

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

COUNTY: COLUMBIA

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 65 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: COLUMBIA

Facility Information

Facility Name: INFINITE ABILITY INC (0012965)
Address: N3480 KOEPP RD, MERRIMAC, WI 53561
License Status: REGULAR
Licensed/Certified/Registered 10/14/2009
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0105052 **End Date:** 10/14/2009 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 2 of 65 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: COLUMBIA

Facility Information

Facility Name: KOEPP KOTTAGE (0011626)
Address: N3396 KOEPP RD, MERRIMAC, WI 53561
License Status: REGULAR
Licensed/Certified/Registered 09/19/2006
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0106455 **End Date:** 05/26/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104517 **End Date:** 08/03/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103396 **End Date:** 02/05/2009 **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: COLUMBIA

Complaint History (KOEPP KOTTAGE)

Date Complaint Received: 04/12/2010

Date Investigation Completed: 05/27/2010

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	

Date Complaint Received: 07/06/2009

Date Investigation Completed: 08/03/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	

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

Facility Information

Facility Name: INFINITE ABILITY - KRISTEN (0010830)
Address: W7353 KRISTEN DR, PARDEEVILLE, WI 53954
License Status: REGULAR
Licensed/Certified/Registered 03/01/2005
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103744 **End Date:** 03/31/2009 **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
Adult Family Home
COUNTY: COLUMBIA

Facility Information

Facility Name: LAURA (0012808)
Address: W7921 LAURA DRIVE, PARDEEVILLE, WI 53954
License Status: REGULAR
Licensed/Certified/Registered 05/27/2009
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0104034 **End Date:** 05/26/2009 **Type:** INITIAL **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
Adult Family Home
COUNTY: COLUMBIA

Facility Information

Facility Name: SPRING PLACE (190000)
Address: 117 SPRING ST, PARDEEVILLE, WI 53954
License Status: REGULAR
Licensed/Certified/Registered 11/13/1992
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102626 **End Date:** 10/01/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101954 **End Date:** 06/23/2008 **Type:** OTHER **Purpose:** OTHER

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: COLUMBIA

Facility Information

Facility Name: INFINITE ABILITY INC II (0010619)
Address: W9141 THUNDERBIRD RD, PORTAGE, WI 53901
License Status: REGULAR
Licensed/Certified/Registered 07/01/2004
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0108175 **End Date:** 03/16/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106003 **End Date:** 03/25/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103715 **End Date:** 03/18/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #938211 Served 04/03/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	03/25/2010	Yes

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

Enforcement History (INFINITE ABILITY INC II)

Date: 03/31/2009 **SOD #938211**

Enforcement Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

--Facility Compliant 03/25/2010 12:00:00AM

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

Complaint History (INFINITE ABILITY INC II)

Date Complaint Received: 03/09/2010

Date Investigation Completed: 03/25/2010

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
MEDICATIONS
ADMINISTRATION
PROGRAM SERVICES

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
Adult Family Home
COUNTY: COLUMBIA

Facility Information

Facility Name: INFINITE ABILITY INC (0010022)
Address: W9188 REHDANTZ RD, PORTAGE, WI 53901
License Status: REGULAR
Licensed/Certified/Registered 06/02/2003
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: COLUMBIA

Facility Information

Facility Name: JACKIES TLC HOME (0012319)
Address: N8813 CTY RD EE, PORTAGE, WI 53901
License Status: REGULAR
Licensed/Certified/Registered 04/18/2008
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0106044 **End Date:** 04/06/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MIAB11 Served 04/09/2010

<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		
88.06(3)(f)	REVIEW OF ISP		
88.09(1)(d)11	RESIDENT FUNDS		

Survey ID: 0101562 **End Date:** 04/14/2008 **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: COLUMBIA

Facility Information

Facility Name: REM EPONYMOUS (0009563)
Address: W8137 HWY 33, PORTAGE, WI 53901
License Status: REGULAR
Licensed/Certified/Registered 02/27/2002
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107129 **End Date:** 09/15/2010 **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: COLUMBIA

Facility Information

Facility Name: REM EVERGREEN TRAIL (199036)
Address: 657 659 EVERGREEN TRAIL, PORTAGE, WI 53901
License Status: REGULAR
Licensed/Certified/Registered 02/12/1998
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: COLUMBIA

Facility Information

Facility Name: REM HAMILTON (0013155)
Address: 848 HAMILTON ST, PORTAGE, WI 53901
License Status: REGULAR
Licensed/Certified/Registered 03/05/2010
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0105940 **End Date:** 03/05/2010 **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: COLUMBIA

