

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

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 36 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.

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

Facility Information

Facility Name: ANGELUS RETIREMENT COMMUNITY ARROWWOOD GREEN (0012237)

Address: 139 E REYNOLDS ST, COTTAGE GROVE, WI 53527

License Status: REGULAR

Licensed/Certified/Registered 01/08/2008

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

Survey History

Survey ID: 0106023 **End Date:** 03/29/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105617 **End Date:** 01/21/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104516 **End Date:** 07/24/2009 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: DANE

Complaint History (ANGELUS RETIREMENT COMMUNITY ARROWWOOD GREEN)

Date Complaint Received: 03/29/2010

Date Investigation Completed: 03/29/2010

Subject Area(s)
MEDICATIONS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/22/2010

Date Investigation Completed: 03/29/2010

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

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

SOD #
NOF

Date Complaint Received: 12/10/2009

Date Investigation Completed: 01/21/2010

Subject Area(s)
RESIDENT RIGHTS
ADMISSION, TRANSFER & DISCHARGE
ADMINISTRATION
QUALITY OF LIFE

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/13/2009

Date Investigation Completed: 07/24/2009

Subject Area(s)
SUPERVISION
MEDICATIONS
ADMINISTRATION
QUALITY OF LIFE

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
NOF

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

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

Facility Information

Facility Name: PARKSIDE ASSISTED LIVING (0012840)
Address: 6902 PARKSIDE CIRCLE, DEFOREST, WI 53532
License Status: REGULAR
Licensed/Certified/Registered 06/15/2009
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0104188 **End Date:** 06/15/2009 **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 (REGISTERED)
COUNTY: DANE

Facility Information

Facility Name: CHAPEL VALLEY II (0010287)
Address: 5781 CHAPEL VALLEY ROAD, FITCHBURG, WI 53711
License Status: REGULAR
Licensed/Certified/Registered 06/01/2000
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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: DANE

Facility Information

Facility Name: HYLAND PARK COMMUNITY (0013054)
Address: 5440 CADDIS BEND, FITCHBURG, WI 53711
License Status: REGULAR
Licensed/Certified/Registered 12/01/2009
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107638 **End Date:** 12/08/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105281 **End Date:** 12/01/2009 **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: DANE

Complaint History (HYLAND PARK COMMUNITY)

Date Complaint Received: 11/15/2010

Date Investigation Completed: 12/08/2010

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: DANE

Facility Information

Facility Name: AVALON ASSISTED LIVING COMMUNITY (0012841)

Address: 2879 FISH HATCHERY RD, MADISON, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 06/10/2009

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

Survey History

Survey ID: 0108190 **End Date:** 03/07/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RH8311 Served 03/18/2011

Deficiencies Cited

89.34(16)

89.34(17)

Subject Area

TENANT RIGHTS

TENANT RIGHTS

Compliance
Verified

Corrected

Survey ID: 0107039 **End Date:** 09/08/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106558 **End Date:** 06/30/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104713 **End Date:** 08/18/2009 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: DANE

Survey ID: 0104144 End Date: 06/09/2009 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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: DANE

Enforcement History (AVALON ASSISTED LIVING COMMUNITY)

Date: 03/17/2011 SOD #RH8311 Enforcement Appealed: No

Sanctions

FORFEITURE---89.34(16)

FORFEITURE---89.34(17)

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

Complaint History (AVALON ASSISTED LIVING COMMUNITY)

Date Complaint Received: 01/19/2011

Date Investigation Completed: 03/07/2011

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

RH8311
RH8311

Date Complaint Received: 01/18/2011

Date Investigation Completed: 03/07/2011

Subject Area(s)

RESIDENT RIGHTS
MEDICATIONS
STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

RH8311
RH8311

Date Complaint Received: 08/05/2010

Date Investigation Completed: 09/08/2010

Subject Area(s)

SUPERVISION
ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/02/2010

Date Investigation Completed: 06/30/2010

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/14/2009

Date Investigation Completed: 08/18/2009

Subject Area(s)

MEDICATIONS

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: DANE

Facility Information

Facility Name: CAPITOL LAKES (0010301)
Address: 333 W MAIN ST, MADISON, WI 53703
License Status: REGULAR
Licensed/Certified/Registered 03/01/2002
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: DANE

