

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

COUNTY: IOWA

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 24 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.

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

Facility Information

Facility Name: SCHAACK ADULT FAMILY HOME (0009595)
Address: 506 EAST MARKET ST, AVOCA, WI 53506
License Status: REGULAR
Licensed/Certified/Registered 03/19/2002
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107201 **End Date:** 09/28/2010 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Facility Information

Facility Name: CORNERSTONE FOUNDATION VICTORIA COURT (199012)

Address: 207 VICTORIA COURT, BARNEVELD, WI 53507

License Status: REGULAR

Licensed/Certified/Registered 04/25/1997

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

Survey History

Survey ID: 0103830 **End Date:** 04/13/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: CORNERSTONE FOUNDATION DIVISION STREET (0010896)

Address: 111 DIVISION ST, COBB, WI 53526

License Status: REGULAR

Licensed/Certified/Registered 03/30/2005

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

Survey History

Survey ID: 0107332 **End Date:** 10/19/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #U4O912 Served 10/29/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		

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

Facility Information

Facility Name: CORNERSTONE FOUNDATION LEVEL STREET (199005)

Address: 601 N LEVEL ST, DODGEVILLE, WI 53533

License Status: REGULAR

Licensed/Certified/Registered 01/10/1997

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

Survey History

Survey ID: 0106809 **End Date:** 08/12/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: CORNERSTONE FOUNDATION MCCARTHY ROAD (0008675)

Address: 5115 MCCARTHY ROAD, HIGHLAND, WI 53543

License Status: REGULAR

Licensed/Certified/Registered 06/21/1999

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

Survey History

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

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

Facility Information

Facility Name: CORNERSTONE FOUNDATION HWY 39 (199037)

Address: 6297 HWY 39, MINERAL POINT, WI 53565

License Status: REGULAR

Licensed/Certified/Registered 02/02/1998

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

Survey History

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

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

Facility Information

Facility Name: HILLTOP HOUSE (0010696)
Address: 1345 STATE HWY 23, MINERAL POINT, WI 53565
License Status: REGULAR
Licensed/Certified/Registered 10/21/2004
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0104559 **End Date:** 08/05/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Complaint History (HILLTOP HOUSE)

Date Complaint Received: 06/29/2009

Date Investigation Completed: 08/05/2009

Subject Area(s)
QUALITY OF LIFE

Result
NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: CORNERSTONE FOUNDATION LORRAINE COURT (199053)

Address: 102 LORRAINE CRT, RIDGEWAY, WI 53582

License Status: REGULAR

Licensed/Certified/Registered 04/30/1998

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

Survey History

Survey ID: 0107353 **End Date:** 10/19/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #N8GU11 Served 11/05/2010

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

Survey ID: 0103412 **End Date:** 02/11/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Complaint History (CORNERSTONE FOUNDATION LORRAINE COURT)

Date Complaint Received: 12/16/2008

Date Investigation Completed: 02/12/2009

Subject Area(s)
MEDICATIONS
ADMINISTRATION
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: IOWA

Facility Information

Facility Name: CORNERSTONE FOUNDATION KENZIE STREET CBRF (0013163)

Address: 201 N KENZIE ST, BARNEVELD, WI 53507

License Status: REGULAR

Licensed/Certified/Registered 04/21/2010

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

Survey History

Survey ID: 0106163 **End Date:** 04/21/2010 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: IOWA

Complaint History (CORNERSTONE FOUNDATION KENZIE STREET CBRF)

Date Complaint Received: 01/28/2011

Date Investigation Completed: 03/31/2011

Subject Area(s)
RESIDENT RIGHTS
ABUSE
ADMINISTRATION

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: IOWA

Facility Information

Facility Name: CRESTRIDGE ASSISTED LIVING OF DODGEVILLE LLC (111062)

Address: 219 EAST GRACE ST, DODGEVILLE, WI 53533

License Status: REGULAR

Licensed/Certified/Registered 01/31/1999

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

Survey History

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: IOWA

Facility Information

Facility Name: SIENNA CREST DODGEVILLE (0009500)

Address: 404 EAST MADISON ST, DODGEVILLE, WI 53533

License Status: REGULAR

Licensed/Certified/Registered 05/01/2002

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

Survey History

Survey ID: 0106441 **End Date:** 06/10/2010 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: IOWA

Facility Information

Facility Name: UPLAND POINT CORPORATION SUNNYSIDE EAST (0012968)

Address: 207 W PARRY ST, DODGEVILLE, WI 53533

License Status: REGULAR

Licensed/Certified/Registered 11/01/2009

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

Survey History

Survey ID: 0105109 **End Date:** 11/02/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: IOWA

Facility Information

Facility Name: UPLAND POINT CORPORATION SUNNYSIDE (0012225)

Address: 209 W PARRY ST, DODGEVILLE, WI 53533

License Status: REGULAR

Licensed/Certified/Registered 02/04/2008

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

Survey History

Survey ID: 0106792 **End Date:** 08/09/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105798 **End Date:** 02/18/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GOPF11 Served 03/02/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	08/09/2010	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	08/09/2010	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: IOWA

Enforcement History (UPLAND POINT CORPORATION SUNNYSIDE)

Date: 03/01/2010 **SOD #GOPF11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---83.37(2)(e)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: IOWA

Facility Information

Facility Name: PINE LAWN GROUP HOME (110040)

Address: 535 SPRING ST, HIGHLAND, WI 53543

License Status: REGULAR

Licensed/Certified/Registered 05/31/1981

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

Survey History

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: IOWA

Facility Information

Facility Name: SIENNA CREST MINERAL POINT (0008694)

Address: 210 COPPER ST, MINERAL POINT, WI 53565

License Status: REGULAR

Licensed/Certified/Registered 01/31/2000

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

Survey History

Survey ID: 0104254 **End Date:** 06/16/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YK1211 Served 06/29/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.46(4)(e)	ELECTRICAL OUTLETS		
83.47(2)(d)	FIRE DRILLS		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

Survey ID: 0102826 **End Date:** 10/23/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: IOWA

Enforcement History (SIENNA CREST MINERAL POINT)

Date: 06/25/2009

SOD #YK1211

Enforcement Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

COMPLY WITH FACILITY PLAN OF CORRECTION

FORFEITURE---83.46(4)(e)

FORFEITURE---83.47(2)(d)

FORFEITURE---83.55(6)(b)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: IOWA

Complaint History (SIENNA CREST MINERAL POINT)

Date Complaint Received: 09/22/2008

Date Investigation Completed: 10/23/2008

Subject Area(s)

ADMINISTRATION
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: IOWA

Facility Information

Facility Name: UPLAND POINT (110435)

Address: 404 PINE ST, MINERAL POINT, WI 53565

License Status: REGULAR

Licensed/Certified/Registered 09/15/1995

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

Survey History

Survey ID: 0106457 End Date: 06/09/2010 Type: ABBREVIATED Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #6HG811 Served 06/19/2010

<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		

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

Facility Information

Facility Name: STONEFIELD APARTMENT HOMES (0013621)
Address: 407 E MADISON ST, DODGEVILLE, WI 53533
License Status: REGULAR
Licensed/Certified/Registered 02/20/2011
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107989 **End Date:** 02/14/2011 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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