

Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011

COUNTY: ADAMS

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 20 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 01/01/2009 to 12/31/2011
Adult Day Care Facility
COUNTY: ADAMS

Facility Information

Facility Name: NORTH STAR ADULT DAY CARE CENTER (0012208)

Address: 165 NORTH MAIN ST, ADAMS, WI 53910

License Status: REGULAR

Licensed/Certified/Registered 01/02/2008

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

No survey activity during the period 01/01/2009 through 12/31/2011.

This is Page 2 of 20 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Adult Family Home
COUNTY: ADAMS

Facility Information

Facility Name: EDWARDS FAMILY CARE (0012154)
Address: 171 S WATTS ST PO BOX 1060, ADAMS, WI 539101060
License Status: REGULAR
Licensed/Certified/Registered 01/01/2008
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0106743 **End Date:** 07/01/2010 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 3 of 20 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Adult Family Home
COUNTY: ADAMS

Facility Information

Facility Name: HOLLYHOME AFH (0009534)
Address: 149 SOUTH LINDEN ST, ADAMS, WI 53910
License Status: REGULAR
Licensed/Certified/Registered: 01/10/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0108513 **End Date:** 04/25/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #P3Y411 Served 05/12/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
---------------------------	---------------------	----------------------------	------------------

Survey ID: 0104624 **End Date:** 07/27/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G9GM11 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	08/11/2009	Yes

This is Page 4 of 20 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Adult Family Home
COUNTY: ADAMS

Survey ID: 0104156 End Date: 05/28/2009 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LKH011 Served 06/12/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS	04/25/2011	Yes

Survey ID: 0103910 End Date: 04/14/2009 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LSDS11 Served 05/04/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(a)	PRESCRIPTION MEDICATIONS	04/25/2011	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	04/25/2011	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	04/25/2011	Yes

This is Page 5 of 20 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Adult Family Home
COUNTY: ADAMS

Enforcement History (HOLLYHOME AFH)

Date: 07/30/2009 **SOD #G9GM11** **Enforcement Appealed: No**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 08/11/2009
COMPLY WITH REQUIREMENT --Facility Compliant 08/11/2009

Date: 06/11/2009 **SOD #LKH011** **Enforcement Appealed: No**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 04/25/2011

Date: 05/01/2009 **SOD #LSDS11** **Enforcement Appealed: No**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

This is Page 6 of 20 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Adult Family Home
COUNTY: ADAMS

Complaint History (HOLLYHOME AFH)

Date Complaint Received: 05/21/2009

Date Investigation Completed: 05/28/2009

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

This is Page 7 of 20 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Adult Family Home
COUNTY: ADAMS

Facility Information

Facility Name: OENS ADULT FAMILY HOME (0008567)
Address: 171 SOUTH PIERCE ST, ADAMS, WI 53910
License Status: REGULAR
Licensed/Certified/Registered 04/01/1999
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

No survey activity during the period 01/01/2009 through 12/31/2011.

This is Page 8 of 20 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Adult Family Home
COUNTY: ADAMS

Facility Information

Facility Name: RYKIELS GROUP HOME (0008566)
Address: 801 NORTH STREET PO BOX 21, ADAMS, WI 53910
License Status: REGULAR
Licensed/Certified/Registered 01/01/1999
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104686 **End Date:** 07/30/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5XO211 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	08/26/2009	Yes

Survey ID: 0103993 **End Date:** 04/29/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 9 of 20 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Adult Family Home
COUNTY: ADAMS

Enforcement History (RYKIELS GROUP HOME)

Date: 07/30/2009 **SOD #5XO211** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 08/26/2009

This is Page 10 of 20 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Adult Family Home
COUNTY: ADAMS

Facility Information

Facility Name: MARQUARDT (0013186)

Address: 1111 BIGHORN DR, ARKDALE, WI 54613

License Status: REGULAR

Licensed/Certified/Registered 03/09/2010

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0105938 **End Date:** 03/08/2010 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 11 of 20 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Adult Family Home
COUNTY: ADAMS

Facility Information

Facility Name: BUNTS ADULT FAMILY HOME (0012971)
Address: 2379 18TH AVE, FRIENDSHIP, WI 53934
License Status: REGULAR
Licensed/Certified/Registered 09/30/2009
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104908 **End Date:** 09/23/2009 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 12 of 20 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Adult Family Home
COUNTY: ADAMS

Complaint History (BUNTS ADULT FAMILY HOME)

Date Complaint Received: 08/29/2011

Date Investigation Completed: 02/15/2012

Subject Area(s)
RESIDENT RIGHTS
MEDICATIONS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 13 of 20 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Adult Family Home
COUNTY: ADAMS

Facility Information

Facility Name: FOSNOW ADULT FAMILY HOME II (0013635)
Address: 2318 13TH LN, FRIENDSHIP, WI 53934
License Status: REGULAR
Licensed/Certified/Registered 01/25/2011
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0107825 **End Date:** 01/25/2011 **Type:** OTHER **Purpose:** CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 14 of 20 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Adult Family Home
COUNTY: ADAMS

Facility Information

Facility Name: FOSNOW ADULT FAMILY HOME III (0013911)
Address: 2319 13TH LN, FRIENDSHIP, WI 53934
License Status: REGULAR
Licensed/Certified/Registered 11/03/2011
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0109508 **End Date:** 11/03/2011 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 15 of 20 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Adult Family Home
COUNTY: ADAMS

Facility Information

Facility Name: FOSNOW ADULT FAMILY HOME LLC (0013624)
Address: 2324 13TH LN, FRIENDSHIP, WI 53934
License Status: REGULAR
Licensed/Certified/Registered 01/10/2011
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0107733 **End Date:** 01/10/2011 **Type:** OTHER **Purpose:** CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 16 of 20 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Adult Family Home
COUNTY: ADAMS

Facility Information

Facility Name: SIMPLE LIVING (0013807)
Address: 100 N MAIN ST, FRIENDSHIP, WI 53934
License Status: REGULAR
Licensed/Certified/Registered 07/18/2011
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0108926 **End Date:** 07/12/2011 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 17 of 20 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Adult Family Home
COUNTY: ADAMS

Facility Information

Facility Name: LACEYS AFH (0013169)

Address: 3377 3RD LN, OXFORD, WI 53952

License Status: REGULAR

Licensed/Certified/Registered 01/24/2011

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0107830 **End Date:** 01/24/2011 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 18 of 20 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ADAMS

Facility Information

Facility Name: LIBERTY MANOR INC (110551)

Address: 550 W LIBERTY ST, ADAMS, WI 53910

License Status: REGULAR

Licensed/Certified/Registered 11/30/1996

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103907 **End Date:** 04/02/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 19 of 20 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ADAMS

Complaint History (LIBERTY MANOR INC)

Date Complaint Received: 02/27/2009

Date Investigation Completed: 04/02/2009

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
NUTRITION & FOOD SERVICES
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 20 of 20 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.