Facility Information

Facility Name: REM COLBY (0009538)
Address: 206 COLBY BLVD, POYNETTE, WI 53955
License Status: REGULAR
Licensed/Certified/Registered 02/14/2002
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107446 **End Date:** 11/15/2010 **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: COLUMBIA

Facility Information

Facility Name: AT HOME AGAIN COLUMBUS LLC (0013676)

Address: 110 STUART ST, COLUMBUS, WI 53925

License Status: PROBATIONARY

Licensed/Certified/Registered 04/20/2011

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: COLUMBIA

Facility Information

Facility Name: LARSON HOUSE I (110452)

Address: 550 RIVER RD, COLUMBUS, WI 53925

License Status: REGULAR

Licensed/Certified/Registered 02/29/1996

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

Survey History

Survey ID: 0103556 **End Date:** 02/19/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #QCN213 Served 03/13/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(d)	REVIEW OF PROGRESS	04/01/2009	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	04/01/2009	Yes
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS	04/01/2009	Yes
83.43(5)(b)	LICENSED BEFORE 1-1-97 REQUIREMENTS	04/01/2009	Yes

Survey ID: 0101901 **End Date:** 06/11/2008 **Type:** OTHER **Purpose:** OTHER

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: COLUMBIA

Complaint History (LARSON HOUSE I)

Date Complaint Received: 01/26/2009

Date Investigation Completed: 02/17/2009

Subject Area(s)

NUTRITION & FOOD SERVICES
MEDICATIONS
PROGRAM SERVICES

Result

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: COLUMBIA

Facility Information

Facility Name: LARSON HOUSE II (THE) (0009633)

Address: 550 RIVER RD, COLUMBUS, WI 53925

License Status: REGULAR

Licensed/Certified/Registered 01/01/2003

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

Survey History

Survey ID: 0107834 **End Date:** 01/05/2011 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YSSX11 Served 01/29/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(4)(e)	SMOKE DETECTOR IN EACH BEDROOM		
83.48(6)(d)	INTEGRATED HEAT DETECTOR IN FURNACE ROOM		
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT		

Survey ID: 0103572 **End Date:** 02/17/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #U5WZ11 Served 03/13/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.18(1)(d)2	OTHER INFORMATION REQUIRED IN RECORD	04/01/2009	Yes
83.21(4)(r)	TREATMENT CHOICE	04/01/2009	Yes
83.32(2)(d)	REVIEW OF PROGRESS	04/01/2009	Yes
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS	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: COLUMBIA

Survey ID: 0101899 **End Date: 06/11/2008** **Type: OTHER** **Purpose: OTHER**

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: COLUMBIA

Enforcement History (LARSON HOUSE II (THE))

Date: 01/27/2011 SOD #YSSX11 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.48(4)(e)
FORFEITURE---83.48(6)(d)

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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: COLUMBIA

Complaint History (LARSON HOUSE II (THE))

Date Complaint Received: 11/22/2010

Date Investigation Completed: 01/05/2011

Subject Area(s)

SUPERVISION
RESIDENT RIGHTS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/06/2009

Date Investigation Completed: 02/17/2009

Subject Area(s)

NUTRITION & FOOD SERVICES
MEDICATIONS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

U5WZ11

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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: COLUMBIA

Facility Information

Facility Name: OUR HOUSE ASSISTED CARE (0013382)

Address: 121 SECOND STREET, LODI, WI 53555

License Status: PROBATIONARY

Licensed/Certified/Registered 09/30/2010

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

Survey History

Survey ID: 0107188 **End Date:** 09/13/2010 **Type:** OTHER **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: COLUMBIA

Facility Information

Facility Name: CBL INC DBA THE REMINGTON HOUSE (0008879)

Address: 113 INDUSTRIAL DR, PARDEEVILLE, WI 53954

License Status: REGULAR

Licensed/Certified/Registered 07/01/2000

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

Survey History

Survey ID: 0103342 **End Date:** 02/02/2009 **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: COLUMBIA

Complaint History (CBL INC DBA THE REMINGTON HOUSE)

Date Complaint Received: 01/08/2009

Date Investigation Completed: 02/02/2009

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

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: COLUMBIA

Facility Information

Facility Name: GOLDEN YEARS INC (0011100)

