

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

COUNTY: DODGE

**Notes**

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 85 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 Day Care Facility  
COUNTY: DODGE

**Facility Information**

**Facility Name:** GOLDEN CARE ADULT DAY CENTER (100026)  
**Address:** N8053 HWY 33, BEAVER DAM, WI 53916  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/02/1996  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103787    **End Date:** 04/01/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

***This is Page 2 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Adult Day Care Facility  
COUNTY: DODGE

**Facility Information**

**Facility Name:** TROSTEN HAUS (100027)  
**Address:** 1223 MADISON ST, BEAVER DAM, WI 53916  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/17/1994  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0107257    **End Date:** 10/13/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #J7X211    Served 10/18/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
III.b.(5)	SAFETY-EMERGENCIES PLAN		
III.c.(4)	FIRE ALARM & SMOKE DETECTORS		

**Survey ID:** 0101872    **End Date:** 06/05/2008    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 3 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Adult Day Care Facility  
COUNTY: DODGE

**Facility Information**

**Facility Name:** CROSSROADS ADULT DAY SERVICES (0013674)  
**Address:** 229 MARY ST, MAYVILLE, WI 53050  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/12/2011  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

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

**This is Page 4 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** COMPTON HOME (190102)  
**Address:** 315 GROVE ST, BEAVER DAM, WI 53916  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/02/1988  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0107352    **End Date:** 10/28/2010    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106640    **End Date:** 07/13/2010    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106159    **End Date:** 04/19/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #GDCH12    Served 04/29/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	10/19/2010	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	10/19/2010	Yes
88.04(2)(h)	COMPLY WITH OSHA	10/19/2010	Yes
88.05(2)(a)	DIFFICULTY WALKING	10/19/2010	Yes
88.09(2)(c)	LOCATION AND RETENTION PERIOD	10/19/2010	Yes
88.10(3)(b)	PRIVACY	10/19/2010	Yes

***This is Page 5 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Survey ID: 0101714    End Date: 05/01/2008    Type: ABBREVIATED    Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #GDCH11    Served 05/17/2008**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	04/07/2010	No

---

***This is Page 6 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Enforcement History (COMPTON HOME)**

**Date: 04/28/2010**      **SOD #GDCH12**      **Enforcement Appealed: No**  
Sanctions  
COMPLY WITH DEPARTMENT PLAN OF CORRECTION    --Facility Compliant 10/19/2010 12:00:00AM

**Date: 05/14/2008**      **SOD #GDCH11**      **Enforcement Appealed: No**  
Sanctions  
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

***This is Page 7 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Complaint History (COMPTON HOME)**

**Date Complaint Received: 06/17/2010**

**Date Investigation Completed: 07/13/2010**

Subject Area(s)  
RESIDENT RIGHTS  
ADMINISTRATION

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

***This is Page 8 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** CLA JUNEAU (0011209)  
**Address:** 320/322 FAIRFIELD AVE, JUNEAU, WI 53039  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/28/2005  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

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

**This is Page 9 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** CLEARVIEW COMMUNITY GROUP HOME (0010513)

**Address:** 750 NORTH MAIN ST, JUNEAU, WI 53039

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/10/2004

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

**Survey History**

**Survey ID:** 0102832    **End Date:** 10/20/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 10 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** TRAILVIEW ADULT FAMILY HOME (0011350)  
**Address:** 196 HOME RD, JUNEAU, WI 53039  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/17/2006  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0101735    **End Date:** 05/08/2008    **Type:** STANDARD    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 11 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** CLA MAYVILLE (0010975)  
**Address:** 1177-1179 DAYTON ST, MAYVILLE, WI 53050  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/15/2005  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0107291    **End Date:** 10/14/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #V44X11    Served 10/25/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

***This is Page 12 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** BETHESDA LUTHERAN COMMUNITIES - FAIRFIELD (0009431)

**Address:** 1408 FAIRFIELD CRT, WATERTOWN, WI 53098

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/17/2001

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

**Survey History**

**Survey ID:** 0103549    **End Date:** 02/18/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 13 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** BETHESDA LUTHERAN COMMUNITIES - LEXINGTON (0011647)

**Address:** 400 LEXINGTON COURT, WATERTOWN, WI 53098

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/18/2006

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

**Survey History**

**Survey ID:** 0102592      **End Date:** 09/19/2008      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 14 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** BETHESDA LUTHERAN COMMUNITIES - LISBON (0011670)

**Address:** 1113 LISBON ST, WATERTOWN, WI 53094

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/08/2006

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

**Survey History**

**Survey ID:** 0105835      **End Date:** 03/02/2010      **Type:** STANDARD      **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 15 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

**Facility Information**

**Facility Name:** ARCADIA COMMUNITIES (0013631)

**Address:** 911 S CENTER ST, BEAVER DAM, WI 53916

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 04/01/2011

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

**Survey History**

**Survey ID:** 0108268      **End Date:** 03/31/2011      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

***This is Page 16 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

### Facility Information

**Facility Name:** CHARLESTON HOUSE CBRF (0013555)

**Address:** 129 EVERGREEN LANE, BEAVER DAM, WI 53916

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 01/15/2011

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

### Survey History

**Survey ID:** 0107748      **End Date:** 01/13/2011      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

***This is Page 17 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

### Facility Information

**Facility Name:** CHARLTON HOUSE CBRF (110530)

**Address:** 216 W THIRD STREET, BEAVER DAM, WI 53916

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/1995

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

### Survey History

**Survey ID:** 0102655      **End Date:** 10/02/2008      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 18 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