Facility Information

Facility Name: GARDENS (THE) (0013225)
Address: 602 N SEGOE RD, MADISON, WI 53705
License Status: REGULAR
Licensed/Certified/Registered 02/26/2010
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0105789 **End Date:** 02/26/2010 **Type:** INITIAL **Purpose:** 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: DANE

Facility Information

Facility Name: MEADOWMERE OF MADISON (0012218)
Address: 5601 BURKE RD, MADISON, WI 53718
License Status: REGULAR
Licensed/Certified/Registered: 01/01/2008
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0105752 **End Date:** 02/18/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #IG9P11 Served 02/24/2010

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------------------------|----------------------------|------------------|
| 50.065(2)(bb) | DETERMINE FINAL DISPOSITION OF CHARGE | 04/19/2011 | Yes |

Survey ID: 0104854 **End Date:** 09/17/2009 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: DANE

Complaint History (MEADOWMERE OF MADISON)

Date Complaint Received: 03/10/2011

Date Investigation Completed: 04/19/2011

Subject Area(s)
MEDICATIONS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/11/2009

Date Investigation Completed: 09/17/2009

Subject Area(s)
NUTRITION & FOOD SERVICES

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: DANE

Facility Information

Facility Name: OAK PARK PLACE THE GROVE I (0011402)
Address: 702 JUPITER DR, MADISON, WI 53718
License Status: REGULAR
Licensed/Certified/Registered 06/01/2006
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107794 **End Date:** 01/19/2011 **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
Residential Care Apartment Complex (REGISTERED)
COUNTY: DANE

Complaint History (OAK PARK PLACE THE GROVE I)

Date Complaint Received: 12/15/2010

Date Investigation Completed: 01/19/2011

Subject Area(s)
RESIDENT RIGHTS
PROGRAM SERVICES
QUALITY OF LIFE

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
Residential Care Apartment Complex (REGISTERED)
COUNTY: DANE

Facility Information

Facility Name: OAK PARK PLACE THE GROVE II (0012509)
Address: 719 JUPITER DR, MADISON, WI 53718
License Status: REGULAR
Licensed/Certified/Registered 11/19/2008
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102977 **End Date:** 11/11/2008 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: OAKWOOD VILLAGE APTS INC (0012187)
Address: 6209 MINERAL POINT RD, MADISON, WI 53705
License Status: REGULAR
Licensed/Certified/Registered 12/01/2007
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: DANE

Facility Information

Facility Name: OAKWOOD VILLAGE EAST (0011192)
Address: 5555 TANCHI DR, MADISON, WI 53718
License Status: REGULAR
Licensed/Certified/Registered: 12/01/2005
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: DANE

Facility Information

Facility Name: ATTIC ANGEL PLACE (0012985)
Address: 8301 OLD SAUK RD, MIDDLETON, WI 53562
License Status: REGULAR
Licensed/Certified/Registered 09/09/2009
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0104782 **End Date:** 09/09/2009 **Type:** OTHER **Purpose:** CHOW--LICENSURE
Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: HERITAGE MONONA RCAC (0012892)
Address: 111 OWEN RD, MONONA, WI 53716
License Status: REGULAR
Licensed/Certified/Registered 11/17/2009
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0105195 **End Date:** 11/17/2009 **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 (REGISTERED)
COUNTY: DANE

Facility Information

Facility Name: INGLEWOOD ASSISTED LIVING APARTMENTS (0010289)

Address: 405 NORTH 8TH STREET, MT HOREB, WI 53572

License Status: REGULAR

Licensed/Certified/Registered 04/01/2001

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

Survey History

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

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

Facility Information

Facility Name: HYLAND PARK EAST LLC (0013255)
Address: 881 LIBERTY BLVD, SUN PRAIRIE, WI 53590
License Status: REGULAR
Licensed/Certified/Registered 06/16/2010
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107654 **End Date:** 12/13/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S9OX11 Served 12/28/2010

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|----------------------------|------------------|
| 89.23(2)(c) | SERVICES | 04/27/2011 | Yes |

Survey ID: 0106464 **End Date:** 06/16/2010 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Enforcement History (HYLAND PARK EAST LLC)