Address: 107 GILLETTE ST, PARDEEVILLE, WI 53954

License Status: REGULAR

Licensed/Certified/Registered 04/01/2006

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

Survey History

Survey ID: 0107628 **End Date:** 12/14/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107218 **End Date:** 09/23/2010 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #VTS411 Served 10/05/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(2)(a)	EXPLANATION OF RESIDENT RIGHTS	12/14/2010	Yes
83.21(3)	CORRECTIONAL CLIENTS	12/14/2010	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: COLUMBIA

Survey ID: 0105978 **End Date: 03/24/2010** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9BW811 Served 03/26/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	12/14/2010	Yes
83.48(6)(a)	INTEGRATED HEAT DETECTOR IN KITCHEN	12/14/2010	Yes
83.48(6)(d)	INTEGRATED HEAT DETECTOR IN FURNACE ROOM	12/14/2010	Yes

Survey ID: 0103851 **End Date: 04/17/2009** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102602 **End Date: 09/15/2008** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QUPQ11 Served 10/02/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(2)(b)	ANNUAL EVALUATION MORE THAN 2 MINUTES	04/17/2009	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	04/17/2009	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/17/2009	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: COLUMBIA

Enforcement History (GOLDEN YEARS INC)

Date: 03/25/2010 **SOD #9BW811** **Enforcement Appealed: Yes** **Decision: STIPULATION**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION Sanction Upheld on Appeal--Facility Compliant 12/14/2010 12:00:00AM
COMPLY WITH REQUIREMENT Sanction Upheld on Appeal--Facility Compliant 12/14/2010 12:00:00AM
FORFEITURE---83.48(3)(a)
FORFEITURE---83.48(6)(a)

Date: 09/30/2008 **SOD #QUPQ11** **Enforcement Appealed: No**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 04/17/2009 12:00:00AM
COMPLY WITH FACILITY PLAN OF CORRECTION --Facility Compliant 04/17/2009 12:00:00AM
FORFEITURE---83.42(3)(e)
FORFEITURE---83.42(3)(f)

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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: COLUMBIA

Complaint History (GOLDEN YEARS INC)

Date Complaint Received: 08/09/2010

Date Investigation Completed: 09/23/2010

Subject Area(s)

RESIDENT RIGHTS
MEDICATIONS
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/29/2010

Date Investigation Completed: 03/08/2010

Subject Area(s)

ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

NOF

Date Complaint Received: 03/30/2009

Date Investigation Completed: 04/17/2009

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE
ADMINISTRATION
PROGRAM SERVICES

Result

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: COLUMBIA

Facility Information

Facility Name: AMERICANWAY OF PORTAGE DEMENTIA SPECIALTY I (0012512)

Address: 611 E ALBERT ST, PORTAGE, WI 53901

License Status: REGULAR

Licensed/Certified/Registered 12/01/2009

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

Survey History

Survey ID: 0107524 **End Date:** 11/22/2010 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5OV012 Served 12/06/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	ADMINISTRATOR QUALIFICATIONS		
83.12(5)(b)	ADMINISTRATOR ENSURE EMPLOYE CONDUCT		

Survey ID: 0104850 **End Date:** 08/26/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5OV011 Served 09/22/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(c)	PROHIBITIONS AND EXCEPTIONS		
83.21(1)	TRAINING IN RESIDENT RIGHTS		
83.21(3)	CORRECTIONAL CLIENTS		
83.44(1)(b)	NOT FULLY AMBULATORY ON FIRST FLOOR		
83.47(2)(d)	FIRE DRILLS		

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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: COLUMBIA

Survey ID: 0103044 **End Date: 12/08/2008** **Type: INITIAL** **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: COLUMBIA

Enforcement History (AMERICANWAY OF PORTAGE DEMENTIA SPECIALTY I)

Date: 12/02/2010 **SOD #5OV012** **Enforcement Appealed: Yes** **Decision: PENDING**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.12(2)(a)

FORFEITURE---83.12(5)(b)

Date: 09/21/2009 **SOD #5OV011** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.21(1)

FORFEITURE---83.21(2)(c)

FORFEITURE---83.21(3)

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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: COLUMBIA

Complaint History (AMERICANWAY OF PORTAGE DEMENTIA SPECIALTY I)

Date Complaint Received: 10/18/2010

Date Investigation Completed: 11/22/2010

Subject Area(s)
SUPERVISION
ADMINISTRATION

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
5OV012
5OV012

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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: COLUMBIA

Facility Information

Facility Name: AMERICANWAY OF PORTAGE DEMENTIA SPECIALTY II (0012513)

