2005

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

Survey History

Survey ID: 0107960 **End Date:** 02/09/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105142 **End Date:** 11/05/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #H2E511 Served 12/16/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT	02/03/2011	Yes

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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: DANE

Complaint History (TIMBERWOOD HOMES)

Date Complaint Received: 03/18/2011

Date Investigation Completed: 04/22/2011

Subject Area(s)

RESIDENT RIGHTS
HOMELIKE ENVIRONMENT & CLEANLINESS
MEDICATIONS
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

IX3811

Date Complaint Received: 01/18/2011

Date Investigation Completed: 02/03/2011

Subject Area(s)

RESIDENT RIGHTS
HOMELIKE ENVIRONMENT & CLEANLINESS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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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: DANE

Facility Information

Facility Name: TRINITY SENIOR COMMUNITY LLC (0012677)

Address: 5565 BURKE RD, MADISON, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 04/01/2010

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

Survey History

Survey ID: 0107699 **End Date:** 11/04/2010 **Type:** OTHER **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I6ZH14 Served 01/12/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.39(3)	HAND WASHING	05/04/2011	Yes

Survey ID: 0106732 **End Date:** 07/27/2010 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106283 **End Date:** 04/29/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I6ZH13 Served 05/21/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	11/04/2010	Yes
83.39(1)	INFECTION CONTROL PROGRAM	11/04/2010	Yes
83.39(3)	HAND WASHING	11/04/2010	No

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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: DANE

Survey ID: 0105895 End Date: 03/03/2010 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I6ZH12 Served 03/15/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	04/28/2010	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	04/28/2010	Yes

Survey ID: 0105430 End Date: 12/07/2009 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I6ZH11 Served 01/07/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	ADMINISTRATOR QUALIFICATIONS	03/02/2010	Yes
83.38(1)(b)	SUPERVISION	03/02/2010	Yes

Survey ID: 0103685 End Date: 03/26/2009 Type: OTHER Purpose: CHOW--DESK REVIEW

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: DANE

Enforcement History (TRINITY SENIOR COMMUNITY LLC)

Date: 01/10/2011 **SOD #I6ZH14** **Enforcement Appealed: No**

Sanctions
FORFEITURE---83.39(3)

Date: 05/18/2010 **SOD #I6ZH13** **Enforcement Appealed: No**

Sanctions
FORFEITURE---83.32(3)(h)
FORFEITURE---83.39(1)
FORFEITURE---83.39(3)

Date: 03/12/2010 **SOD #I6ZH12** **Enforcement Appealed: No**

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 04/28/2010 12:00:00AM
FORFEITURE---83.35(3)(d)

Date: 01/04/2010 **SOD #I6ZH11** **Enforcement Appealed: No**

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 02/16/2010 12:00:00AM
FORFEITURE---83.38(1)(b)

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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: DANE

Complaint History (TRINITY SENIOR COMMUNITY LLC)

Date Complaint Received: 07/15/2010

Date Investigation Completed: 07/27/2010

Subject Area(s)
SUPERVISION
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/21/2010

Date Investigation Completed: 04/28/2010

Subject Area(s)
MEDICATIONS
MEDICATIONS

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
I6ZH13
I6ZH13

Date Complaint Received: 04/13/2010

Date Investigation Completed: 04/28/2010

Subject Area(s)
MEDICATIONS
ADMINISTRATION
QUALITY OF LIFE

Result
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
I6ZH13

Date Complaint Received: 03/26/2010

Date Investigation Completed: 04/28/2010

Subject Area(s)
MEDICATIONS
STAFF TRAINING AND PROFICIENCY
QUALITY OF LIFE

Result
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
I6ZH13

Date Complaint Received: 03/01/2010

Date Investigation Completed: 03/03/2010

Subject Area(s)
SUPERVISION
ABUSE
ADMINISTRATION
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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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: DANE

Date Complaint Received: 12/01/2009

Date Investigation Completed: 12/07/2009

Subject Area(s)
MEDICATIONS
STAFF ADEQUACY
QUALITY OF LIFE

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

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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: DANE

Facility Information

Facility Name: TRINITY SENIOR COMMUNITY LLC (0012678)

Address: 5555 BURKE RD, MADISON, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 04/01/2010

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

Survey History

Survey ID: 0105842 **End Date:** 03/02/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #XX6K11 Served 03/10/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION		

Survey ID: 0103687 **End Date:** 03/26/2009 **Type:** OTHER **Purpose:** CHOW--DESK REVIEW

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: DANE

Facility Information

Facility Name: TRINITY SENIOR COMMUNITY LLC (0012679)

Address: 5575 BURKE RD, MADISON, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 04/01/2010

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

Survey History

Survey ID: 0107878 **End Date:** 01/27/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107829 **End Date:** 01/20/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZSX413 Served 02/03/2011

Deficiencies Cited
83.55(6)(b)

Subject Area
BATH AND TOILET AREAS: WATER TEMPERATURE

Compliance
Verified

Corrected

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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: DANE

Survey ID: 0106814 End Date: 07/28/2010 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VNV111 Served 08/16/2010

<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	01/27/2011	Yes
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	01/27/2011	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	01/27/2011	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	01/27/2011	Yes

