

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

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 77 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

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

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

Facility Information

Facility Name: ADVOCATE HOMES LLC (0012373)
Address: 6555 PERSHING BLVD, KENOSHA, WI 53142
License Status: REGULAR
Licensed/Certified/Registered 05/08/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0107583 **End Date:** 11/05/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106470 **End Date:** 04/20/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7HGZ11 Served 07/14/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.26(2)	ORIENTATION, CONTINUING EDUCATION DOCUMENTED	11/05/2010	Yes
83.35(2)	MODIFIED OR SPECIAL DIETS	11/05/2010	Yes
83.47(2)(d)	FIRE DRILLS	11/05/2010	Yes

Survey ID: 0101680 **End Date:** 05/08/2008 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

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 AA (AMBULATORY)
COUNTY: KENOSHA

Enforcement History (ADVOCATE HOMES LLC)

Date: 06/18/2010 SOD #7HGZ11 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.47(2)(d)

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

Facility Information

Facility Name: ASPEN HOME (0013568)
Address: 6225 91ST AVE, KENOSHA, WI 53142
License Status: PROBATIONARY
Licensed/Certified/Registered 11/30/2010
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0107577 **End Date:** 11/30/2010 **Type:** INITIAL **Purpose:** SURVEY
Results: PROBATIONARY LICENSE ISSUED

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

Facility Information

Facility Name: BIRCH HOME (0012773)
Address: 1549 25TH AVE, KENOSHA, WI 53140
License Status: REGULAR
Licensed/Certified/Registered 08/01/2010
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0106401 **End Date:** 05/11/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #0RLE11 Served 06/10/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(b)	LICENSEE REPORTS CHANGES IN CLIENT GROUP		
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN		
83.38(1)(g)	HEALTH MONITORING		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

Survey ID: 0104464 **End Date:** 07/27/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Facility Information

Facility Name: CANTERBURY HOME OF KENOSHA (0008960)

Address: 7924 36TH AVE, KENOSHA, WI 53142

License Status: REGULAR

Licensed/Certified/Registered 01/01/2001

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0107108 **End Date:** 08/25/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106213 **End Date:** 03/24/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GITB11 Served 05/11/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	08/25/2010	Yes
83.12(2)(a)	ADMINISTRATOR QUALIFICATIONS	08/25/2010	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	08/25/2010	Yes
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION	08/25/2010	Yes
83.47(2)(d)	FIRE DRILLS	08/25/2010	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: KENOSHA

Survey ID: 0102139 End Date: 06/24/2008 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CYJP14 Served 07/29/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(a)1	RESIDENT RIGHTS	04/01/2009	Yes
83.33(3)(a)1	PRACTITIONER'S WRITTEN ORDER FOR MEDS	04/01/2009	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Enforcement History (CANTERBURY HOME OF KENOSHA)

Date: 05/05/2010 **SOD #GITB11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

PROVIDE TRAINING

FORFEITURE---83.12(2)(a)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Complaint History (CANTERBURY HOME OF KENOSHA)

Date Complaint Received: 03/04/2010

Date Investigation Completed: 03/24/2010

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
MEDICATIONS	SUBSTANTIATED	GITB11
ADMINISTRATION	SUBSTANTIATED	GITB11
STAFF ADEQUACY	SUBSTANTIATED	GITB11

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

Facility Information

Facility Name: CARALOTT (0011637)
Address: 4901 56TH ST, KENOSHA, WI 53144
License Status: REGULAR
Licensed/Certified/Registered 04/01/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0107572 **End Date:** 10/18/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #61EG11 Served 12/10/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)	CONDITIONS-INITIATED BY RESIDENT		
83.20(2)(b)	TRAINING IN FIRE SAFETY		
83.20(2)(c)	PROHIBITIONS AND EXCEPTIONS		
83.46(1)(c)	HEATING SYSTEM MAINTENANCE		
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

