

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

COUNTY: SAUK

**Notes**

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 47 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: SAUK

**Facility Information**

**Facility Name:** REM KRISTA COURT (0012869)  
**Address:** 300 KRISTA COURT, BARABOO, WI 53913  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/26/2010  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0106929    **End Date:** 08/26/2010    **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: SAUK

**Facility Information**

**Facility Name:** SAUK AVE (0013494)  
**Address:** 616 SAUK AVE, BARABOO, WI 53913  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/26/2010  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0107346    **End Date:** 10/22/2010    **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: SAUK

**Facility Information**

**Facility Name:** RIDGEVIEW (0010420)  
**Address:** S9068 COUNTY RD G, PLAIN, WI 53577  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/23/2003  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0101929    **End Date:** 06/12/2008    **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: SAUK

**Facility Information**

**Facility Name:** BLEVINS (0012475)  
**Address:** 2220 MYRTLE ST, REEDSBURG, WI 53959  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/23/2008  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0106913    **End Date:** 08/18/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #JTS611    Served 08/27/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	04/07/2011	Yes

**Survey ID:** 0102776    **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: SAUK

**Complaint History (BLEVINS)**

**Date Complaint Received: 03/09/2011**

**Date Investigation Completed: 04/07/2011**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
MEDICATIONS	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  
Adult Family Home  
COUNTY: SAUK

**Facility Information**

**Facility Name:** INSPIRING HORIZONS (0012949)  
**Address:** E6865 CHADWICK RD, REEDSBURG, WI 53959  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/14/2009  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0104994    **End Date:** 10/14/2009    **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: SAUK

**Facility Information**

**Facility Name:** KIEFER ADULT FAMILY HOME (0009289)  
**Address:** E6844 FAWN VALLEY DR, REEDSBURG, WI 53959  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/15/2001  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0108187    **End Date:** 02/25/2011    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #96MG12    Served 03/18/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

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

**Survey ID: 0104082    End Date: 05/13/2009    Type: ABBREVIATED    Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #96M611    Served 06/03/2009**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	02/25/2011	Yes
88.05(3)(b)	FREE OF HAZARDS	02/25/2011	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	02/25/2011	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	02/25/2011	Yes
88.07(1)(a)	RESIDENT CARE-GENERAL REQUIREMENTS	02/25/2011	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	02/25/2011	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	02/25/2011	No

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

**Enforcement History (KIEFER ADULT FAMILY HOME)**

**Date: 06/02/2009      SOD #96M611      Enforcement Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

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

**Facility Information**

**Facility Name:** PINE ROCK HEIGHTS (0011575)  
**Address:** E6267 PINE ROCK RD, REEDSBURG, WI 53959  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/01/2006  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103955      **End Date:** 05/05/2009      **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: SAUK

**Facility Information**

**Facility Name:** REM EAST RIDGE (0011542)  
**Address:** 744 EAST RIDGE DR, REEDSBURG, WI 53959  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/20/2006  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0104490      **End Date:** 07/29/2009      **Type:** OTHER      **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102636      **End Date:** 10/02/2008      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0101824      **End Date:** 05/29/2008      **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: SAUK

**Complaint History (REMEAST RIDGE)**

**Date Complaint Received: 06/19/2009**

**Date Investigation Completed: 07/29/2009**

Subject Area(s)

Result

SOD #

ABUSE  
STAFF TRAINING AND PROFICIENCY  
STAFF ADEQUACY  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 08/04/2008**

**Date Investigation Completed: 10/02/2008**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

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: SAUK

**Facility Information**

**Facility Name:** CASA DE OAKES INC BARABOO (0012391)  
**Address:** 717 JEFFERSON ST, BARABOO, WI 53913  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/01/2009  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103861    **End Date:** 04/21/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

**Survey ID:** 0101982    **End Date:** 06/24/2008    **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: SAUK

### Facility Information

**Facility Name:** MEADOW LANE (110191)

**Address:** 1414 JEFFERSON ST, BARABOO, WI 53913

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/01/1987

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

### Survey History

**Survey ID:** 0103212      **End Date:** 01/06/2009      **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: SAUK

### Facility Information

**Facility Name:** MEADOW RIDGE ASSISTED LIVING LLC (0009753)

**Address:** 1700 JEFFERSON ST, BARABOO, WI 53913

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2003

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

### Survey History

**Survey ID:** 0103459    **End Date:** 02/17/2009    **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SAUK

### Facility Information

**Facility Name:** MEADOW VIEW (0011486)

**Address:** 1600 JEFFERSON ST, BARABOO, WI 53913

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0103834      **End Date:** 04/14/2009      **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SAUK

