

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

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 17 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: RICHLAND

Facility Information

Facility Name: HOMESTEAD (THE) (110388)
Address: 13599 KANTON RD, BLUE RIVER, WI 53518
License Status: REGULAR
Licensed/Certified/Registered 06/16/1994
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107665 **End Date:** 12/23/2010 **Type:** OTHER **Purpose:** DESK REVIEW

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #HEXH11 Served 12/31/2010

<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	01/11/2011	Yes

Survey ID: 0107487 **End Date:** 11/09/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106342 **End Date:** 05/18/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ML8F12 Served 05/29/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(c)	LEISURE TIME ACTIVITIES	11/09/2010	Yes
83.45(1)(f)	FURNISHINGS CLEAN, SAFE, AND MAINTAINED	11/09/2010	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	11/09/2010	Yes

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

Survey ID: 0104518 End Date: 07/22/2009 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ML8F11 Served 08/11/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	05/18/2010	Yes
83.45(1)(b)	BUILDING INTEGRITY	05/18/2010	Yes
83.47(2)(d)	FIRE DRILLS	05/18/2010	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	05/18/2010	No

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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: RICHLAND

Enforcement History (HOMESTEAD (THE))

Date: 12/27/2010 **SOD #HEXH11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

Date: 05/26/2010 **SOD #ML8F12** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

--Facility Compliant 11/09/2010 12:00:00AM

COMPLY WITH FACILITY PLAN OF CORRECTION

--Facility Compliant 11/09/2010 12:00:00AM

FORFEITURE---83.38(1)(c)

FORFEITURE---83.45(1)(f)

FORFEITURE---83.48(1)(b)

Date: 08/04/2009 **SOD #ML8F11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

--Facility Compliant 05/18/2010 12:00:00AM

COMPLY WITH FACILITY PLAN OF CORRECTION

--Facility Compliant 05/18/2010 12:00:00AM

FORFEITURE---83.12(4)(b)

FORFEITURE---83.45(1)(b)

FORFEITURE---83.48(1)(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: RICHLAND

Complaint History (HOMESTEAD (THE))

Date Complaint Received: 04/12/2010

Date Investigation Completed: 05/18/2010

Subject Area(s)

NUTRITION & FOOD SERVICES
ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

ML8F12

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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: RICHLAND

Facility Information

Facility Name: RIDGE VIEW HOME (0012589)

Address: 125 CUNNINGHAM RIDGE RD, CAZENOVIA, WI 53924

License Status: REGULAR

Licensed/Certified/Registered 02/01/2010

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

Survey History

Survey ID: 0105324 **End Date:** 11/19/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6GIT11 Served 12/14/2009

<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		
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED		

Survey ID: 0104865 **End Date:** 09/21/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103299 **End Date:** 01/26/2009 **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 AS (SEMIAMBULATORY)

COUNTY: RICHLAND

Enforcement History (RIDGE VIEW HOME)

Date: 12/10/2009

SOD #6GIT11

Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.27(2)(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: RICHLAND

Facility Information

Facility Name: WILLIS SPRING ACRES (110336)
Address: 33834 SMYTH HOLLOW RD, HILLPOINT, WI 53937
License Status: REGULAR
Licensed/Certified/Registered 03/31/1992
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103956 **End Date:** 04/29/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #HBPG11 Served 05/11/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT		
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72		
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 ANA (NONAMBULATORY)

COUNTY: RICHLAND

Facility Information

Facility Name: HARVEST GUEST HOME (110455)

Address: 875 WEST SIDE DR, RICHLAND CENTER, WI 53581

License Status: REGULAR

Licensed/Certified/Registered 01/31/1996

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

Survey History

Survey ID: 0107864 **End Date:** 01/27/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106046 **End Date:** 03/30/2010 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ZT8M11 Served 04/08/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	01/20/2011	Yes

Survey ID: 0103354 **End Date:** 02/03/2009 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

COUNTY: RICHLAND

Survey ID: 0102338 **End Date: 07/22/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5D3N11 Served 08/16/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(d)	COMMUNITY ACTIVITIES	02/03/2009	Yes

Survey ID: 0101905 **End Date: 05/20/2008** **Type: ABBREVIATED** **Purpose: SURVEY/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SVPO11 Served 06/07/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(c)2	PROOF-OF-USE RECORDS MAINTAINED	07/23/2008	Yes
83.33(3)(c)3	PROOF-OF-USE RECORD AUDITED DAILY	07/23/2008	Yes
83.52(2)(b)	TYPE 3 WITH SPRINKLER AND DETECTOR	01/26/2009	Yes

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

Enforcement History (HARVEST GUEST HOME)

Date: 08/13/2008 **SOD #5D3N11** **Enforcement Appealed: No**

Sanctions
FORFEITURE---83.33(2)(d)

Date: 06/02/2008 **SOD #SVPO11** **Enforcement Appealed: No**

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 07/23/2008 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 ANA (NONAMBULATORY)

COUNTY: RICHLAND

Complaint History (HARVEST GUEST HOME)

Date Complaint Received: 12/29/2010

Date Investigation Completed: 01/27/2011

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED	
ADMISSION, TRANSFER & DISCHARGE	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	

Date Complaint Received: 07/14/2008

Date Investigation Completed: 07/24/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	
QUALITY OF LIFE	SUBSTANTIATED	5D3911

Date Complaint Received: 07/01/2008

Date Investigation Completed: 07/24/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	
QUALITY OF LIFE	SUBSTANTIATED	5D3911

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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: RICHLAND

Facility Information

Facility Name: OUR HOUSE MEMORY CARE (0013379)

Address: 240 N ORANGE ST, RICHLAND CENTER, WI 53581

License Status: PROBATIONARY

Licensed/Certified/Registered 09/30/2010

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

Survey History

Survey ID: 0107174 **End Date:** 09/13/2010 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RICHLAND

Facility Information

Facility Name: SAMARITAN HOUSE (110454)

Address: 875 WEST SIDE DR, RICHLAND CENTER, WI 53581

License Status: REGULAR

Licensed/Certified/Registered 01/31/1996

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

Survey History

Survey ID: 0105586 **End Date:** 01/13/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104258 **End Date:** 06/24/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101802 **End Date:** 05/20/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RICHLAND

Complaint History (SAMARITAN HOUSE)

Date Complaint Received: 12/04/2009

Date Investigation Completed: 01/13/2010

Subject Area(s)

Result

SOD #

QUALITY OF LIFE

NOT SUBSTANTIATED

Date Complaint Received: 06/10/2009

Date Investigation Completed: 06/24/2009

Subject Area(s)

Result

SOD #

SUPERVISION

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

QUALITY OF LIFE

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RICHLAND

Facility Information

Facility Name: SCHMITT WOODLAND HILLS INC (110230)

Address: 1400 W SEMINARY ST, RICHLAND CENTER, WI 53581

License Status: REGULAR

Licensed/Certified/Registered 08/31/1988

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

Survey History

Survey ID: 0101787 **End Date:** 04/22/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KLHM11 Served 05/21/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(d)	RETAIN WRITTEN REPORT OF ASSESSMENT	04/01/2009	Yes
83.41(5)(a)4	BATHROOMS SHALL PROVIDE PRIVACY	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: RICHLAND

Facility Information

Facility Name: STEWART STREET CBRF (0013244)

Address: 204 S STEWART ST, RICHLAND CENTER, WI 53581

License Status: REGULAR

Licensed/Certified/Registered 05/20/2010

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

Survey History

Survey ID: 0106304 **End Date:** 04/26/2010 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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