COUNTY: KENOSHA

Survey ID: 0102757 **End Date:** 09/23/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GIOT12 Served 10/23/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	Yes
83.13(7)(a)	EMPLOYE PERSONNEL RECORD	04/01/2009	Yes
83.14(1)(a)	CLIENT RELATED TRAINING	04/01/2009	Yes
83.14(1)(c)	UNIVERSAL PRECAUTIONS	04/01/2009	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	Yes
83.21(4)(g)	FAIR TREATMENT	04/01/2009	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	Yes
83.32(2)(d)	REVIEW OF PROGRESS	04/01/2009	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	04/01/2009	Yes

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

Enforcement History (CARALOTT)

Date: 12/08/2010 SOD #61EG11 Enforcement Appealed: No

Sanctions

FORFEITURE---83.20(2)(a)
FORFEITURE---83.20(2)(b)
FORFEITURE---83.20(2)(c)

Date: 10/21/2008 SOD #GIOT12 Enforcement Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
PROVIDE TRAINING
FORFEITURE---83.11(3)(a)
FORFEITURE---83.13(7)(a)
FORFEITURE---83.14(1)(a)
FORFEITURE---83.14(1)(c)
FORFEITURE---83.14(1)(d)
FORFEITURE---83.21(4)(g)
FORFEITURE---83.32(2)(a)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Facility Information

Facility Name: CHRISTOPHER HOUSE (310344)

Address: 8322 14TH AVE, KENOSHA, WI 53143

License Status: REGULAR

Licensed/Certified/Registered 07/01/1991

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0108181 **End Date:** 01/21/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1KVQ11 Served 03/21/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		

Survey ID: 0107116 **End Date:** 08/31/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Survey ID: 0104440 **End Date: 07/08/2009** **Type: OTHER** **Purpose: SURVEY/COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #7ECY11 Served 07/27/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	08/05/2010	Yes
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	08/05/2010	Yes

Survey ID: 0102702 **End Date: 09/02/2008** **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: KENOSHA

Enforcement History (CHRISTOPHER HOUSE)

Date: 03/17/2011 SOD #1KVQ11 Enforcement Appealed: No

Sanctions

FORFEITURE---83.35(1)(a)

FORFEITURE---83.35(3)(d)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Complaint History (CHRISTOPHER HOUSE)

Date Complaint Received: 11/12/2010

Date Investigation Completed: 01/21/2011

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
QUALITY OF LIFE

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

1KVQ11
1KVQ11

Date Complaint Received: 11/09/2010

Date Investigation Completed: 01/21/2011

Subject Area(s)

RESIDENT RIGHTS
NUTRITION & FOOD SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

1KVQ11

Date Complaint Received: 07/14/2010

Date Investigation Completed: 08/31/2010

Subject Area(s)

RESIDENT RIGHTS
RESIDENT BEHAVIOR/FACILITY PRACTICE
HOMELIKE ENVIRONMENT & CLEANLINESS
ADMINISTRATION
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

NOT RECORDED

Date Complaint Received: 06/30/2009

Date Investigation Completed: 07/08/2009

Subject Area(s)

LICENSED CAPACITY /CLASS OF LICENSE
ABUSE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/24/2008

Date Investigation Completed: 09/02/2008

Subject Area(s)

ABUSE

Result

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: KENOSHA

Facility Information

Facility Name: CLARE BRIDGE OF KENOSHA (0008939)

Address: 10108 74TH ST, KENOSHA, WI 53142

License Status: REGULAR

Licensed/Certified/Registered 03/01/2001

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0107508 **End Date:** 09/23/2010 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PULB13 Served 12/01/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.31(4)(c)	INVOLUNTARY DISCHARGE NOTICE REQUIREMENTS		

Survey ID: 0105951 **End Date:** 02/22/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PULB12 Served 03/24/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.31(4)(c)	INVOLUNTARY DISCHARGE NOTICE REQUIREMENTS	08/23/2010	No
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	08/23/2010	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	08/23/2010	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	08/23/2010	Yes
83.38(1)(g)	HEALTH MONITORING	08/23/2010	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: KENOSHA

Survey ID: 0104356 End Date: 06/11/2009 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PULB11 Served 07/16/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION SUPERVISION	02/23/2010	Yes
83.38(1)(b)	SUPERVISION	02/23/2010	Yes

