

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

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Rock County.

The report is a PDF (Adobe Acrobat) document and includes a total of 36 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: ROCK

Facility Information

Facility Name: CRITTENDEN (0013533)
Address: 2141 CRITTENDEN PLACE, BELOIT, WI 53511
License Status: REGULAR
Licensed/Certified/Registered 11/29/2010
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107488 **End Date:** 11/29/2010 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 2 of 36 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: ROCK

Facility Information

Facility Name: EAST RIDGE (0011377)
Address: 2009 EAST RIDGE RD, BELOIT, WI 53511
License Status: REGULAR
Licensed/Certified/Registered 03/31/2006
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102606 **End Date:** 09/30/2008 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: LOVING GENERATIONS LLC (0010440)
Address: 1281 PRAIRIE AVE, BELOIT, WI 53511
License Status: REGULAR
Licensed/Certified/Registered 03/01/2004
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0104195 **End Date:** 06/02/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HLLG13 Served 06/20/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(b)	FREE OF HAZARDS		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

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

Enforcement History (LOVING GENERATIONS LLC)

Date: 06/18/2009 SOD #HLLG13 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
Adult Family Home
COUNTY: ROCK

Facility Information

Facility Name: REM RITSHER (199019)
Address: 550 552 RITSHER ST, BELOIT, WI 53511
License Status: REGULAR
Licensed/Certified/Registered 07/07/1997
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103740 **End Date:** 03/31/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102429 **End Date:** 09/02/2008 **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
Adult Family Home
COUNTY: ROCK

Complaint History (REM RITSHER)

Date Complaint Received: 03/03/2009

Date Investigation Completed: 03/31/2009

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
Adult Family Home
COUNTY: ROCK

Facility Information

Facility Name: SHAWS ADULT FAMILY HOME (0011792)
Address: 7071 S STATE RD 213, BELOIT, WI 53511
License Status: REGULAR
Licensed/Certified/Registered 02/01/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107889 **End Date:** 02/01/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #B81511 Served 02/05/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS		
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		
88.09(1)(d)11	RESIDENT FUNDS		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

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

Enforcement History (SHAWS ADULT FAMILY HOME)

Date: 02/04/2011 SOD #B81511 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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

Facility Information

Facility Name: DRAKE FAMILY HOME (190101)
Address: 5932 N HYNE RD, EVANSVILLE, WI 53536
License Status: REGULAR
Licensed/Certified/Registered 11/01/1996
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0106451 **End Date:** 06/07/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #855012 Served 06/18/2010

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

Survey ID: 0102372 **End Date:** 08/12/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #855011 Served 08/27/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	06/07/2010	Yes

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

Enforcement History (DRAKE FAMILY HOME)

Date: 08/27/2008

SOD #855011

Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 06/07/2010 12:00:00AM

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

Facility Information

Facility Name: R & L ENTERPRISES COUNTRY ESTATES (190074)

Address: 9544 WEST U S HWY 14, EVANSVILLE, WI 53536

License Status: REGULAR

Licensed/Certified/Registered 04/01/1996

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: ROCK

Facility Information

Facility Name: BLISS (199048)
Address: 3026 SCHUMAN RD, HANOVER, WI 53542
License Status: REGULAR
Licensed/Certified/Registered 07/17/1998
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107361 **End Date:** 11/01/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10TU11 Served 11/09/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS		

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

Facility Information

Facility Name: CCLS MORNING DOVE (0013250)
Address: 2224 N WRIGHT RD, JANESVILLE, WI 53546
License Status: REGULAR
Licensed/Certified/Registered 09/16/2010
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107070 **End Date:** 09/16/2010 **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
Adult Family Home
COUNTY: ROCK

Facility Information

Facility Name: CCLS WINTERGREEN (0013249)
Address: 3712 WINTERGREEN WAY, JANESVILLE, WI 53546
License Status: REGULAR
Licensed/Certified/Registered 09/16/2010
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107071 **End Date:** 09/16/2010 **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
Adult Family Home
COUNTY: ROCK

Facility Information

Facility Name: CENTER AVENUE (0011042)
Address: 1404 CENTER AVE, JANESVILLE, WI 53546
License Status: REGULAR
Licensed/Certified/Registered 12/01/2005
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: ROCK

Facility Information

Facility Name: CORNELIA CORNER (0011157)
Address: 745 CORNELIA ST, JANESVILLE, WI 53545
License Status: REGULAR
Licensed/Certified/Registered 11/14/2005
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107531 **End Date:** 11/23/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106834 **End Date:** 07/28/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NNF713 Served 08/20/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	11/23/2010	Yes
88.09(1)(a)	RESIDENT RECORDS	11/23/2010	Yes

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

Survey ID: 0105604 End Date: 01/25/2010 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NNF712 Served 02/03/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	07/28/2010	Yes
88.09(1)(a)	RESIDENT RECORDS	07/28/2010	No
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	07/28/2010	Yes

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

Enforcement History (CORNELIA CORNER)

Date: 08/17/2010 **SOD #NNF713** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Date: 02/02/2010 **SOD #NNF712** **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
Adult Family Home
COUNTY: ROCK

Facility Information

Facility Name: GOIA HOME (0013496)
Address: 926 GLEN ST APT A, JANESVILLE, WI 53545
License Status: REGULAR
Licensed/Certified/Registered 12/17/2010
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107644 **End Date:** 12/17/2010 **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
Adult Family Home
COUNTY: ROCK

Facility Information

Facility Name: HARVEST HOME AT CENTURY ELMS (0009769)