Date: 12/22/2010

SOD #S9OX11

Enforcement Appealed: No

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION
FORFEITURE---89.23(2)(c)

--Facility Compliant 04/27/2011 12:00:00AM

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

Complaint History (HYLAND PARKEAST LLC)

Date Complaint Received: 11/16/2010

Date Investigation Completed: 12/13/2010

Subject Area(s)
SUPERVISION
PROGRAM SERVICES

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
S9OX11
S9OX11

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

Facility Information

Facility Name: KINDREDHEARTS OF SUN PRAIRIE (0011225)
Address: 605 CHASE BLVD, SUN PRAIRIE, WI 53590
License Status: REGULAR
Licensed/Certified/Registered 01/02/2006
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0108288 **End Date:** 03/23/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106647 **End Date:** 07/14/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106007 **End Date:** 03/10/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6SAD11 Served 03/31/2010

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|----------------------------|------------------|
| 89.23(4)(c) | SERVICES | | |

Survey ID: 0105836 **End Date:** 02/22/2010 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: DANE

Survey ID: 0105262 **End Date: 11/16/2009** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103710 **End Date: 03/26/2009** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103126 **End Date: 12/10/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Enforcement History (KINDREDHEARTS OF SUN PRAIRIE)

Date: 03/30/2010 SOD #6SAD11 Enforcement Appealed: Yes Decision: PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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

Complaint History (KINDREDHEARTS OF SUN PRAIRIE)

Date Complaint Received: 02/15/2011

Date Investigation Completed: 03/23/2011

Subject Area(s)

ABUSE
MEDICATIONS
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/17/2010

Date Investigation Completed: 07/14/2010

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/23/2010

Date Investigation Completed: 03/22/2010

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE
ADMINISTRATION

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

6SAD11
6SAD11

Date Complaint Received: 11/05/2009

Date Investigation Completed: 11/16/2009

Subject Area(s)

ADMINISTRATION
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/12/2009

Date Investigation Completed: 03/26/2009

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE
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: DANE

Date Complaint Received: 10/23/2008

Date Investigation Completed: 12/10/2008

Subject Area(s)
NUTRITION & FOOD SERVICES

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: DANE

Facility Information

Facility Name: SUN PRAIRIE HEALTH CARE CENTER (0011727)

Address: 228 W MAIN ST, SUN PRAIRIE, WI 53590

License Status: REGULAR

Licensed/Certified/Registered 02/07/2007

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: DANE

Facility Information

Facility Name: WILLOW POINTE ASSISTED LIVING (0010298)
Address: 1125 NORTH EDGE TRAIL, VERONA, WI 53593
License Status: REGULAR
Licensed/Certified/Registered 11/01/2001
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0105381 **End Date:** 12/08/2009 **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
Residential Care Apartment Complex (REGISTERED)
COUNTY: DANE

Complaint History (WILLOW POINTE ASSISTED LIVING)

Date Complaint Received: 03/01/2011

Date Investigation Completed: 04/07/2011

| <u>Subject Area(s)</u> | <u>Result</u> | <u>SOD #</u> |
|---------------------------|-------------------|--------------|
| RESIDENT RIGHTS | SUBSTANTIATED | 610D11 |
| NUTRITION & FOOD SERVICES | NOT SUBSTANTIATED | |
| MEDICATIONS | SUBSTANTIATED | 610D11 |
| ADMINISTRATION | NOT SUBSTANTIATED | |
| STAFF ADEQUACY | SUBSTANTIATED | 610D11 |

Date Complaint Received: 11/13/2009

Date Investigation Completed: 12/08/2009

| <u>Subject Area(s)</u> | <u>Result</u> | <u>SOD #</u> |
|------------------------|---------------|--------------|
| SUPERVISION | SUBSTANTIATED | VXCD11 |
| ABUSE | SUBSTANTIATED | VXCD11 |
| ADMINISTRATION | SUBSTANTIATED | VXCD11 |
| QUALITY OF LIFE | SUBSTANTIATED | VXCD11 |

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

Facility Information

Facility Name: WAUNAKEE MANOR RCAC (0010280)
Address: 800 HOLIDAY DRIVE, WAUNAKEE, WI 53597
License Status: REGULAR
Licensed/Certified/Registered 06/10/1999
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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