Survey ID: 0103139 End Date: 12/04/2008 Type: OTHER Purpose: SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KEMH11 Served 12/26/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(a)	SUPERVISION	04/01/2009	Yes

Survey ID: 0102524 End Date: 09/02/2008 Type: OTHER Purpose: OTHER

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: KENOSHA

Enforcement History (CLARE BRIDGE OF KENOSHA)

Date: 11/30/2010 **SOD #PULB13** **Enforcement Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

Date: 03/23/2010 **SOD #PULB12** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.35(1)(c)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.38(1)(g)

Date: 07/14/2009 **SOD #PULB11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.38(1)(b)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Complaint History (CLARE BRIDGE OF KENOSHA)

Date Complaint Received: 06/22/2010

Date Investigation Completed: 09/23/2010

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE
STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

PULB13

Date Complaint Received: 01/04/2010

Date Investigation Completed: 09/23/2010

Subject Area(s)

SUPERVISION
RESIDENT BEHAVIOR/FACILITY PRACTICE
HOMELIKE ENVIRONMENT & CLEANLINESS
PROGRAM SERVICES
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/04/2009

Date Investigation Completed: 12/01/2009

Subject Area(s)

RESIDENT RIGHTS
RESIDENT BEHAVIOR/FACILITY PRACTICE
ADMISSION, TRANSFER & DISCHARGE
ADMINISTRATION

Result

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

PULB12
PULB12
PULB12
PULB12

Date Complaint Received: 05/07/2009

Date Investigation Completed: 06/11/2009

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE

Result

SUBSTANTIATED

SOD #

PULB11

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

Facility Information

Facility Name: COLUMBUS HOUSE (310440)
Address: 2210 55TH ST, KENOSHA, WI 53140
License Status: REGULAR
Licensed/Certified/Registered 05/01/1990
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104136 **End Date:** 11/10/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Facility Information

Facility Name: COTTONWOOD (0013123)

Address: 5415 ADAMS RD, KENOSHA, WI 53144

License Status: REGULAR

Licensed/Certified/Registered 02/05/2010

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0106850 **End Date:** 08/02/2010 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105706 **End Date:** 01/29/2010 **Type:** OTHER **Purpose:** CHOW--LICENSURE

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 CS (SEMIAMBULATORY)

COUNTY: KENOSHA

Facility Information

Facility Name: DAYTON RESIDENTIAL CARE (310362)

Address: 521 59TH ST, KENOSHA, WI 53140

License Status: REGULAR

Licensed/Certified/Registered 04/30/1991

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0108304 **End Date:** 03/28/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107271 **End Date:** 08/27/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #V1CH11 Served 10/21/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	03/28/2011	Yes
83.13(3)(a)	POSTING LICENSE, DEFICIENCIES, REVOCATIONS	03/28/2011	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	03/28/2011	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	03/28/2011	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	03/28/2011	Yes

Survey ID: 0106668 **End Date:** 07/20/2010 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: KENOSHA

Survey ID: 0104563 End Date: 07/27/2009 Type: OTHER Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZKDP11 Served 08/01/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(b)	CREDENTIALLED CAREGIVERS	08/13/2009	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: KENOSHA

Enforcement History (DAYTON RESIDENTIAL CARE)

Date: 10/18/2010 **SOD #V1CH11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.13(3)(a)

FORFEITURE---83.14(2)(a)

FORFEITURE---83.35(5)(b)

Date: 07/30/2009 **SOD #ZKDP11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: KENOSHA

Facility Information

Facility Name: EDWARDS HOUSE (310433)

Address: 4831 47TH AVE, KENOSHA, WI 53144

License Status: REGULAR

Licensed/Certified/Registered 04/30/1988

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104434 **End Date:** 06/23/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #HBJZ11 Served 07/27/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(b)	LICENSEE REPORTS CHANGES IN CLIENT GROUP		
83.38(1)(c)	LEISURE TIME ACTIVITIES		
83.38(1)(i)	BEHAVIOR MANAGEMENT		
83.47(2)(d)	FIRE DRILLS		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: KENOSHA

Complaint History (EDWARDS HOUSE)

Date Complaint Received: 03/22/2009

Date Investigation Completed: 06/23/2009

Subject Area(s)