### Facility Information

**Facility Name:** EAGLES WINGS (111039)

**Address:** 408 STONE ST, BEAVER DAM, WI 53916

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/08/1998

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

### Survey History

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

***This is Page 19 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** MACKIE STREET GROUP HOME (110529)  
**Address:** 216 W MACKIE ST, BEAVER DAM, WI 53916  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/15/1991  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0101502    **End Date:** 04/14/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #U2PG11    Served 05/02/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(d)	WHEREABOUTS UNKNOWN	04/01/2009	Yes

***This is Page 20 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

#### Facility Information

**Facility Name:** PRAIRIE RIDGE ASSISTED LIVING (0012224)

**Address:** 212 EAST INDUSTRIAL DR, BEAVER DAM, WI 53916

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2009

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

#### Survey History

**Survey ID:** 0107909    **End Date:** 02/04/2011    **Type:** OTHER    **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106662    **End Date:** 07/08/2010    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #FNQY12    Served 07/22/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT	02/04/2011	Yes
83.35(2)	MODIFIED OR SPECIAL DIETS	02/04/2011	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	02/04/2011	Yes

***This is Page 21 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

**Survey ID: 0106270**    **End Date: 05/05/2010**    **Type: OTHER**    **Purpose: COMPLAINT/SELF REPORT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #0QZ011    Served 05/20/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	07/08/2010	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	07/08/2010	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	02/04/2011	Yes

**Survey ID: 0106013**    **End Date: 03/18/2010**    **Type: STANDARD**    **Purpose: SURVEY/COMPLAINT/SELF REPORT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #FNQY11    Served 04/02/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.34(6)(d)	RETURN OF SECURITY DEPOSIT AND INTEREST	07/08/2010	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	07/08/2010	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	07/08/2010	No

**Survey ID: 0105301**    **End Date: 11/30/2009**    **Type: OTHER**    **Purpose: COMPLAINT/SELF REPORT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID: 0103735**    **End Date: 03/31/2009**    **Type: OTHER**    **Purpose: DESK REVIEW**

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

***This is Page 22 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

**Survey ID: 0103519**    **End Date: 02/13/2009**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #86TD13    Served 03/06/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	Yes
83.16(1)(d)	SECURITY DEPOSIT	04/01/2009	Yes
83.17(6)(a)	SECURITY DEPOSIT-INTEREST ACCOUNT	04/01/2009	Yes
83.17(6)(b)	SECURITY DEPOSIT SEPARATE FROM FACILITY	04/01/2009	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	04/01/2009	Yes
83.51(1)(e)	CLEARED PATHWAY FROM EXITS	04/01/2009	Yes

**Survey ID: 0102470**    **End Date: 08/18/2008**    **Type: OTHER**    **Purpose: SELF REPORT**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #86TD12    Served 10/08/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(1)(b)	LICENSEE PROTECT CIVIL RIGHTS OF RESIDENTS	02/13/2009	Yes

**Survey ID: 0102092**    **End Date: 06/12/2008**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #86TD11    Served 09/11/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(c)1	ADEQUATE STAFFING	08/18/2008	Yes

**Survey ID: 0101450**    **End Date: 04/03/2008**    **Type: OTHER**    **Purpose: CHOW--LICENSURE**

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

***This is Page 23 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

#### Enforcement History (PRAIRIE RIDGE ASSISTED LIVING)

**Date: 07/21/2010**      **SOD #FNQY12**      **Enforcement Appealed: No**

Sanctions

FORFEITURE---50.09(1)(e)  
FORFEITURE---83.35(2)  
FORFEITURE---83.55(6)(b)

**Date: 05/18/2010**      **SOD #0QZ011**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
PROVIDE TRAINING  
FORFEITURE---83.12(5)(a)  
FORFEITURE---83.32(3)(i)  
FORFEITURE---83.35(3)(d)

**Date: 03/31/2010**      **SOD #FNQY11**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
FORFEITURE---83.34(6)(d)  
FORFEITURE---83.38(1)(c)  
FORFEITURE---83.55(6)(b)

**Date: 03/05/2009**      **SOD #86TD13**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS  
OTHER SANCTION  
FORFEITURE---83.16(1)(d)  
FORFEITURE---83.42(3)(e)

--Facility Compliant 03/31/2009 12:00:00AM

***This is Page 24 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

**Date: 07/11/2008**      **SOD #86TD11**

**Enforcement Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT  
FORFEITURE---SOD #86TD11

--Facility Compliant 02/04/2011 12:00:00AM

---

***This is Page 25 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

#### Complaint History (PRAIRIE RIDGE ASSISTED LIVING)

**Date Complaint Received: 06/14/2010**

**Date Investigation Completed: 07/08/2010**

Subject Area(s)

MEDICATIONS  
STAFF ADEQUACY  
PROGRAM SERVICES

Result

SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

FNQY12

**Date Complaint Received: 03/30/2010**

**Date Investigation Completed: 05/05/2010**

Subject Area(s)

STAFF TRAINING AND PROFICIENCY  
QUALITY OF LIFE

Result

SUBSTANTIATED  
SUBSTANTIATED

SOD #

0QZ011  
0QZ011

**Date Complaint Received: 03/02/2010**

**Date Investigation Completed: 03/17/2010**

Subject Area(s)