Address: 613 EAST ALBERT ST, PORTAGE, WI 53901

License Status: REGULAR

Licensed/Certified/Registered 12/01/2009

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

Survey History

Survey ID: 0104943 **End Date:** 09/16/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0JD111 Served 10/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE		
83.44(1)(b)	NOT FULLY AMBULATORY ON FIRST FLOOR		
83.47(2)(d)	FIRE DRILLS		

Survey ID: 0103045 **End Date:** 12/08/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: COLUMBIA

Enforcement History (AMERICANWAY OF PORTAGE DEMENTIA SPECIALTY II)

Date: 10/07/2009

SOD #0JD111

Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.36(1)(b)

FORFEITURE---83.47(2)(d)

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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: COLUMBIA

Facility Information

Facility Name: AMERICANWAY OF PORTAGE I (0011822)

Address: 601 LATTON LA, PORTAGE, WI 53901

License Status: REGULAR

Licensed/Certified/Registered 01/01/2008

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

Survey History

Survey ID: 0106499 **End Date:** 06/21/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105353 **End Date:** 12/07/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4YF611 Served 12/28/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(g)	HEALTH MONITORING	06/21/2010	Yes

Survey ID: 0102029 **End Date:** 06/17/2008 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RSIW12 Served 07/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(1)(a)	FINANCIAL STABILITY	04/01/2009	Yes
83.11(3)(a)	RESPONSIBILITIES	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: COLUMBIA

Survey ID: 0101694 **End Date: 05/01/2008** **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: COLUMBIA

Enforcement History (AMERICANWAY OF PORTAGE I)

Date: 12/16/2009

SOD #4YF611

Enforcement Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

COMPLY WITH FACILITY PLAN OF CORRECTION

FORFEITURE---83.12(5)(a)

--Facility Compliant 06/21/2010 12:00:00AM

--Facility Compliant 06/21/2010 12:00:00AM

Date: 07/07/2008

SOD #RSIW12

Enforcement Appealed: Yes

Decision: STIPULATION

Sanctions

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

Sanction Amended on Appeal--Facility Compliant 09/22/2008 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 CNA (NONAMBULATORY)

COUNTY: COLUMBIA

Complaint History (AMERICANWAY OF PORTAGE I)

Date Complaint Received: 05/07/2010

Date Investigation Completed: 06/21/2010

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

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: COLUMBIA

Facility Information

Facility Name: AMERICANWAY OF PORTAGE II (0011823)

Address: 621 LATTON LA, PORTAGE, WI 53901

License Status: REGULAR

Licensed/Certified/Registered 10/01/2007

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

Survey History

Survey ID: 0106500 **End Date:** 06/21/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105386 **End Date:** 12/07/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XLSD11 Served 12/28/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(h)	MEDICATION ADMINISTRATION	06/21/2010	Yes
83.41(2)(a)	BEDDING AND LAUNDRY	06/21/2010	Yes

Survey ID: 0102030 **End Date:** 06/17/2008 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FMS312 Served 07/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(1)(a)	FINANCIAL STABILITY	04/01/2009	Yes
83.11(3)(a)	RESPONSIBILITIES	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: COLUMBIA

Enforcement History (AMERICANWAY OF PORTAGE II)

Date: 12/21/2009 **SOD #XLSD11** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.38(1)(h)
FORFEITURE---83.41(2)(a)2

Date: 07/07/2008 **SOD #FMS312** **Enforcement Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
FORFEITURE---83.11(3)(a)
FORFEITURE---Forf not paid by stip date

--Facility Compliant 09/22/2008 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 CNA (NONAMBULATORY)

COUNTY: COLUMBIA

Complaint History (AMERICANWAY OF PORTAGE II)

Date Complaint Received: 05/07/2010

Date Investigation Completed: 06/21/2010

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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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: COLUMBIA

Facility Information

Facility Name: LAKE PLACE GROUP HOME (110023)

Address: 105 LAKE RD, PORTAGE, WI 53901

License Status: REGULAR

Licensed/Certified/Registered 07/01/1981

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

Survey History

Survey ID: 0106980 **End Date:** 08/06/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #URZI12 Served 09/03/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

Survey ID: 0105948 **End Date:** 03/09/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #URZI11 Served 03/23/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	08/06/2010	Yes

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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: COLUMBIA

Survey ID: 0101594 End Date: 04/18/2008 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WYDJ14 Served 05/01/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	03/09/2010	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	04/01/2009	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	04/01/2009	Yes
83.44(1)(f)	VERTICAL SMOKE SEPARATION	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 CS (SEMIAMBULATORY)