LICENSED CAPACITY /CLASS OF LICENSE
HOMELIKE ENVIRONMENT & CLEANLINESS

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

NOT RECORDED

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

Facility Information

Facility Name: GENESIS OPTIONS RESIDENTIAL PROGRAM (0008832)
Address: 6755 14TH AVE, KENOSHA, WI 53140
License Status: REGULAR
Licensed/Certified/Registered 06/01/2000
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103711 **End Date:** 03/19/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CWG911 Served 04/01/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	Yes

Survey ID: 0103349 **End Date:** 01/06/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #67L713 Served 02/05/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(7)(a)9	TRAINING AND INSERVICE REQUIREMENTS	04/01/2009	Yes
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	Yes

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

Enforcement History (GENESIS OPTIONS RESIDENTIAL PROGRAM)

Date: 02/03/2009 SOD #67L713 Enforcement Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.14(1)(a)

FORFEITURE---83.14(1)(d)

FORFEITURE---83.41(10)(a)

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

Complaint History (GENESIS OPTIONS RESIDENTIAL PROGRAM)

Date Complaint Received: 02/03/2009

Date Investigation Completed: 03/19/2009

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
ADMISSION, TRANSFER & DISCHARGE

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

CWG911

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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: KENOSHA

Facility Information

Facility Name: HARBOR HOUSE KENOSHA NORTH (0013412)

Address: 4600 52ND AVE, KENOSHA, WI 53144

License Status: PROBATIONARY

Licensed/Certified/Registered 08/15/2010

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0108252 **End Date:** 03/23/2011 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106830 **End Date:** 07/21/2010 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Complaint History (HARBOR HOUSE KENOSHA NORTH)

Date Complaint Received: 03/02/2011

Date Investigation Completed: 03/23/2011

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Facility Information

Facility Name: HARBOR HOUSE KENOSHA SOUTH (0013411)

Address: 7135 GREEN BAY RD, KENOSHA, WI 53142

License Status: PROBATIONARY

Licensed/Certified/Registered 08/15/2010

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0108312 **End Date:** 03/24/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106829 **End Date:** 07/21/2010 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Facility Information

Facility Name: HARBOUR VILLAGE EAST (0013121)

Address: 1130 82ND ST, KENOSHA, WI 53143

License Status: REGULAR

Licensed/Certified/Registered 02/05/2010

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0106257 **End Date:** 03/31/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #G71P11 Served 05/17/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(1)(b)	BUILDING INTEGRITY		

Survey ID: 0105710 **End Date:** 01/28/2010 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: LICENSE/CERT/REGISTRATION ISSUED

Statement of Deficiency: #3OFL11 Served 02/18/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(1)	RESIDENT RECORD MAINTAINED		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Complaint History (HARBOUR VILLAGE EAST)

Date Complaint Received: 02/25/2010

Date Investigation Completed: 03/31/2010

Subject Area(s)

RESIDENT RIGHTS

NUTRITION & FOOD SERVICES

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: KENOSHA

Facility Information

Facility Name: HARBOUR VILLAGE WEST (0013120)

Address: 1150 82ND ST, KENOSHA, WI 53142

License Status: REGULAR

Licensed/Certified/Registered 02/05/2010

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0106251 **End Date:** 03/30/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #L9RC11 Served 05/17/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS		

Survey ID: 0105712 **End Date:** 01/28/2010 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

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: KENOSHA

Complaint History (HARBOUR VILLAGE WEST)

Date Complaint Received: 03/17/2010

Date Investigation Completed: 03/30/2010

Subject Area(s)
SUPERVISION

Result
SUBSTANTIATED

SOD #
L9RC11

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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: KENOSHA

Facility Information

Facility Name: HARMONY OF KENOSHA (0008669)

Address: 3109 30TH AVE, KENOSHA, WI 53140

License Status: REGULAR

Licensed/Certified/Registered 02/01/2000

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0107643 **End Date:** 10/21/2010 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #U58M11 Served 12/23/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS		

Survey ID: 0102719 **End Date:** 10/09/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102669 **End Date:** 07/23/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Enforcement History (HARMONY OF KENOSHA)