Address: 2200 W MEMORIAL DR, JANESVILLE, WI 53545

License Status: REGULAR

Licensed/Certified/Registered 10/29/2002

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

Survey History

Survey ID: 0105072 **End Date:** 10/28/2009 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104612 **End Date:** 07/22/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VTL514 Served 08/17/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	10/28/2009	Yes
88.05(3)(g)	WINDOWS AND VENTILATION	10/28/2009	Yes
88.06(3)(f)	REVIEW OF ISP	10/28/2009	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	10/28/2009	Yes

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

Enforcement History (HARVEST HOME AT CENTURY ELMS)

Date: 08/13/2009

SOD #VTL514

Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

--Facility Compliant 10/28/2009 12:00:00AM

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

Facility Information

Facility Name: HOME OF PAVEL & DANIELA GOIA (0011868)
Address: 4264 N POLARIS PKWY, JANESVILLE, WI 53546
License Status: REGULAR
Licensed/Certified/Registered 08/01/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0104101 **End Date:** 05/14/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5MLA11 Served 06/04/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

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

Facility Information

Facility Name: PARK VIEW TERRACE (0012507)
Address: 4251 PARK VIEW DR, JANESVILLE, WI 53546
License Status: REGULAR
Licensed/Certified/Registered: 10/16/2008
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0106958 **End Date:** 08/26/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #YCN011 Served 09/03/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(h)	COMPLY WITH OSHA		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		

Survey ID: 0102747 **End Date:** 10/16/2008 **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
Adult Family Home
COUNTY: ROCK

Facility Information

Facility Name: RABES (190026)
Address: 6915 W BUTLER RD, JANESVILLE, WI 53548
License Status: REGULAR
Licensed/Certified/Registered 01/02/1993
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0108160 **End Date:** 02/18/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WZR516 Served 03/17/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS		
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS		

Survey ID: 0103672 **End Date:** 03/09/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WZR515 Served 03/28/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP	02/18/2011	Yes

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

Enforcement History (RABES)

Date: 03/15/2011 SOD #WZR516 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Date: 03/26/2009 SOD #WZR515 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 02/18/2011 12:00:00AM

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

Facility Information

Facility Name: REM BOND (0009025)
Address: 3411 3413 BOND PLACE, JANESVILLE, WI 53545
License Status: REGULAR
Licensed/Certified/Registered 06/07/2000
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102625 **End Date:** 10/02/2008 **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
Adult Family Home
COUNTY: ROCK

Facility Information

Facility Name: REM CUMBERLAND (0011213)
Address: 2619 CUMBERLAND, JANESVILLE, WI 53546
License Status: REGULAR
Licensed/Certified/Registered 12/16/2005
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0105066 **End Date:** 10/20/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104180 **End Date:** 06/09/2009 **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
Adult Family Home
COUNTY: ROCK

Complaint History (REM CUMBERLAND)

Date Complaint Received: 05/13/2009

Date Investigation Completed: 06/09/2009

Subject Area(s)
ADMINISTRATION
STAFF ADEQUACY

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
NOF

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

Facility Information

Facility Name: REM SAVANNA (0013486)
Address: 2426 SAVANNA COURT, JANESVILLE, WI 53546
License Status: REGULAR
Licensed/Certified/Registered 10/05/2010
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107243 **End Date:** 10/05/2010 **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
Adult Family Home
COUNTY: ROCK

Facility Information

Facility Name: RIVERFRONT BLAINE AVE (0011306)
Address: 928 BLAINE AVE, JANESVILLE, WI 53545
License Status: REGULAR
Licensed/Certified/Registered 01/25/2006
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107616 **End Date:** 12/06/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106381 **End Date:** 05/24/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #0LB212 Served 06/08/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	12/02/2010	Yes
88.05(3)(a)	HOME ENVIRONMENT	12/02/2010	Yes

Survey ID: 0102034 **End Date:** 06/18/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OLB211 Served 07/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	05/24/2010	Yes

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

Enforcement History (RIVERFRONT BLAINE AVE)

Date: 07/07/2008 **SOD #OLB211**

Enforcement Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

--Facility Compliant 05/24/2010 12:00:00AM

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

Complaint History (RIVERFRONT BLAINE AVE)

Date Complaint Received: 11/10/2010

Date Investigation Completed: 12/06/2010

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	
PHYSICAL PLANTS & SAFETY HAZARDS	SUBSTANTIATED	NOF
MEDICATIONS	NOT SUBSTANTIATED	
QUALITY OF LIFE	NOT SUBSTANTIATED	

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

Facility Information

Facility Name: RIVERFRONT MCCANN (0012855)
Address: 2700 MCCANN DR, JANESVILLE, WI 53546
License Status: REGULAR
Licensed/Certified/Registered 06/23/2009
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0104271 **End Date:** 06/23/2009 **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
Adult Family Home
COUNTY: ROCK

Facility Information

Facility Name: RIVERFRONT SANDHILL (0012856)
Address: 4400 SANDHILL DR, JANESVILLE, WI 53546
License Status: REGULAR
Licensed/Certified/Registered 06/13/2009
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0104190 **End Date:** 06/15/2009 **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
Adult Family Home
COUNTY: ROCK

Facility Information

Facility Name: SKYVIEW (0011382)
Address: 4438 SKYVIEW DR, JANESVILLE, WI 53546
License Status: REGULAR
Licensed/Certified/Registered 03/31/2006
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103015 **End Date:** 12/03/2008 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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