### Facility Information

**Facility Name:** OAK PARK PLACE BARABOO AUTUMN LANE (0012510)

**Address:** 800 WALDO ST, BARABOO, WI 53913

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2009

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

### Survey History

**Survey ID:** 0104898      **End Date:** 09/23/2009      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

**Survey ID:** 0102973      **End Date:** 11/12/2008      **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: SAUK

### Facility Information

**Facility Name:** OUR HOUSE ASSISTED CARE (0013376)

**Address:** 1200 WASHINGTON AVE, BARABOO, WI 53913

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 09/30/2010

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

### Survey History

**Survey ID:** 0107170      **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 CS (SEMIAMBULATORY)

COUNTY: SAUK

#### Facility Information

**Facility Name:** WALNUT GROVE BARABOO I (0012555)

**Address:** 1200 SILVER CIRCLE, BARABOO, WI 53913

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2009

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

#### Survey History

**Survey ID:** 0105040    **End Date:** 10/13/2009    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #N71Y12    Served 11/06/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(c)	LEISURE TIME ACTIVITIES		

**Survey ID:** 0104155    **End Date:** 06/01/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #N71Y11    Served 07/22/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(a)	PERSONAL CARE	10/13/2009	Yes

**Survey ID:** 0102989    **End Date:** 11/19/2008    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

**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 CS (SEMIAMBULATORY)

COUNTY: SAUK

#### Enforcement History (WALNUT GROVE BARABOO I)

**Date: 10/23/2009**      **SOD #N71Y12**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH FACILITY PLAN OF CORRECTION  
FORFEITURE---83.12(5)(a)

**Date: 06/11/2009**      **SOD #N71Y11**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION  
FORFEITURE---83.12(5)(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: SAUK

#### Complaint History (WALNUT GROVE BARABOO I)

**Date Complaint Received: 05/06/2009**

**Date Investigation Completed: 06/01/2009**

Subject Area(s)  
RESIDENT RIGHTS  
ABUSE  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #  
  
N71Y11

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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: SAUK

#### Facility Information

**Facility Name:** WALNUT GROVE BARABOO II (0012556)

**Address:** 1114 SILVER DR, BARABOO, WI 53913

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2009

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

#### Survey History

**Survey ID:** 0105041    **End Date:** 10/13/2009    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #B6VD12    Served 11/06/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(c)	LEISURE TIME ACTIVITIES		

**Survey ID:** 0104762    **End Date:** 08/24/2009    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #B6VD11    Served 09/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	10/13/2009	Yes

**Survey ID:** 0104392    **End Date:** 07/09/2009    **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SAUK

**Survey ID: 0102990**      **End Date: 11/19/2008**      **Type: INITIAL**      **Purpose: CHOW--DESK REVIEW**

**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: SAUK

**Enforcement History (WALNUT GROVE BARABOO II)**

**Date: 10/23/2009**      **SOD #B6VD12**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
FORFEITURE---83.38(1)(c)

**Date: 09/03/2009**      **SOD #B6VD11**      **Enforcement Appealed: No**

Sanctions

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: SAUK

#### Complaint History (WALNUT GROVE BARABOO II)

**Date Complaint Received: 07/28/2009**

**Date Investigation Completed: 08/24/2009**

Subject Area(s)

STAFF TRAINING AND PROFICIENCY  
PROGRAM SERVICES

Result

SUBSTANTIATED  
SUBSTANTIATED

SOD #

B6VD11  
B6VD11

**Date Complaint Received: 06/12/2009**

**Date Investigation Completed: 07/09/2009**

Subject Area(s)

