

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

**Notes**

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 33 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: DANE

**Facility Information**

**Facility Name:** WATERFORD GLEN (0013265)  
**Address:** 2672 DUNGARVAN RD, FITCHBURG, WI 53711  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/01/2010  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0106355    **End Date:** 06/01/2010    **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: DANE

**Facility Information**

**Facility Name:** SHADY REST (0012350)  
**Address:** 119 W MAIN ST, MARSHALL, WI 53559  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/27/2008  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0107465    **End Date:** 11/11/2010    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106369    **End Date:** 05/12/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #CO4O11    Served 06/04/2010

<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	11/11/2010	Yes
88.07(2)(e)	ANNUAL HEALTH EXAM	11/11/2010	Yes

**Survey ID:** 0102017    **End Date:** 06/27/2008    **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: DANE

**Facility Information**

**Facility Name:** CLARE BRIDGE OF MIDDLETON (110304)  
**Address:** 6701 STONEFIELD RD, MIDDLETON, WI 53562  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/31/1994  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0107888    **End Date:** 01/19/2011    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #C33U11    Served 02/05/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.39(3)	HAND WASHING		
83.41(3)(a)	CONGREGATE DINING AND LIVING AREA		
83.45(3)	TOXIC SUBSTANCES		

**Survey ID:** 0105164    **End Date:** 11/11/2009    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Enforcement History (CLARE BRIDGE OF MIDDLETON)**

**Date: 02/04/2011      SOD #C33U11      Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
FORFEITURE---83.39(3)

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

**Complaint History (CLARE BRIDGE OF MIDDLETON)**

**Date Complaint Received: 12/17/2010**

**Date Investigation Completed: 01/19/2011**

Subject Area(s)

Result

SOD #

MEDICATIONS  
QUALITY OF LIFE  
OTHER

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED

C33U11

**Date Complaint Received: 09/28/2009**

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

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

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

**Facility Information**

**Facility Name:** PINELANE ADULT FAMILY HOME (199025)  
**Address:** 10049 BLACKHAWK RD, MIDDLETON, WI 53562  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/30/1996  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0107492    **End Date:** 11/23/2010    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106056    **End Date:** 03/25/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #4RX011    Served 04/09/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
12.07(3)	RESIDENCY OR SIGNATORY CHANGE	10/19/2010	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	10/19/2010	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	10/19/2010	Yes
88.05(3)(b)	FREE OF HAZARDS	10/19/2010	Yes
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	10/19/2010	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	10/19/2010	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	10/19/2010	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	10/19/2010	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	10/19/2010	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	10/19/2010	Yes

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

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

<b>Date: 04/08/2010</b>	<b>SOD #4RX011</b>	<b>Enforcement Appealed: No</b>
<u>Sanctions</u>		
COMPLY WITH DEPARTMENT PLAN OF CORRECTION	--Facility Compliant 10/19/2010 12:00:00AM	
COMPLY WITH REQUIREMENT	--Facility Compliant 10/19/2010 12:00:00AM	

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

**Complaint History (PINELANE ADULT FAMILY HOME)**

**Date Complaint Received: 02/16/2010**

**Date Investigation Completed: 03/30/2010**

Subject Area(s)  
RESIDENT RIGHTS  
RESTRAINTS  
ADMINISTRATION

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  
Adult Family Home  
COUNTY: DANE

**Facility Information**

**Facility Name:** GRIMM RESIDENCE (0010609)  
**Address:** 132 PEERLESS RD, NEW GLARUS, WI 53574  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/01/2004  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102496    **End Date:** 09/08/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #F4T712    Served 09/17/2008

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

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

**Facility Information**

**Facility Name: HOLLYS HOUSE ADULT FAMILY HOME (0009948)**

**Address: 1902 SPRING RD, STOUGHTON, WI 53589**

**License Status: REGULAR**

**Licensed/Certified/Registered 01/27/2003**

**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: DANE

**Facility Information**

**Facility Name:** LINCOLN AFH (0010698)  
**Address:** 1539 LINCOLN AVE, STOUGHTON, WI 53589  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/01/2004  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0107443    **End Date:** 11/11/2010    **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: DANE

**Facility Information**

**Facility Name:** HARRINGTON HOUSE (0010074)  
**Address:** 1265 CROSSING RIDGE TRAIL, SUN PRAIRIE, WI 53590  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/12/2003  
**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: DANE

**Facility Information**

**Facility Name:** HIGHLANDS HOUSE (THE) (0010678)  
**Address:** 1326 ARMAGH LA, SUN PRAIRIE, WI 53590  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/15/2004  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103782    **End Date:** 04/07/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Facility Information**

**Facility Name:** HOUSE OF LIVING WELL (0009856)  
**Address:** 2910 VANG RD, SUN PRAIRIE, WI 53590  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/24/2002  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0105167    **End Date:** 11/11/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104460    **End Date:** 07/10/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #9NKR15    Served 08/11/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM	11/11/2009	Yes
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	11/11/2009	Yes
88.05(2)(a)	DIFFICULTY WALKING	11/11/2009	Yes
88.05(3)(a)	HOME ENVIRONMENT	11/11/2009	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	11/11/2009	Yes
88.06(3)(f)	REVIEW OF ISP	11/11/2009	Yes
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	11/11/2009	Yes

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

**Survey ID: 0103746    End Date: 03/25/2009    Type: STANDARD    Purpose: SURVEY**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #9NKR14    Served 04/04/2009**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	07/10/2009	Yes