SUPERVISION  
NUTRITION & FOOD SERVICES  
ADMINISTRATION

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 02/09/2010**

**Date Investigation Completed: 03/17/2010**

Subject Area(s)

NUTRITION & FOOD SERVICES  
ADMINISTRATION

Result

NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #

FNQY11

**Date Complaint Received: 02/05/2010**

**Date Investigation Completed: 03/18/2010**

Subject Area(s)

STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED

SOD #

***This is Page 26 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

**Date Complaint Received: 10/23/2009**

**Date Investigation Completed: 11/30/2009**

Subject Area(s)  
RESIDENT RIGHTS  
MEDICATIONS

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

**Date Complaint Received: 02/11/2009**

**Date Investigation Completed: 02/13/2009**

Subject Area(s)  
PHYSICAL PLANTS & SAFETY HAZARDS

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	86TD13

**Date Complaint Received: 01/07/2009**

**Date Investigation Completed: 02/13/2009**

Subject Area(s)  
RESIDENT RIGHTS  
ADMISSION, TRANSFER & DISCHARGE

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	86TD13
SUBSTANTIATED	86TD13

**Date Complaint Received: 05/13/2008**

**Date Investigation Completed: 06/17/2008**

Subject Area(s)  
HOMELIKE ENVIRONMENT & CLEANLINESS  
QUALITY OF LIFE

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

***This is Page 27 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

### Facility Information

**Facility Name:** REMEMBRANCE HOME (0009159)

**Address:** 1810 N SPRING ST, BEAVER DAM, WI 53916

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/2001

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

### Survey History

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

***This is Page 28 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

#### Facility Information

**Facility Name:** SYLVAN CROSSINGS AT HUNTER RIDGE (111056)

**Address:** 626 MONROE ST, BEAVER DAM, WI 53916

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/07/1999

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

#### Survey History

**Survey ID:** 0107153    **End Date:** 09/10/2010    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0105967    **End Date:** 03/10/2010    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #W17Q11    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	09/10/2010	Yes

***This is Page 29 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

**Enforcement History (SYLVAN CROSSINGS AT HUNTER RIDGE)**

**Date: 03/24/2010**

**SOD #W17Q11**

**Enforcement Appealed: No**

Sanctions

FORFEITURE---83.35(3)(d)

---

***This is Page 30 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

### Facility Information

**Facility Name:** BETHESDA LUTHERAN COMMUNITIES - EGGLESTON (0009488)

**Address:** 103 EGGLESTON ST, FOX LAKE, WI 53933

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/2002

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

### Survey History

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

***This is Page 31 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name: BETHESDA LUTHERAN COMMUNITIES - O'CONNELL (0009489)**

**Address: 205 O'CONNELL ST, FOX LAKE, WI 53933**

**License Status: REGULAR**

**Licensed/Certified/Registered 07/01/2002**

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

**Survey History**

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

***This is Page 32 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

### Facility Information

**Facility Name:** MARVINS MANOR III (0013021)

**Address:** 209 FOREST ST, FOX LAKE, WI 53933

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2010

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

### Survey History

**Survey ID:** 0106894      **End Date:** 08/12/2010      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0105213      **End Date:** 11/18/2009      **Type:** INITIAL      **Purpose:** CHOW--LICENSURE

**Results:** PROBATIONARY LICENSE ISSUED

***This is Page 33 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

#### Complaint History (MARVINS MANOR III)

**Date Complaint Received: 11/24/2010**

**Date Investigation Completed: 12/01/2010**

Subject Area(s)  
RESIDENT RIGHTS  
ADMINISTRATION

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

***This is Page 34 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** DAYBREAK INC HORICON (110532)  
**Address:** 822 E WALNUT ST, HORICON, WI 53032  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/01/1980  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0108135    **End Date:** 03/10/2011    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0107676    **End Date:** 12/16/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #O1H411    Served 01/07/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.27(2)(a)	ADMISSIONS COMPATIBLE WITH THE LICENSE CLASS		
83.35(2)	MODIFIED OR SPECIAL DIETS		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.47(2)(d)	FIRE DRILLS		
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT		

***This is Page 35 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Complaint History (DAYBREAK INC HORICON)**

**Date Complaint Received: 02/14/2011**

**Date Investigation Completed: 03/10/2011**

Subject Area(s)

RESIDENT RIGHTS  
MEDICATIONS  
STAFF TRAINING AND PROFICIENCY  
PROGRAM SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 12/01/2010**

**Date Investigation Completed: 12/16/2010**

Subject Area(s)

RESIDENT RIGHTS  
ABUSE

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

***This is Page 36 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

#### Facility Information

**Facility Name:** MARVINS MANOR II (0012372)

**Address:** 839 DIVISION ST, HORICON, WI 53032

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2009

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

#### Survey History

**Survey ID:** 0108072    **End Date:** 03/02/2011    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103927    **End Date:** 04/21/2009    **Type:** OTHER    **Purpose:** SURVEY/COMPLAINT

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

**Survey ID:** 0103166    **End Date:** 12/23/2008    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102446    **End Date:** 08/27/2008    **Type:** OTHER    **Purpose:** CHOW--LICENSURE