Survey ID: 0106387 End Date: 05/26/2010 Type: OTHER Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZSX412 Served 06/17/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(b)	SUPERVISION	01/20/2011	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	01/20/2011	No

Survey ID: 0105966 End Date: 03/04/2010 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZSX411 Served 03/25/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	05/26/2010	Yes
83.38(1)(b)	SUPERVISION	05/26/2010	No
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	05/26/2010	No

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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: DANE

Survey ID: 0104233 **End Date: 06/04/2009** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #F5CG11 Served 07/02/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	03/02/2010	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	03/02/2010	No
83.38(1)(c)	LEISURE TIME ACTIVITIES	03/02/2010	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	03/02/2010	Yes

Survey ID: 0103686 **End Date: 03/26/2009** **Type: OTHER** **Purpose: CHOW--DESK REVIEW**

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: DANE

Enforcement History (TRINITY SENIOR COMMUNITY LLC)

Date: 01/26/2011 **SOD #ZSX413** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.55(6)(b)

Date: 08/13/2010 **SOD #VNV111** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 01/27/2011 12:00:00AM

COMPLY WITH FACILITY PLAN OF CORRECTION --Facility Compliant 01/27/2011 12:00:00AM

FORFEITURE---83.12(4)(b)

FORFEITURE---83.14(2)(j)

FORFEITURE---83.32(3)(n)

FORFEITURE---83.35(1)(c)

Date: 06/04/2010 **SOD #ZSX412** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.38(1)(b)

FORFEITURE---83.55(6)(b)

Date: 03/24/2010 **SOD #ZSX411** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(b)

FORFEITURE---83.55(6)(b)

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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: DANE

Date: 06/24/2009

SOD #F5CG11

Enforcement Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---83.35(3)(a)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(c)

FORFEITURE---83.38(1)i

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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: DANE

Complaint History (TRINITY SENIOR COMMUNITY LLC)

Date Complaint Received: 07/21/2010

Date Investigation Completed: 07/27/2010

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
ADMINISTRATION

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

VNV111
VNV111

Date Complaint Received: 04/28/2010

Date Investigation Completed: 05/26/2010

Subject Area(s)

MEDICATIONS
OTHER

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/29/2009

Date Investigation Completed: 06/04/2009

Subject Area(s)

QUALITY OF LIFE

Result

SUBSTANTIATED

SOD #

F5CG11

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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: DANE

Facility Information

Facility Name: WHITNEY LODGE II (THE) (0011717)

Address: 209 N WHITNEY WAY, MADISON, WI 53705

License Status: REGULAR

Licensed/Certified/Registered 10/01/2007

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

Survey History

Survey ID: 0106922 **End Date:** 08/19/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TBL812 Served 08/27/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT		
83.35(2)	MODIFIED OR SPECIAL DIETS		
83.44(1)(b)	NOT FULLY AMBULATORY ON FIRST FLOOR		

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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: DANE

Survey ID: 0105756 End Date: 02/03/2010 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TBL811 Served 03/02/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	08/11/2010	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	08/11/2010	Yes
83.27(2)(a)	ADMISSIONS COMPATIBLE WITH THE LICENSE CLASS	08/11/2010	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	08/11/2010	Yes
83.35(2)	MODIFIED OR SPECIAL DIETS	08/11/2010	No
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	08/11/2010	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	08/11/2010	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	08/11/2010	Yes
83.44(2)(a)	BUILDING CONTROLLED BY CBRF OWNER	08/11/2010	Yes
83.45(1)(b)	BUILDING INTEGRITY	08/11/2010	Yes
83.47(2)(b)	EXIT DIAGRAM	08/11/2010	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	08/11/2010	Yes

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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: DANE

Enforcement History (WHITNEY LODGE II (THE))

Date: 08/25/2010 **SOD #TBL812** **Enforcement Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.32(3)(i)

FORFEITURE---83.32(3)(n)

FORFEITURE---83.35(2)

Date: 02/24/2010 **SOD #TBL811** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.12(4)(c)

FORFEITURE---83.17(1)

FORFEITURE---83.27(2)(a)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(2)

FORFEITURE---83.35(3)(c)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.35(5)(b)

FORFEITURE---83.45(1)(b)

FORFEITURE---83.55(6)(b)

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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: DANE

Complaint History (WHITNEY LODGE II (THE))

Date Complaint Received: 12/29/2009

Date Investigation Completed: 02/03/2010

Subject Area(s)
RESIDENT RIGHTS
ADMINISTRATION
QUALITY OF LIFE

Result
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

TBL811

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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: DANE

Facility Information

Facility Name: WOMEN IN TRANSITION (110025)
Address: 2842 MOLAND ST, MADISON, WI 53704
License Status: REGULAR
Licensed/Certified/Registered 04/30/1981
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 CNA (NONAMBULATORY)

COUNTY: DANE

Facility Information

Facility Name: WYNWOOD MADISON WEST (110331)

Address: 413 S YELLOWSTONE DR, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 02/04/1992

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

Survey History

Survey ID: 0106651 **End Date:** 07/15/2010 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101570 **End Date:** 04/18/2008 **Type:** ABBREVIATED **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DANE

Complaint History (WYNWOOD MADISON WEST)

Date Complaint Received: 06/18/2010

Date Investigation Completed: 07/15/2010

Subject Area(s)
RESIDENT RIGHTS
ADMINISTRATION

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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