RESIDENT RIGHTS  
ADMINISTRATION  
STAFF TRAINING AND PROFICIENCY  
STAFF ADEQUACY

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SAUK

### Facility Information

**Facility Name:** NARROWS (THE) (0010107)

**Address:** E4796 NARROWS CREEK RD, LOGANVILLE, WI 53943

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2004

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

### Survey History

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

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SAUK

### Facility Information

**Facility Name:** BLUFFVIEW MEADOWS (110496)

**Address:** S7559 US HWY 12, NORTH FREEDOM, WI 53951

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/1996

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

### Survey History

**Survey ID:** 0107390      **End Date:** 11/03/2010      **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 CNA (NONAMBULATORY)

COUNTY: SAUK

**Survey ID: 0106734**    **End Date: 07/15/2010**    **Type: STANDARD**    **Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #B39N11**    Served 08/04/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM	11/03/2010	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	11/03/2010	Yes
83.20(2)(b)	TRAINING IN FIRE SAFETY	11/03/2010	Yes
83.26(1)	DOCUMENTATION OF REQUIRED EMPLOYEE TRAINING	11/03/2010	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	11/03/2010	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	11/03/2010	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	11/03/2010	Yes
83.46(3)	PUBLIC WATER SUPPLY OR WELL WATER TEST	11/03/2010	Yes
83.46(4)(c)	ELECTRICAL PROTECTION	11/03/2010	Yes
83.47(2)(d)	FIRE DRILLS	11/03/2010	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	11/03/2010	Yes
83.48(3)(b)	SENSITIVITY TESTING PERFORMED	11/03/2010	Yes
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT	11/03/2010	Yes

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**Survey ID: 0102962**    **End Date: 11/13/2008**    **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: SAUK

**Survey ID: 0102579    End Date: 09/23/2008    Type: OTHER    Purpose: COMPLAINT/SELF REPORT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #LW6N11    Served 10/02/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(d)	WHEREABOUTS UNKNOWN	04/01/2009	Yes
83.33(2)	GENERAL SERVICES	04/01/2009	Yes

---

**Survey ID: 0101825    End Date: 05/29/2008    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: SAUK

**Enforcement History (BLUFFVIEW MEADOWS)**

**Date: 07/29/2010      SOD #B39N11      Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 11/03/2010 12:00:00AM  
COMPLY WITH REQUIREMENT --Facility Compliant 11/03/2010 12:00:00AM  
NO NEW ADMISSIONS --Facility Compliant 11/03/2010 12:00:00AM  
FORFEITURE---50.065(4m)(c)  
FORFEITURE---83.20(2)(b)  
FORFEITURE---83.26(1)  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.43(1)  
FORFEITURE---83.46(3)  
FORFEITURE---83.47(2)(d)  
FORFEITURE---83.48(3)(a)

**Date: 09/25/2008      SOD #LW6N11      Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH FACILITY PLAN OF CORRECTION  
FORFEITURE---83.19(3)(d)  
FORFEITURE---83.33(2)

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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: SAUK

#### Complaint History (BLUFFVIEW MEADOWS)

**Date Complaint Received: 10/23/2008**

**Date Investigation Completed: 11/17/2008**

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE  
HOMELIKE ENVIRONMENT & CLEANLINESS  
NUTRITION & FOOD SERVICES  
QUALITY OF LIFE

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 08/25/2008**

**Date Investigation Completed: 09/24/2008**

Subject Area(s)

SUPERVISION  
RESIDENT BEHAVIOR/FACILITY PRACTICE  
MEDICATIONS  
STAFF ADEQUACY

Result

SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

NOT RECORDED  
NOT RECORDED

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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: SAUK

### Facility Information

**Facility Name:** PINE VILLA (0009311)

**Address:** 950 PRAIRIE ST, PRAIRIE DU SAC, WI 53578

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2001

**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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SAUK

### Facility Information

**Facility Name:** PINES ASSISTED LIVING (THE) (110462)

**Address:** 1050 PRAIRIE ST, PRAIRIE DU SAC, WI 53578

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/30/1996

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

### Survey History

**Survey ID:** 0102128      **End Date:** 07/02/2008      **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  
Community Based Residential Facility--CLASS AA (AMBULATORY)  
COUNTY: SAUK

**Facility Information**

**Facility Name:** CASA DE OAKES INC REEDSBURG (0012392)  
**Address:** 201 SOUTH GROVE ST, REEDSBURG, WI 53959  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/01/2009  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103954      **End Date:** 05/04/2009      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