**Results:** PROBATIONARY LICENSE ISSUED

***This is Page 37 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

#### Complaint History (MARVINS MANOR II)

**Date Complaint Received: 03/20/2009**

**Date Investigation Completed: 04/21/2009**

Subject Area(s)  
STAFF ADEQUACY  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

***This is Page 38 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** PINE RIDGE HOUSE (0013335)  
**Address:** N844 CRAWFISH RD, IXONIA, WI 53036  
**License Status:** PROBATIONARY  
**Licensed/Certified/Registered** 10/05/2010  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0107238      **End Date:** 10/05/2010      **Type:** INITIAL      **Purpose:** SURVEY  
**Results:** PROBATIONARY LICENSE ISSUED

***This is Page 39 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** EVERGREEN MANOR III INC (0011807)  
**Address:** 239 VICTORY ST, JUNEAU, WI 53039  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/01/2007  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0104184      **End Date:** 06/11/2009      **Type:** STANDARD      **Purpose:** SURVEY/SELF REPORT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 40 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

### Facility Information

**Facility Name:** DEERVIEW MEADOWS (0011352)

**Address:** 1071 N HORICON ST, MAYVILLE, WI 53050

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/2006

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

### Survey History

**Survey ID:** 0102538      **End Date:** 09/08/2008      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 41 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

#### Complaint History (DEERVIEW MEADOWS)

**Date Complaint Received: 07/18/2008**

**Date Investigation Completed: 09/08/2008**

Subject Area(s)  
RESIDENT RIGHTS  
MEDICATIONS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

***This is Page 42 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

#### Facility Information

**Facility Name:** MOSSFLOWER HARBOUR II (0010813)

**Address:** 175 RIVERVIEW HEIGHTS, MAYVILLE, WI 53050

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/2005

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

#### Survey History

**Survey ID:** 0104223    **End Date:** 06/05/2009    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #DD5O11    Served 06/26/2009

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

***This is Page 43 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)  
COUNTY: DODGE

**Enforcement History (MOSSFLOWER HARBOUR II)**

**Date: 06/23/2009      SOD #DD5011      Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

---

***This is Page 44 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

#### Facility Information

**Facility Name:** GOLDEN YEARS OF RANDOLPH I (0011820)

**Address:** 131 ELLIS AVE, RANDOLPH, WI 53956

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2007

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

#### Survey History

**Survey ID:** 0105750    **End Date:** 02/11/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102028    **End Date:** 06/17/2008    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #9M6J12    Served 07/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(1)(a)	FINANCIAL STABILITY	04/01/2009	Yes
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	Yes

***This is Page 45 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

#### Enforcement History (GOLDEN YEARS OF RANDOLPH I)

**Date:** 07/07/2008

**SOD #**9M6J12

**Enforcement Appealed:** Yes

**Decision:** STIPULATION

Sanctions

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

Sanction Amended on Appeal--Facility Compliant 09/22/2008 12:00:00AM

***This is Page 46 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

#### Facility Information

**Facility Name:** GOLDEN YEARS OF RANDOLPH II (0011821)

**Address:** 137 ELLIS AVE, RANDOLPH, WI 53956

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2007

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

#### Survey History

**Survey ID:** 0108014    **End Date:** 02/24/2011    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #RUDD11    Served 02/28/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	03/02/2011	Yes

**Survey ID:** 0107668    **End Date:** 12/30/2010    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0107022    **End Date:** 08/18/2010    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #TZMF12    Served 09/13/2010

<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	12/30/2010	Yes

***This is Page 47 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

**Survey ID: 0105844**    **End Date: 02/11/2010**    **Type: STANDARD**    **Purpose: SURVEY/COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #TZMF11    Served 03/09/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	08/18/2010	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	08/18/2010	Yes
83.37(2)(a)	SELF-ADMINISTERED BY RESIDENT	08/18/2010	Yes

**Survey ID: 0102035**    **End Date: 06/17/2008**    **Type: OTHER**    **Purpose: DESK REVIEW**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #4EI412    Served 07/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(1)(a)	FINANCIAL STABILITY	04/01/2009	Yes
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	Yes

***This is Page 48 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

#### Enforcement History (GOLDEN YEARS OF RANDOLPH II)

**Date: 09/09/2010**      **SOD #TZMF12**      **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.32(3)(i)

**Date: 03/08/2010**      **SOD #TZMF11**      **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.35(1)(c)

FORFEITURE---83.35(3)(d)

**Date: 07/07/2008**      **SOD #4EI412**      **Enforcement Appealed: Yes**      **Decision: STIPULATION**

Sanctions

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

--Facility Compliant 09/22/2008 12:00:00AM

Sanction Amended on Appeal--Facility Compliant 09/22/2008 12:00:00AM

***This is Page 49 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

#### Complaint History (GOLDEN YEARS OF RANDOLPH II)

**Date Complaint Received: 12/14/2009**

**Date Investigation Completed: 02/11/2010**

Subject Area(s)  
SUPERVISION  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

***This is Page 50 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

### Facility Information

**Facility Name:** HERITAGE HOMES ASSISTED LIVING (0013392)

**Address:** 700 WELSH RD, WATERTOWN, WI 53098

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 11/08/2010

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

### Survey History

**Survey ID:** 0107378      **End Date:** 11/04/2010      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

***This is Page 51 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

### Facility Information

**Facility Name:** HIGHLAND HOUSE (110540)

**Address:** 125A HOSPITAL DR, WATERTOWN, WI 53098

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/31/1995

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

### Survey History

**Survey ID:** 0105868      **End Date:** 03/08/2010      **Type:** ABBREVIATED      **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 52 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