Date: 12/17/2010 SOD #U58M11 Enforcement Appealed: Yes Decision: PENDING

Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---83.15(3)(a)

FORFEITURE---83.32(3)(i)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Complaint History (HARMONY OF KENOSHA)

Date Complaint Received: 09/10/2010

Date Investigation Completed: 10/28/2010

Subject Area(s)
SUPERVISION
RESIDENT RIGHTS
STAFF ADEQUACY

Result
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

U58M11

Date Complaint Received: 08/22/2008

Date Investigation Completed: 10/09/2008

Subject Area(s)
RESIDENT BEHAVIOR/FACILITY PRACTICE

Result
NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: KARE CENTER (310442)
Address: 510 60TH ST, KENOSHA, WI 53140
License Status: REGULAR
Licensed/Certified/Registered 02/01/1993
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0106917 **End Date:** 05/27/2010 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #13PV11 Served 08/26/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT		
83.47(2)(e)	OTHER EVACUATION DRILLS		
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY		
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED		

Survey ID: 0102162 **End Date:** 07/21/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #J31F12 Served 07/28/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(a)	COPIES OF RIGHTS AND HOUSE RULES	04/01/2009	Yes

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

Enforcement History (KARE CENTER)

Date: 08/25/2010 SOD #13PV11 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.47(2)(e)

FORFEITURE---83.48(3)(a)

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

Facility Information

Facility Name: LINDEN HOME (0012809)
Address: 3216 29TH ST, KENOSHA, WI 53140
License Status: REGULAR
Licensed/Certified/Registered 08/01/2010
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0106404 **End Date:** 05/11/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #8SXQ12 Served 06/14/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(b)	LICENSEE REPORTS CHANGES IN CLIENT GROUP		
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.38(1)(g)	HEALTH MONITORING		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

Survey ID: 0104465 **End Date:** 07/27/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

Statement of Deficiency: #8SXQ11 Served 07/29/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.59(1)(d)	CLASS AA FACILITIES AT LEAST 30 INCHES CLEAR	05/11/2010	Yes

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

Facility Information

Facility Name: OPEN ARMS CBRF LLC (0011480)
Address: 2217 56TH ST, KENOSHA, WI 53140
License Status: REGULAR
Licensed/Certified/Registered 10/01/2007
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0107385 **End Date:** 09/28/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106768 **End Date:** 06/07/2010 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #XD7011 Served 08/06/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	09/22/2010	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	09/22/2010	Yes
83.47(2)(d)	FIRE DRILLS	09/22/2010	Yes

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

Complaint History (OPEN ARMS CBRF LLC)

Date Complaint Received: 08/11/2010

Date Investigation Completed: 09/28/2010

Subject Area(s)
SUPERVISION

Result
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: KENOSHA

Facility Information

Facility Name: PARKSIDE MANOR (0012583)

Address: 6300 67TH ST, KENOSHA, WI 53142

License Status: REGULAR

Licensed/Certified/Registered 11/01/2009

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0108055 **End Date:** 01/24/2011 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DXOX11 Served 03/08/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION		
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT		
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS		
83.35(2)	MODIFIED OR SPECIAL DIETS		

Survey ID: 0104485 **End Date:** 07/16/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102889 **End Date:** 11/10/2008 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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

Enforcement History (PARKSIDE MANOR)

Date: 03/03/2011 SOD #DXOX11 Enforcement Appealed: No

Sanctions

FORFEITURE---83.25

FORFEITURE---83.32(3)(n)

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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: KENOSHA

Complaint History (PARKSIDE MANOR)

Date Complaint Received: 11/18/2010

Date Investigation Completed: 01/24/2011

Subject Area(s)
ADMINISTRATION
STAFF ADEQUACY
QUALITY OF LIFE

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

DXOX11

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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: KENOSHA

Facility Information

Facility Name: RAVENSWOOD (0013122)

Address: 2615 45TH AVE, KENOSHA, WI 53144

License Status: REGULAR

Licensed/Certified/Registered 02/05/2010

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0105711 **End Date:** 01/28/2010 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: LICENSE/CERT/REGISTRATION ISSUED