**Survey ID:** 0101979      **End Date:** 06/24/2008      **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: SAUK

### Facility Information

**Facility Name:** CASA DE OAKES (0008972)

**Address:** E6846 FAWN VALLEY DR, REEDSBURG, WI 53959

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2000

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

### Survey History

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

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**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

COUNTY: SAUK

**Facility Information**

**Facility Name:** COUNTRY CASA (0010325)

**Address:** E8509 N REEDSBURG RD, REEDSBURG, WI 53959

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/01/2004

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

**Survey History**

**Survey ID:** 0106352    **End Date:** 05/26/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #PG3914    Served 06/04/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS		
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS		

**Survey ID:** 0102428    **End Date:** 08/27/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #PG3913    Served 09/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(5)(d)4	APPROVED WELLS WATER SAMPLED ANNUALLY	04/01/2009	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	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 ANA (NONAMBULATORY)  
COUNTY: SAUK

**Enforcement History (COUNTRY CASA)**

**Date: 09/05/2008**      **SOD #PG3913**      **Enforcement Appealed: No**  
Sanctions  
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 05/26/2010 12:00:00AM  
FORFEITURE---83.43(3)(b)1

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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: SAUK

### Facility Information

**Facility Name:** OUR HOUSE ASSISTED CARE (0013375)

**Address:** 1135 17TH COURT, REEDSBURG, WI 53959

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 09/30/2010

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

### Survey History

**Survey ID:** 0107168      **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: SAUK

### Facility Information

**Facility Name:** OUR HOUSE SENIOR LIVING (0013666)

**Address:** 355 MACK DR, REEDSBURG, WI 53959

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 04/15/2011

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

### Survey History

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

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SAUK

### Facility Information

**Facility Name:** MEADOWS OF SPRING GREEN (THE) (110558)

**Address:** 477 RAINBOW RD, SPRING GREEN, WI 53588

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/30/1997

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

### Survey History

**Survey ID:** 0102344      **End Date:** 07/30/2008      **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  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: SAUK

**Facility Information**

**Facility Name:** OAK PARK PLACE THE GROVE (0012768)  
**Address:** 800 WALDO ST, BARABOO, WI 53913  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/07/2009  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0108221    **End Date:** 03/21/2011    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #HYYE11    Served 03/25/2011

Deficiencies Cited  
89.23(2)(a)2.c

Subject Area  
SERVICES

Compliance  
Verified

Corrected

**Survey ID:** 0105147    **End Date:** 11/10/2009    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103797    **End Date:** 04/07/2009    **Type:** OTHER    **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  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: SAUK

**Enforcement History (OAK PARK PLACE THE GROVE)**

**Date: 03/24/2011      SOD #HYYE11      Enforcement Appealed: No**

Sanctions

FORFEITURE---89.23(2)(a)2.c

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

**Complaint History (OAK PARK PLACE THE GROVE)**

**Date Complaint Received: 02/08/2011**

**Date Investigation Completed: 03/08/2011**

Subject Area(s)

MEDICATIONS  
ADMINISTRATION  
QUALITY OF LIFE

Result

SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED

SOD #

HYYE11  
HYYE11  
HYYE11

**Date Complaint Received: 10/22/2009**

**Date Investigation Completed: 11/10/2009**

Subject Area(s)

OTHER

Result

NOT SUBSTANTIATED

SOD #

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

**Facility Information**

**Facility Name:** RIDGEVIEW PLACE (0011110)  
**Address:** 2350 NORTH DEWEY AVE, REEDSBURG, WI 53959  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/01/2005  
**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  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: SAUK

**Facility Information**

**Facility Name: MAPLEWOOD VILLAGE (0010279)**  
**Address: 1425 HEMLOCK STREET, SAUK CITY, WI 53583**  
**License Status: REGULAR**  
**Licensed/Certified/Registered 06/01/1999**  
**Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474**

**Survey History**

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

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

**Facility Information**

**Facility Name: GREENWAY TERRACE (0010288)**  
**Address: 547 EAST MCKINLEY STREET, SPRING GREEN, WI 53588**  
**License Status: REGULAR**  
**Licensed/Certified/Registered 11/01/1999**  
**Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474**

**Survey History**

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

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