**Facility Information**

**Facility Name:** HIL MEADOWBROOK (0011747)

**Address:** 1405 WEDGEWOOD CRT, WATERTOWN, WI 53098

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/2007

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

**Survey History**

**Survey ID:** 0106798    **End Date:** 08/11/2010    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0105727    **End Date:** 02/08/2010    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #HZ0512    Served 02/22/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(g)	RIGHTS OF RESIDENTS: FREE OF PHYSICAL RESTRAINTS	08/11/2010	Yes

***This is Page 53 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

**Survey ID: 0104255**    **End Date: 06/17/2009**    **Type: STANDARD**    **Purpose: SURVEY**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #HZ0511    Served 06/29/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(g)	RIGHTS OF RESIDENTS: FREE OF PHYSICAL RESTRAINTS	02/03/2010	No
83.47(2)(d)	FIRE DRILLS	02/03/2010	Yes
83.47(3)	FIRE INSPECTION	02/03/2010	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	02/03/2010	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	02/03/2010	Yes

---

**Survey ID: 0102467**    **End Date: 09/09/2008**    **Type: OTHER**    **Purpose: OTHER**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

***This is Page 54 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)  
COUNTY: DODGE

**Enforcement History (HIL MEADOWBROOK)**

**Date: 02/18/2010      SOD #HZ0512      Enforcement Appealed: Yes      Decision: DISMISSED**

Sanctions

FORFEITURE---83.32(3)(g)

**Date: 06/25/2009      SOD #HZ0511      Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 08/11/2010 12:00:00AM

COMPLY WITH REQUIREMENT --Facility Compliant 08/11/2010 12:00:00AM

FORFEITURE---50.03(5g)(c) 1

***This is Page 55 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

**Complaint History (HIL MEADOWBROOK)**

**Date Complaint Received: 01/11/2010**

**Date Investigation Completed: 02/08/2010**

Subject Area(s)

Result

SOD #

QUALITY OF LIFE

NOT SUBSTANTIATED

***This is Page 56 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

### Facility Information

**Facility Name:** ZINZENDORF HALL INC (110538)

**Address:** 1148 BAYBERRY DR, WATERTOWN, WI 53098

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/1990

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

### Survey History

**Survey ID:** 0106002      **End Date:** 03/25/2010      **Type:** ABBREVIATED      **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 57 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

**Facility Information**

**Facility Name:** CHRISTIAN HOMESTEAD (0009149)

**Address:** 1001 WEST BROWN ST, WAUPUN, WI 53963

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/2001

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

**Survey History**

**Survey ID:** 0106151    **End Date:** 04/26/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #YLQC11    Served 04/28/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.29(2)	ADMISSION AGREEMENT		

***This is Page 58 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** DAYBREAK INC WAUPUN (110539)  
**Address:** 631 S MADISON ST, WAUPUN, WI 53963  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/1996  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0101664      **End Date:** 05/07/2008      **Type:** ABBREVIATED      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 59 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

#### Facility Information

**Facility Name:** PRAIRIE RIDGE MEMORY CARE (0012604)

**Address:** 819 WILCOX ST, WAUPUN, WI 53963

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2009

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

#### Survey History

**Survey ID:** 0108111    **End Date:** 02/16/2011    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #SRKM16    Served 03/11/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	CRIMINAL RECORDS CHECK		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		

***This is Page 60 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

**Survey ID: 0107405**    **End Date: 10/12/2010**    **Type: OTHER**    **Purpose: SURVEY/COMPLAINT/SELF REPORT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #SRKM15    Served 11/15/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	CRIMINAL RECORDS CHECK	02/16/2011	No
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	02/16/2011	No
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	02/16/2011	No

**Survey ID: 0106463**    **End Date: 06/03/2010**    **Type: OTHER**    **Purpose: SURVEY/COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #SRKM14    Served 06/19/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	CRIMINAL RECORDS CHECK	09/28/2010	No
83.39(3)	HAND WASHING	09/28/2010	Yes

**Survey ID: 0106069**    **End Date: 03/31/2010**    **Type: OTHER**    **Purpose: SURVEY/COMPLAINT/SELF REPORT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #SRKM13    Served 04/14/2010

<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	06/03/2010	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	06/03/2010	Yes

**Survey ID: 0105973**    **End Date: 03/15/2010**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 61 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

**Survey ID: 0105580**    **End Date: 01/21/2010**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #SRKM12    Served 01/29/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.035(4n)	REGULATION OF CBRF	03/31/2010	Yes
83.12(2)(b)	ADMINISTRATOR REQUIREMENTS	03/31/2010	Yes
83.19	ORIENTATION	03/31/2010	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	03/31/2010	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	03/31/2010	Yes
83.38(1)(g)	HEALTH MONITORING	03/31/2010	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	03/31/2010	Yes
83.59(4)(a)	DELAYED EGRESS: ONLY ONE DEVICE PERMITTED	03/31/2010	Yes

**Survey ID: 0105045**    **End Date: 10/20/2009**    **Type: STANDARD**    **Purpose: SURVEY/SELF REPORT**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #BY9Q11    Served 10/26/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	01/12/2010	Yes