Statement of Deficiency: #IN0C11 Served 02/18/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.49(2)(f)	ALTERNATIVE: SMOKE SEPARATION BETWEEN FLOORS		

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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: KENOSHA

Facility Information

Facility Name: SOUTH WINDS (0011693)

Address: 6305 7TH AVE, KENOSHA, WI 53143

License Status: REGULAR

Licensed/Certified/Registered 12/01/2007

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103721 **End Date:** 03/16/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R3V812 Served 04/02/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	Yes
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	04/01/2009	Yes
83.13(7)(a)	EMPLOYE PERSONNEL RECORD	04/01/2009	Yes
83.14(1)(c)	UNIVERSAL PRECAUTIONS	04/01/2009	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	Yes
83.15(1)(a)	ADMINISTRATOR QUALIFIED: ASSOCIATE DEGREE	04/01/2009	Yes
83.18(1)(d)2	OTHER INFORMATION REQUIRED IN RECORD	04/01/2009	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	04/01/2009	Yes
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	Yes
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE	04/01/2009	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	04/01/2009	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: KENOSHA

Enforcement History (SOUTH WINDS)

Date: 03/31/2009

SOD #R3V812

Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---50.065(2)(bm)

FORFEITURE---83.13(7)(a)

FORFEITURE---83.14(1)(c)

FORFEITURE---83.14(1)(d)

FORFEITURE---83.15(1)(a)

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

FORFEITURE---83.21(4)(w)

FORFEITURE---83.33(2)(g)1

FORFEITURE---83.42(2)(a)

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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: KENOSHA

Complaint History (SOUTH WINDS)

Date Complaint Received: 01/14/2009

Date Investigation Completed: 03/16/2009

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

Date Complaint Received: 12/23/2008

Date Investigation Completed: 03/16/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ABUSE	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

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

Facility Information

Facility Name: ST JAMES MANOR (0012920)
Address: 910 59TH ST, KENOSHA, WI 53140
License Status: REGULAR
Licensed/Certified/Registered 07/26/2010
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0106740 **End Date:** 07/26/2010 **Type:** OTHER **Purpose:** CHOW--LICENSURE

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4O2P11 Served 08/04/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(d)	MAINTAIN BACKGROUND INFORMATION		
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE		
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS		
83.35(2)	MODIFIED OR SPECIAL DIETS		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		
83.47(2)(a)	EMERGENCY AND DISASTER PLAN CONTENTS		
83.47(2)(d)	FIRE DRILLS		
83.48(4)(f)	SMOKE DETECTOR IN NON-RESIDENT LIVING AREAS		

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

Enforcement History (ST JAMES MANOR)

Date: 08/02/2010 SOD #402P11 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.35(2)
FORFEITURE---83.37(1)(i)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Facility Information

Facility Name: STERLING HOUSE OF KENOSHA (310652)

Address: 3109 12TH ST, KENOSHA, WI 53144

License Status: REGULAR

Licensed/Certified/Registered 02/01/1998

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104249 **End Date:** 06/02/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5ZYY11 Served 06/25/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.47(2)(d)	FIRE DRILLS		

Survey ID: 0101690 **End Date:** 04/30/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #0FIZ12 Served 05/14/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	04/01/2009	Yes

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

Enforcement History (STERLING HOUSE OF KENOSHA)

Date: 06/24/2009	SOD # 5ZYY11	Enforcement Appealed: Yes	Decision: WITHDRAWN APPEAL (NO STIPUL
<u>Sanctions</u>			
SUBMIT POC (SOD APPEAL ONLY)		--Facility Compliant 08/11/2009 12:00:00AM	

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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: KENOSHA

Complaint History (STERLING HOUSE OF KENOSHA)

Date Complaint Received: 01/22/2009

Date Investigation Completed: 06/02/2009

Subject Area(s)

SUPERVISION
ADMINISTRATION

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

5ZYY11

Date Complaint Received: 04/14/2008

Date Investigation Completed: 04/30/2008

Subject Area(s)

MEDICATIONS

Result

SUBSTANTIATED

SOD #

0FIZ12

Date Complaint Received: 04/03/2008

Date Investigation Completed: 04/30/2008

Subject Area(s)