COUNTY: COLUMBIA

Enforcement History (LAKE PLACE GROUP HOME)

Date: 03/22/2010 **SOD #URZI11** **Enforcement Appealed: No**
Sanctions
COMPLY WITH REQUIREMENT --Facility Compliant 08/06/2010 12:00:00AM

Date: 04/30/2008 **SOD #WYDJ14** **Enforcement Appealed: No**
Sanctions
FORFEITURE---83.32(3)
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: COLUMBIA

Facility Information

Facility Name: OUR HOUSE SENIOR LIVING (0013665)

Address: 2876 VILLAGE DR, PORTAGE, WI 53901

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: COLUMBIA

Facility Information

Facility Name: TIVOLI AT DIVINE SAVIOR HEALTHCARE (0013388)

Address: 2805 HUNTERS TRAIL, PORTAGE, WI 53901

License Status: REGULAR

Licensed/Certified/Registered 12/27/2010

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

Survey History

Survey ID: 0107666 **End Date:** 12/20/2010 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: COLUMBIA

Facility Information

Facility Name: CARING HEARTS ASSISTED LIVING LLC (0011036)

Address: 208 W NORTH ST, POYNETTE, WI 53955

License Status: REGULAR

Licensed/Certified/Registered 03/01/2006

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

Survey History

Survey ID: 0106742 **End Date:** 07/28/2010 **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: COLUMBIA

Survey ID: 0105624 **End Date: 02/02/2010** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5Z9D11 Served 02/11/2010

<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	07/28/2010	Yes
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	07/28/2010	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	07/28/2010	Yes
83.15(3)(c)	QUALIFIED STAFF DESIGNATED AS IN CHARGE	07/28/2010	Yes
83.18(2)	EMPLOYEE RECORDS AVAILABLE UPON REQUEST	07/28/2010	Yes
83.35(2)	MODIFIED OR SPECIAL DIETS	07/28/2010	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	07/28/2010	Yes
83.35(3)(f)	STAFF ACCESS TO ASSESSMENT AND ISP	07/28/2010	Yes
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS	07/28/2010	Yes
83.37(3)(f)	MEDICATION STORAGE: INTERNALS AND EXTERNALS	07/28/2010	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	07/28/2010	Yes
83.42(3)	ACCESS TO RESIDENT RECORDS	07/28/2010	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	07/28/2010	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	07/28/2010	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: COLUMBIA

Enforcement History (CARING HEARTS ASSISTED LIVING LLC)

Date: 02/08/2010

SOD #5Z9D11

Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

--Facility Compliant 07/28/2010 12:00:00AM

COMPLY WITH REQUIREMENT

--Facility Compliant 07/28/2010 12:00:00AM

NO NEW ADMISSIONS

--Facility Compliant 07/28/2010 12:00:00AM

FORFEITURE---83.14(2)(a)

FORFEITURE---83.15(3)(c)

FORFEITURE---83.18(2)

FORFEITURE---83.35(2)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.35(3)(f)

FORFEITURE---83.37(1)(a)

FORFEITURE---83.38(1)(i)

FORFEITURE---83.42(3)

FORFEITURE---83.43(1)

FORFEITURE---83.55(6)(b)

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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: COLUMBIA

Complaint History (CARING HEARTS ASSISTED LIVING LLC)

Date Complaint Received: 06/28/2010

Date Investigation Completed: 07/28/2010

Subject Area(s)
ABUSE
QUALITY OF LIFE

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/17/2010

Date Investigation Completed: 07/28/2010

Subject Area(s)
RESIDENT RIGHTS
QUALITY OF LIFE

Result
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: COLUMBIA

Facility Information

Facility Name: AT HOME AGAIN (0012836)

Address: 403 LOWVILLE RD, RIO, WI 53960

License Status: REGULAR

Licensed/Certified/Registered 08/01/2010

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

Survey History

Survey ID: 0106086 **End Date:** 04/13/2010 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0104421 **End Date:** 07/23/2009 **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 CNA (NONAMBULATORY)

COUNTY: COLUMBIA

Facility Information

Facility Name: OUR HOUSE ASSISTED CARE (0013385)

Address: 1954 STATE RD 23, WISCONSIN DELLS, WI 53965

License Status: PROBATIONARY

Licensed/Certified/Registered 09/30/2010

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

Survey History

Survey ID: 0107192 **End Date:** 09/13/2010 **Type:** OTHER **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: COLUMBIA