**Survey ID: 0104395**    **End Date: 07/08/2009**    **Type: OTHER**    **Purpose: COMPLAINT/SELF REPORT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #SRKM11    Served 07/22/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.22(1)	TRAINING IN ASSESSMENT OF RESIDENTS	01/12/2010	Yes

***This is Page 62 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

**Survey ID: 0104047**    **End Date: 05/21/2009**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**Survey ID: 0103655**    **End Date: 03/12/2009**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #BBE811    Served 03/25/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	Yes
83.15(1)(a)	ADMINISTRATOR QUALIFIED: ASSOCIATE DEGREE	04/01/2009	Yes
83.18(1)(d)2	OTHER INFORMATION REQUIRED IN RECORD	04/01/2009	Yes
83.19(3)(c)	INVESTIGATE ALLEGATION	04/01/2009	Yes
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	04/01/2009	Yes
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	04/01/2009	Yes
83.33(3)(j)1	DESTRUCTION OF MEDICATIONS	04/01/2009	Yes
83.33(4)	CLIENT GROUP SPECIFIC SERVICES	04/01/2009	Yes

---

**Survey ID: 0103001**    **End Date: 12/02/2008**    **Type: INITIAL**    **Purpose: SURVEY**

**Results:** PROBATIONARY LICENSE ISSUED

---

***This is Page 63 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

#### Enforcement History (PRAIRIE RIDGE MEMORY CARE)

**Date: 03/09/2011**      **SOD #SRKM16**      **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.12(3)(a)  
FORFEITURE---83.32(3)(h)  
FORFEITURE---83.32(3)(i)  
FORFEITURE---83.35(3)(c)  
FORFEITURE---83.35(3)(d)

**Date: 11/10/2010**      **SOD #SRKM15**      **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.12(3)(a)  
FORFEITURE---83.32(3)(h)  
FORFEITURE---83.32(3)(i)

**Date: 06/17/2010**      **SOD #SRKM14**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION      --Facility Compliant 07/28/2010 12:00:00AM  
FORFEITURE---83.12(3)(a)  
FORFEITURE---83.39(3)

**Date: 04/13/2010**      **SOD #SRKM13**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION      --Facility Compliant 06/03/2010 12:00:00AM  
COMPLY WITH REQUIREMENT      --Facility Compliant 06/03/2010 12:00:00AM  
FORFEITURE---83.32(3)(h)  
FORFEITURE---83.35(3)(a)

***This is Page 64 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

**Date: 01/28/2010**      **SOD #SRKM12**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---50.035(4n)

FORFEITURE---83.19

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(g)

---

**Date: 07/20/2009**      **SOD #SRKM11**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

--Facility Compliant 01/12/2010 12:00:00AM

FORFEITURE---83.22(1)

---

**Date: 03/24/2009**      **SOD #BBE811**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

--Facility Compliant 06/03/2010 12:00:00AM

COMPLY WITH REQUIREMENT

--Facility Compliant 06/03/2010 12:00:00AM

PROVIDE TRAINING

--Facility Compliant 06/03/2010 12:00:00AM

FORFEITURE---83.11(3)

FORFEITURE---83.15(1)(a)

FORFEITURE---83.18(1)(d)2

FORFEITURE---83.19(3)(c)

FORFEITURE---83.19(3)(e)

FORFEITURE---83.19(3)(f)

FORFEITURE---83.33(3)(j)

FORFEITURE---83.33(4)

---

***This is Page 65 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

#### Complaint History (PRAIRIE RIDGE MEMORY CARE)

**Date Complaint Received: 01/31/2011**

**Date Investigation Completed: 02/16/2011**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ABUSE	NOT SUBSTANTIATED	
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	SUBSTANTIATED	SRMK16
ADMINISTRATION	SUBSTANTIATED	SRMK16
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	SRMK16

**Date Complaint Received: 01/26/2011**

**Date Investigation Completed: 02/16/2011**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

**Date Complaint Received: 05/26/2010**

**Date Investigation Completed: 06/03/2010**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
ABUSE	SUBSTANTIATED	SRKM14
ADMINISTRATION	NOT SUBSTANTIATED	

**Date Complaint Received: 05/20/2010**

**Date Investigation Completed: 06/03/2010**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	

***This is Page 66 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

**Date Complaint Received: 02/22/2010**

Subject Area(s)  
SUPERVISION  
RESIDENT RIGHTS  
ABUSE  
STAFF TRAINING AND PROFICIENCY  
QUALITY OF LIFE

**Date Investigation Completed: 03/31/2010**

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

**Date Complaint Received: 02/08/2010**

Subject Area(s)  
RESIDENT RIGHTS  
ABUSE  
ADMINISTRATION

**Date Investigation Completed: 03/15/2010**

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

**Date Complaint Received: 12/04/2009**

Subject Area(s)  
RESIDENT RIGHTS  
NUTRITION & FOOD SERVICES  
MEDICATIONS  
ADMINISTRATION  
STAFF TRAINING AND PROFICIENCY  
QUALITY OF LIFE

**Date Investigation Completed: 01/12/2010**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	SRKM12
NOT SUBSTANTIATED	
SUBSTANTIATED	SRKM12
NOT SUBSTANTIATED	
SUBSTANTIATED	SRKM12
NOT SUBSTANTIATED	

