

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

**Notes**

**This report includes Provider Inspection Summaries (Facility Profiles) for Residential Care Apartment Complexes in Rock County.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 11 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  
Residential Care Apartment Complex (REGISTERED)  
COUNTY: ROCK

**Facility Information**

**Facility Name: RIVERSIDE TERRACE (0010295)**  
**Address: 3055 RIVERSIDE DRIVE, BELOIT, WI 53511**  
**License Status: REGULAR**  
**Licensed/Certified/Registered 06/01/2001**  
**Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474**

**Survey History**

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

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

**Facility Information**

**Facility Name:** SWIFTHAVEN EDGERTON (0010671)  
**Address:** 124 HENRY ST, EDGERTON, WI 53534  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/11/2004  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103817    **End Date:** 04/08/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Facility Information**

**Facility Name:** HEIGHTS AT EVANSVILLE MANOR (THE) (0012587)

**Address:** 201 N 4TH ST, EVANSVILLE, WI 53536

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/10/2008

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

**Survey History**

**Survey ID:** 0107529    **End Date:** 12/01/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0105833    **End Date:** 03/03/2010    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103048    **End Date:** 12/08/2008    **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  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: ROCK

**Complaint History (HEIGHTS AT EVANSVILLE MANOR (THE))**

**Date Complaint Received: 02/23/2010**

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

| <u>Subject Area(s)</u>             | <u>Result</u>     | <u>SOD #</u> |
|------------------------------------|-------------------|--------------|
| HOMELIKE ENVIRONMENT & CLEANLINESS | NOT SUBSTANTIATED |              |
| NUTRITION & FOOD SERVICES          | 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  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: ROCK

**Facility Information**

**Facility Name: KELLY HOUSE ASSISTED LIVING APARTMENTS (0010246)**

**Address: 121 SOUTH FIFTH ST, EVANSVILLE, WI 53536**

**License Status: REGULAR**

**Licensed/Certified/Registered 07/01/1997**

**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  
Residential Care Apartment Complex (REGISTERED)  
COUNTY: ROCK

**Facility Information**

**Facility Name:** CEDAR CREST WATERFORD PLACE APARTMENTS (0010302)

**Address:** 1702 SOUTH RIVER RD, JANESVILLE, WI 53546

**License Status:** REGULAR

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

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

**Survey History**

**Survey ID:** 0102435      **End Date:** 08/26/2008      **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  
Residential Care Apartment Complex (REGISTERED)  
COUNTY: ROCK

**Complaint History (CEDAR CREST WATERFORD PLACE APARTMENTS)**

**Date Complaint Received: 07/09/2008**

**Date Investigation Completed: 08/26/2008**

Subject Area(s)  
ADMINISTRATION  
STAFF ADEQUACY  
PROGRAM SERVICES

Result  
SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #  
NOT RECORDED

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

**Facility Information**

**Facility Name:** HUNTINGTON (THE) (0013343)  
**Address:** 3801 N WRIGHT RD, JANESVILLE, WI 53546  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/01/2010  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0106715      **End Date:** 07/27/2010      **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  
Residential Care Apartment Complex (REGISTERED)  
COUNTY: ROCK

**Facility Information**

**Facility Name:** MILTON SENIOR LIVING LLC (0011690)

**Address:** 600 W SUNSET DR, MILTON, WI 53563

**License Status:** REGULAR

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

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

**Survey History**

**Survey ID:** 0108116    **End Date:** 03/03/2011    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104630    **End Date:** 08/17/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104256    **End Date:** 06/22/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103880    **End Date:** 04/27/2009    **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  
Residential Care Apartment Complex (REGISTERED)  
COUNTY: ROCK

**Complaint History (MILTON SENIOR LIVING LLC)**

**Date Complaint Received: 02/23/2011**

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

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS  
MEDICATIONS  
ADMINISTRATION

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 08/04/2009**

**Date Investigation Completed: 08/17/2009**

Subject Area(s)

MEDICATIONS  
ADMISSION, TRANSFER & DISCHARGE  
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 05/13/2009**

**Date Investigation Completed: 06/22/2009**

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

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