Facility Information

Facility Name: OUR HOUSE MEMORY CARE (0013383)

Address: 1950 STATE ROAD 23, WISCONSIN DELLS, WI 53965

License Status: PROBATIONARY

Licensed/Certified/Registered 09/30/2010

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

Survey History

Survey ID: 0107190 **End Date:** 09/13/2010 **Type:** OTHER **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

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

Facility Information

Facility Name: MEADOWS OF FALL RIVER (THE) (0013097)
Address: 101 HOMETOWN AVE, FALL RIVER, WI 53932
License Status: REGULAR
Licensed/Certified/Registered 01/01/2010
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107561 **End Date:** 11/29/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Z26I11 Served 12/13/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(3)(c)	SERVICES	04/28/2011	Yes

Survey ID: 0105442 **End Date:** 12/28/2009 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: COLUMBIA

Enforcement History (MEADOWS OF FALL RIVER (THE))

Date: 12/08/2010	SOD # Z26I11	Enforcement Appealed: No
<u>Sanctions</u>		
COMPLY WITH FACILITY PLAN OF CORRECTION	--Facility Compliant 04/28/2011 12:00:00AM	
FORFEITURE---89.23(3)(c)		

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

Complaint History (MEADOWS OF FALL RIVER (THE))

Date Complaint Received: 10/13/2010

Date Investigation Completed: 11/29/2010

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	Z26I11
QUALITY OF LIFE	SUBSTANTIATED	Z26I11

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

Facility Information

Facility Name: HERITAGE HOUSE RCAC (0012398)
Address: 2685 AIRPORT RD, PORTAGE, WI 53901
License Status: REGULAR
Licensed/Certified/Registered 05/31/2008
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0108218 **End Date:** 03/16/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #K9K711 Served 03/25/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(a)2.c	SERVICES		

Survey ID: 0107664 **End Date:** 12/14/2010 **Type:** STANDARD **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106440 **End Date:** 06/07/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106090 **End Date:** 04/14/2010 **Type:** STANDARD **Purpose:** SURVEY/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 (CERTIFIED)
COUNTY: COLUMBIA

Survey ID: 0105070 **End Date: 10/08/2009** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UHIV11 Served 10/28/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.34(16)	TENANT RIGHTS	04/14/2010	Yes

Survey ID: 0103466 **End Date: 02/11/2009** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101956 **End Date: 06/18/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101791 **End Date: 05/27/2008** **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: COLUMBIA

Enforcement History (HERITAGE HOUSE RCAC)

Date: 10/28/2009

SOD #UHIV11

Enforcement Appealed: No

Sanctions

FORFEITURE---89.34(16)

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

Complaint History (HERITAGE HOUSE RCAC)

Date Complaint Received: 01/31/2011

Date Investigation Completed: 03/16/2011

Subject Area(s)

NUTRITION & FOOD SERVICES
MEDICATIONS
ADMISSION, TRANSFER & DISCHARGE
ADMINISTRATION
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

K9K711

Date Complaint Received: 11/15/2010

Date Investigation Completed: 12/14/2010

Subject Area(s)

RESIDENT RIGHTS
MEDICATIONS
PROGRAM SERVICES
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/04/2010

Date Investigation Completed: 06/07/2010

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/11/2010

Date Investigation Completed: 04/14/2010

Subject Area(s)

MEDICATIONS
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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

Date Complaint Received: 09/22/2009

Subject Area(s)
SUPERVISION
RESIDENT BEHAVIOR/FACILITY PRACTICE
MEDICATIONS

Date Investigation Completed: 10/08/2009

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

UHIV11

Date Complaint Received: 09/10/2009

Subject Area(s)
SUPERVISION
RESIDENT RIGHTS
MEDICATIONS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Date Investigation Completed: 10/08/2009

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/24/2009

Subject Area(s)
RESIDENT RIGHTS
NUTRITION & FOOD SERVICES
MEDICATIONS
QUALITY OF LIFE

Date Investigation Completed: 10/08/2009

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/20/2009

Subject Area(s)
SUPERVISION
ADMINISTRATION
QUALITY OF LIFE

Date Investigation Completed: 02/11/2009

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/06/2008

Subject Area(s)
SUPERVISION

Date Investigation Completed: 06/18/2008

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 (CERTIFIED)
COUNTY: COLUMBIA

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

Facility Information

Facility Name: OUR HOUSE SENIOR LIVING (0013662)
Address: 215 NORTHRIDGE DR, PORTAGE, WI 53901
License Status: REGULAR
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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