**Date Complaint Received: 12/02/2009**

Subject Area(s)  
RESIDENT RIGHTS  
ADMINISTRATION  
STAFF TRAINING AND PROFICIENCY  
QUALITY OF LIFE

**Date Investigation Completed: 01/12/2010**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	SRKM12
SUBSTANTIATED	SRKM12
NOT SUBSTANTIATED	
SUBSTANTIATED	SRKM12

***This is Page 67 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

**Date Complaint Received: 11/24/2009**

**Date Investigation Completed: 01/12/2010**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	SRKM12
QUALITY OF LIFE	SUBSTANTIATED	SRKM12

---

**Date Complaint Received: 06/09/2009**

**Date Investigation Completed: 07/08/2009**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

---

**Date Complaint Received: 05/29/2009**

**Date Investigation Completed: 07/08/2009**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

---

**Date Complaint Received: 05/18/2009**

**Date Investigation Completed: 05/18/2009**

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

---

***This is Page 68 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

**Date Complaint Received: 04/27/2009**

Subject Area(s)  
SUPERVISION  
MEDICATIONS  
ADMINISTRATION

**Date Investigation Completed: 05/18/2009**

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

**Date Complaint Received: 04/07/2009**

Subject Area(s)  
HOMELIKE ENVIRONMENT & CLEANLINESS  
NUTRITION & FOOD SERVICES  
STAFF TRAINING AND PROFICIENCY  
PROGRAM SERVICES  
QUALITY OF LIFE

**Date Investigation Completed: 05/18/2009**

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

**Date Complaint Received: 03/25/2009**

Subject Area(s)  
SUPERVISION  
MEDICATIONS  
ADMINISTRATION

**Date Investigation Completed: 05/18/2009**

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

**Date Complaint Received: 03/19/2009**

Subject Area(s)  
MEDICATIONS  
ADMINISTRATION  
STAFF TRAINING AND PROFICIENCY  
PROGRAM SERVICES

**Date Investigation Completed: 05/18/2009**

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

***This is Page 69 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DODGE

**Date Complaint Received: 03/06/2009**

Subject Area(s)  
SUPERVISION  
RESIDENT RIGHTS  
MEDICATIONS  
ADMINISTRATION  
QUALITY OF LIFE

**Date Investigation Completed: 03/12/2009**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	BBE811
SUBSTANTIATED	BBE811
SUBSTANTIATED	BBE811
SUBSTANTIATED	BBE811
SUBSTANTIATED	BBE811

**Date Complaint Received: 02/18/2009**

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

**Date Investigation Completed: 03/12/2009**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	BBE811
SUBSTANTIATED	BBE811
SUBSTANTIATED	BBE811
SUBSTANTIATED	BBE811
SUBSTANTIATED	BBE811

***This is Page 70 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** CHARLESTON HOUSE LLC (0010427)  
**Address:** 104 FAKES CT, BEAVER DAM, WI 53916  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/01/2003  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0107691      **End Date:** 01/04/2011      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106000      **End Date:** 03/25/2010      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103489      **End Date:** 02/17/2009      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102510      **End Date:** 08/18/2008      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 71 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Complaint History (CHARLESTON HOUSE LLC)**

**Date Complaint Received: 10/21/2010**

**Date Investigation Completed: 01/04/2011**

Subject Area(s)

SUPERVISION  
ADMINISTRATION  
STAFF TRAINING AND PROFICIENCY  
STAFF ADEQUACY

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 02/24/2010**

**Date Investigation Completed: 03/25/2010**

Subject Area(s)

ADMINISTRATION  
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 01/27/2009**

**Date Investigation Completed: 02/23/2009**

Subject Area(s)

RESIDENT RIGHTS  
MEDICATIONS

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 08/13/2008**

**Date Investigation Completed: 08/18/2008**

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE

Result

SUBSTANTIATED

SOD #

NOT RECORDED

***This is Page 72 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name: STONE TERRACE RETIREMENT LIV CTR (0011956)**

**Address: 819 S UNVERSITY AVE, BEAVER DAM, WI 53916**

**License Status: REGULAR**

**Licensed/Certified/Registered 01/01/2007**

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

**Survey History**

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

***This is Page 73 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** WINCHESTER PLACE (0011921)  
**Address:** 713 HORICON ST, HORICON, WI 53032  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/02/2007  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0106770      **End Date:** 08/03/2010      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104147      **End Date:** 06/10/2009      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103811      **End Date:** 04/08/2009      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102285      **End Date:** 08/11/2008      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 74 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Complaint History (WINCHESTER PLACE)**

**Date Complaint Received: 05/26/2009**

**Date Investigation Completed: 06/10/2009**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

**Date Complaint Received: 03/06/2009**

**Date Investigation Completed: 04/08/2009**

Subject Area(s)

Result

SOD #

NUTRITION & FOOD SERVICES  
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED  
NOT SUBSTANTIATED

NOF

**Date Complaint Received: 06/24/2008**

**Date Investigation Completed: 08/11/2008**

Subject Area(s)

Result

SOD #

NUTRITION & FOOD SERVICES  
MEDICATIONS  
ADMINISTRATION  
QUALITY OF LIFE

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

***This is Page 75 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** HOPE SENIOR LIVING INC (0011836)  
**Address:** 475 GROVE ST, LOMIRA, WI 53048  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/01/2007  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