MEDICATIONS
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: SYCAMORE HOME (0012772)
Address: 9211 66TH ST, KENOSHA, WI 53142
License Status: REGULAR
Licensed/Certified/Registered 08/01/2010
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0108367 **End Date:** 03/28/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106701 **End Date:** 06/08/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZONY11 Served 07/31/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	03/28/2011	Yes
83.35(2)	MODIFIED OR SPECIAL DIETS	03/28/2011	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	03/28/2011	Yes
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS	03/28/2011	Yes

Survey ID: 0104456 **End Date:** 07/27/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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

Enforcement History (SYCAMORE HOME)

Date: 07/27/2010 SOD #ZONY11 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.35(1)(c)

FORFEITURE---83.35(2)

FORFEITURE---83.35(3)(a)

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

Facility Information

Facility Name: TRANSITION HOUSE I (310566)
Address: 6024 18TH AVE, KENOSHA, WI 53140
License Status: REGULAR
Licensed/Certified/Registered 02/01/1989
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0107249 **End Date:** 08/16/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EQOW11 Served 10/14/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(i)	PERSONAL POSSESSIONS		
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW		
83.46(1)(c)	HEATING SYSTEM MAINTENANCE		
83.47(3)	FIRE INSPECTION		
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

Survey ID: 0101774 **End Date:** 05/07/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Enforcement History (TRANSITION HOUSE I)

Date: 10/13/2010 SOD #EQOW11 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.47(3)
FORFEITURE---83.48(8)(b)

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

Complaint History (TRANSITION HOUSE I)

Date Complaint Received: 04/30/2008

Date Investigation Completed: 05/07/2008

Subject Area(s)

Result

SOD #

OTHER

NOT SUBSTANTIATED

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

Facility Information

Facility Name: TRANSITION HOUSE II (310567)
Address: 5905 19TH AVE, KENOSHA, WI 53140
License Status: REGULAR
Licensed/Certified/Registered 01/01/1986
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102314 **End Date:** 07/10/2008 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: KENOSHA

Facility Information

Facility Name: TRANSITIONAL LIVING (310568)

Address: 1834 60TH ST, KENOSHA, WI 53140

License Status: REGULAR

Licensed/Certified/Registered 08/01/1988

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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: KENOSHA

Facility Information

Facility Name: WYNWOOD OF KENOSHA (0008601)

Address: 7377 88TH AVE, KENOSHA, WI 53142

License Status: REGULAR

Licensed/Certified/Registered 12/01/1999

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0106032 End Date: 03/24/2010 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105115 End Date: 10/06/2009 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104066 End Date: 04/29/2009 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ERNY11 Served 06/01/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	10/05/2009	Yes
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	10/05/2009	Yes
83.35(1)(b)	3 MEALS A DAY	10/05/2009	Yes
83.35(3)(b)	MENU DATED AND KEPT ON FILE	10/05/2009	Yes
83.38(1)(g)	HEALTH MONITORING	10/05/2009	Yes

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

Enforcement History (WYNWOOD OF KENOSHA)

Date: 05/29/2009 **SOD #ERNY11**

Enforcement Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

--Facility Compliant 10/05/2009 12:00:00AM

COMPLY WITH FACILITY PLAN OF CORRECTION

--Facility Compliant 10/05/2009 12:00:00AM

PROVIDE TRAINING

--Facility Compliant 10/05/2009 12:00:00AM

FORFEITURE---83.35(1)(b)

FORFEITURE---83.35(3)(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: KENOSHA

Complaint History (WYNWOOD OF KENOSHA)

Date Complaint Received: 07/24/2009

Date Investigation Completed: 10/05/2009

Subject Area(s)
SUPERVISION

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/13/2009

Date Investigation Completed: 04/29/2009

Subject Area(s)
SUPERVISION
ADMINISTRATION
STAFF ADEQUACY

Result
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
ERNY11

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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: KENOSHA

Facility Information

Facility Name: CAREY MANOR (310323)