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

**Enforcement History (HOUSE OF LIVING WELL)**

**Date: 07/28/2009**

**SOD #9NKR15**

**Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

--Facility Compliant 11/11/2009 12:00:00AM

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

**Complaint History (HOUSE OF LIVING WELL)**

**Date Complaint Received: 10/07/2009**

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

Subject Area(s)

SUPERVISION  
RESIDENT RIGHTS

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 06/08/2009**

**Date Investigation Completed: 07/10/2009**

Subject Area(s)

ABUSE  
PHYSICAL PLANTS & SAFETY HAZARDS  
NUTRITION & FOOD SERVICES  
ADMINISTRATION

Result

NOT SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED

SOD #

9NKR15  
9NKR15  
9NKR15

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

**Facility Information**

**Facility Name:** INFINITE ABILITY INC (0012734)  
**Address:** 2945 WYNDWOOD WAY, SUN PRAIRIE, WI 53590  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/20/2009  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0106153    **End Date:** 04/02/2010    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #RP2311    Served 04/29/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	10/04/2010	Yes
88.05(2)(d)	BEDROOM ON FIRST FLOOR	10/04/2010	Yes

**Survey ID:** 0103857    **End Date:** 04/21/2009    **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: DANE

**Enforcement History (INFINITE ABILITY INC)**

**Date: 04/27/2010      SOD #RP2311**

**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: DANE

**Complaint History (INFINITE ABILITY INC)**

**Date Complaint Received: 03/09/2010**

**Date Investigation Completed: 04/02/2010**

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: DANE

**Facility Information**

**Facility Name:** MCCLOSKEY HOME (THE) (0008901)  
**Address:** 926 CAMPFIRE DR, SUN PRAIRIE, WI 53590  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/23/1999  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0107013    **End Date:** 08/25/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #FN0211    Served 09/08/2010

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

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

**Facility Information**

**Facility Name:** MENTOR ABI WI OCONTO DRIVE (0012810)  
**Address:** 1619 OCONTO DR, SUN PRAIRIE, WI 53590  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/04/2010  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0105676      **End Date:** 02/04/2010      **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: DANE

**Facility Information**

**Facility Name:** PALS PLACE (0012888)  
**Address:** 208 QUEENS ST, SUN PRAIRIE, WI 53590  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/30/2009  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0104525    **End Date:** 07/30/2009    **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  
Adult Family Home  
COUNTY: DANE

**Facility Information**

**Facility Name:** SONRISAS ASSISTED LIVING (0008657)  
**Address:** 315 LLANOS ST, VERONA, WI 53593  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/07/1999  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0106736    **End Date:** 07/28/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #4HNX13    Served 07/31/2010

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

**Survey ID:** 0102887    **End Date:** 11/05/2008    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0101821    **End Date:** 05/12/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #4HNX12    Served 06/03/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)1	FIRE SAFETY EVACUATION PLAN	07/19/2010	Yes

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

**Enforcement History (SONRISAS ASSISTED LIVING)**

<b>Date: 05/30/2008</b>	<b>SOD #4HNX12</b>	<b>Enforcement Appealed: No</b>
<u>Sanctions</u>		
COMPLY WITH DEPARTMENT PLAN OF CORRECTION	--Facility Compliant 07/19/2010 12:00:00AM	
COMPLY WITH REQUIREMENT	--Facility Compliant 07/19/2010 12:00:00AM	

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

**Complaint History (SONRISAS ASSISTED LIVING)**

**Date Complaint Received: 06/26/2008**

**Date Investigation Completed: 11/05/2008**

Subject Area(s)  
ADMINISTRATION  
STAFF ADEQUACY

Result  
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: DANE

**Facility Information**

**Facility Name:** SONRISAS II (0010801)  
**Address:** 317 LLANOS ST, VERONA, WI 53593  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/03/2004  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0107767    **End Date:** 01/13/2011    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0107087    **End Date:** 09/10/2010    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #437S13    Served 09/21/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	01/13/2011	Yes

**Survey ID:** 0106239    **End Date:** 04/23/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #437S12    Served 05/13/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	09/03/2010	Yes

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

**Survey ID: 0102888    End Date: 11/05/2008    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  
Adult Family Home  
COUNTY: DANE

**Enforcement History (SONRISAS II)**

**Date: 09/20/2010**      **SOD #437S13**      **Enforcement Appealed: No**  
Sanctions  
COMPLY WITH DEPARTMENT PLAN OF CORRECTION    --Facility Compliant 01/13/2011 12:00:00AM

**Date: 05/12/2010**      **SOD #437S12**      **Enforcement Appealed: No**  
Sanctions  
COMPLY WITH REQUIREMENT                            --Facility Compliant 09/03/2010 12:00:00AM

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

**Complaint History (SONRISAS II)**

**Date Complaint Received: 06/26/2008**

**Date Investigation Completed: 11/05/2008**

Subject Area(s)

ADMINISTRATION  
STAFF ADEQUACY  
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  
Adult Family Home  
COUNTY: DANE

**Facility Information**

**Facility Name:** TENDER CARE ADULT FAMILY HOME (0012860)

**Address:** 8908 ANCIENT OAK LN, VERONA, WI 53593

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/25/2009

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

**Survey History**

**Survey ID:** 0104697    **End Date:** 08/26/2009    **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: DANE

**Facility Information**

**Facility Name:** REHOBOTH (0012861)  
**Address:** 4313 GROSBEAK GLEN, WINDSOR, WI 53598  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/2010  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0105328    **End Date:** 11/24/2009    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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