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

***This is Page 76 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** CONTINENTAL MANOR (0010278)  
**Address:** 502 SOUTH HIGH STREET, RANDOLPH, WI 53956  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/17/1999  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

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

**This is Page 77 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name: HIGHLAND VILLAGE APARTMENTS II (0010598)**

**Address: 1408 MEMORIAL DR, WATERTOWN, WI 53098**

**License Status: REGULAR**

**Licensed/Certified/Registered 06/01/2004**

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

**Survey History**

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

***This is Page 78 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** CHRISTIAN HOME ASSISTED LIVING CENTER (0010292)

**Address:** 331 BLY STREET, WAUPUN, WI 53963

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2000

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

**Survey History**

**Survey ID:** 0101945      **End Date:** 06/16/2008      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 79 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Complaint History (CHRISTIAN HOME ASSISTED LIVING CENTER)**

**Date Complaint Received: 06/13/2008**

**Date Investigation Completed: 06/16/2008**

Subject Area(s)

Result

SOD #

PHYSICAL PLANTS & SAFETY HAZARDS

NOT SUBSTANTIATED

***This is Page 80 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** PRAIRIE RIDGE ASSISTED LIVING (0010669)  
**Address:** 819 WILCOX ST, WAUPUN, WI 53963  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/01/2004  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0105974    **End Date:** 03/16/2010    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104807    **End Date:** 08/26/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #KPCC11    Served 09/24/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	03/15/2010	Yes
89.34(16)	TENANT RIGHTS	03/15/2010	Yes

**Survey ID:** 0104329    **End Date:** 06/29/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104025    **End Date:** 05/14/2009    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 81 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Survey ID: 0103812    End Date: 03/31/2009    Type: OTHER    Purpose: SURVEY/COMPLAINT/SELF REPORT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #BLU211    Served 04/13/2009**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	05/14/2009	Yes
89.34(16)	TENANT RIGHTS	05/14/2009	Yes
89.34(17)	TENANT RIGHTS	05/14/2009	Yes

**Survey ID: 0103023    End Date: 11/20/2008    Type: OTHER    Purpose: COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #50K711    Served 12/09/2008**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(b)2	SERVICES		
89.26(1)	COMPREHENSIVE ASSESSMENT		
89.27(4)	SERVICE AGREEMENT		
89.28(6)	RISK AGREEMENT		

***This is Page 82 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Enforcement History (PRAIRIE RIDGE ASSISTED LIVING)**

**Date: 09/11/2009**      **SOD #KPCC11**      **Enforcement Appealed: No**  
Sanctions  
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 03/15/2010 12:00:00AM  
FORFEITURE---89.34(16)

**Date: 04/09/2009**      **SOD #BLU211**      **Enforcement Appealed: No**  
Sanctions  
COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
FORFEITURE---89.34(16)

**Date: 12/05/2008**      **SOD #50K711**      **Enforcement Appealed: No**  
Sanctions  
COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
FORFEITURE---89.26(1)  
FORFEITURE---89.27(4)  
FORFEITURE---89.28(6)

***This is Page 83 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Complaint History (PRAIRIE RIDGE ASSISTED LIVING)**

**Date Complaint Received: 02/09/2010**

**Date Investigation Completed: 03/15/2010**

Subject Area(s)

RESIDENT RIGHTS  
NUTRITION & FOOD SERVICES  
ADMINISTRATION

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/13/2009**

**Date Investigation Completed: 08/26/2009**

Subject Area(s)

SUPERVISION  
MEDICATIONS  
PROGRAM SERVICES

Result

NOT SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

KPCC11

**Date Complaint Received: 04/16/2009**

**Date Investigation Completed: 05/14/2009**

Subject Area(s)

SUPERVISION  
MEDICATIONS

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 03/18/2009**

**Date Investigation Completed: 03/31/2009**

Subject Area(s)

RESIDENT RIGHTS  
ABUSE  
PHYSICAL PLANTS & SAFETY HAZARDS  
ADMINISTRATION  
MEDICATIONS  
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

***This is Page 84 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Date Complaint Received: 03/06/2009**

Subject Area(s)  
SUPERVISION  
ADMINISTRATION  
QUALITY OF LIFE

**Date Investigation Completed: 03/31/2009**

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

**Date Complaint Received: 03/02/2009**

Subject Area(s)  
STAFF TRAINING AND PROFICIENCY  
STAFF ADEQUACY  
PROGRAM SERVICES

**Date Investigation Completed: 03/31/2009**

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

**Date Complaint Received: 02/18/2009**

Subject Area(s)  
MEDICATIONS  
ADMINISTRATION

**Date Investigation Completed: 03/31/2009**

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

**Date Complaint Received: 11/04/2008**

Subject Area(s)  
LICENSED CAPACITY /CLASS OF LICENSE  
SUPERVISION  
MEDICATIONS  
ADMINISTRATION  
STAFF TRAINING AND PROFICIENCY  
STAFF ADEQUACY

**Date Investigation Completed: 11/20/2008**

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
SUBSTANTIATED	50K711
NOT SUBSTANTIATED	
SUBSTANTIATED	50K711
NOT SUBSTANTIATED	
SUBSTANTIATED	50K711

**Date Complaint Received: 09/16/2008**

Subject Area(s)  
MEDICATIONS

**Date Investigation Completed: 11/20/2008**

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

***This is Page 85 of 85 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***