Address: 10628 22ND AVE, PLEASANT PRAIRIE, WI 53158

License Status: REGULAR

Licensed/Certified/Registered 12/01/1995

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0107316 **End Date:** 09/13/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EBWL11 Served 11/02/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.22(4)	TRAINING IN DIETARY DUTIES REQUIRED		
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS		

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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: KENOSHA

Survey ID: 0103650 End Date: 03/12/2009 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MF5311 Served 03/27/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(b)	ADMINISTRATOR QUALIFIED: DEGREE, EXPERIENCE	04/01/2009	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	04/01/2009	Yes
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	Yes
83.33(3)(b)2.a	MEDICATIONS SHALL HAVE A LABEL	04/01/2009	Yes
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	04/01/2009	Yes
83.33(3)(c)3	PROOF-OF-USE RECORD AUDITED DAILY	04/01/2009	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	Yes

Survey ID: 0102967 End Date: 10/27/2008 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Enforcement History (CAREY MANOR)

Date: 10/25/2010 **SOD #EBWL11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.22(4)

FORFEITURE---83.36(1)(a)

Date: 03/24/2009 **SOD #MF5311** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

PROVIDE TRAINING

FORFEITURE---83.15(1)(b)

FORFEITURE---83.21(4)(p)

FORFEITURE---83.21(4)(w)

FORFEITURE---83.33(3)(c)3

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KENOSHA

Complaint History (CAREY MANOR)

Date Complaint Received: 07/14/2010

Date Investigation Completed: 09/13/2010

Subject Area(s)

RESIDENT RIGHTS
ABUSE
MEDICATIONS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/13/2009

Date Investigation Completed: 03/12/2009

Subject Area(s)

ABUSE
NUTRITION & FOOD SERVICES
MEDICATIONS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

MF5311

Date Complaint Received: 10/16/2008

Date Investigation Completed: 10/27/2008

Subject Area(s)

NUTRITION & FOOD SERVICES
MEDICATIONS
STAFF TRAINING AND PROFICIENCY

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 AA (AMBULATORY)
COUNTY: KENOSHA

Facility Information

Facility Name: WINDY OAKS (310586)

Address: 11831 120TH CT, PLEASANT PRAIRIE, WI 53158

License Status: REGULAR

Licensed/Certified/Registered 05/31/1981

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102901 **End Date:** 10/23/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MZVW12 Served 11/14/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
83.13(7)(a)	EMPLOYE PERSONNEL RECORD	04/01/2009	Yes
83.14(1)(c)	UNIVERSAL PRECAUTIONS	04/01/2009	Yes
83.18(1)(d)2	OTHER INFORMATION REQUIRED IN RECORD	04/01/2009	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	Yes
83.32(2)(d)	REVIEW OF PROGRESS	04/01/2009	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	04/01/2009	Yes
83.43(3)(b)2	TESTING OF SMOKE DETECTORS	04/01/2009	Yes

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

Enforcement History (WINDY OAKS)

Date: 11/13/2008 SOD #MZVW12 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.14(1)(c)

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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: KENOSHA

Facility Information

Facility Name: LIVING HOPE (0008804)

Address: 1213 W MAIN ST, TWIN LAKES, WI 53181

License Status: REGULAR

Licensed/Certified/Registered 05/01/2000

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0107881 **End Date:** 12/09/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2O3F12 Served 02/04/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE		
83.27(2)(a)	ADMISSIONS COMPATIBLE WITH THE LICENSE CLASS		
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS		

Survey ID: 0105878 **End Date:** 02/09/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2O3F11 Served 03/15/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM	11/05/2010	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: KENOSHA

Survey ID: 0102303 **End Date: 06/16/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: KENOSHA

Enforcement History (LIVING HOPE)

Date: 02/03/2011 SOD #203F12 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.27(2)(a)

Date: 03/12/2010 SOD #203F11 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---50.065(4m)(c)

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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: KENOSHA

Complaint History (LIVING HOPE)

Date Complaint Received: 12/14/2009

Date Investigation Completed: 02/09/2010

Subject Area(s)

Result

SOD #

ABUSE
ADMINISTRATION

NOT SUBSTANTIATED
SUBSTANTIATED

203F11

Date Complaint Received: 06/09/2008

Date Investigation Completed: 06/16/2008

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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