

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

COUNTY: GRANT

**Notes**

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 24 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: GRANT

**Facility Information**

**Facility Name:** CORNERSTONE FOUNDATION 11TH STREET (0008616)

**Address:** 1775 11TH ST, FENNIMORE, WI 53809

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/1999

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

**Survey History**

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

---

***This is Page 2 of 24 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 04/01/2008 to 03/31/2011  
Adult Family Home  
COUNTY: GRANT

**Facility Information**

**Facility Name:** CORNERSTONE FOUNDATION CLIFTON STREET (0009042)

**Address:** 440 SOUTH CLIFTON ST, LIVINGSTON, WI 53554

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/19/2000

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

**Survey History**

**Survey ID:** 0102369    **End Date:** 08/25/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 3 of 24 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 04/01/2008 to 03/31/2011  
Adult Family Home  
COUNTY: GRANT

**Facility Information**

**Facility Name:** CORNERSTONE FOUNDATION FOUNTAIN STREET (0009584)

**Address:** 204 FOUNTAIN ST, MONTFORT, WI 53569

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/12/2002

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

**Survey History**

**Survey ID:** 0104232      **End Date:** 06/22/2009      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102379      **End Date:** 08/25/2008      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 4 of 24 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 04/01/2008 to 03/31/2011  
Adult Family Home  
COUNTY: GRANT

**Complaint History (CORNERSTONE FOUNDATION FOUNTAIN STREET)**

**Date Complaint Received: 05/21/2009**

**Date Investigation Completed: 06/22/2009**

Subject Area(s)  
RESIDENT RIGHTS  
QUALITY OF LIFE

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

***This is Page 5 of 24 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 04/01/2008 to 03/31/2011  
Adult Family Home  
COUNTY: GRANT

**Facility Information**

**Facility Name:** HUMMINGBIRD ADULT HOME FACILITY (0012701)

**Address:** 5355 CLASSIC LN, PLATTEVILLE, WI 53818

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/23/2009

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

**Survey History**

**Survey ID:** 0105051    **End Date:** 10/23/2009    **Type:** INITIAL    **Purpose:** SURVEY

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

**This is Page 6 of 24 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 04/01/2008 to 03/31/2011  
Adult Family Home  
COUNTY: GRANT

**Facility Information**

**Facility Name:** MOUND VIEW ADULT FAMILY HOME (0013493)  
**Address:** 1545 SAM AND DAN LANE, PLATTEVILLE, WI 53818  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/12/2010  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0107428      **End Date:** 11/12/2010      **Type:** INITIAL      **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

**This is Page 7 of 24 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 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GRANT

### Facility Information

**Facility Name:** FENNIMORE COMMUNITY GOOD SAMARITAN CENTER (0009363)

**Address:** 1850 11TH ST, FENNIMORE, WI 53809

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/01/2002

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

### Survey History

**Survey ID:** 0102434    **End Date:** 08/27/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 8 of 24 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 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GRANT

### Facility Information

**Facility Name:** CLA LANCASTER (110393)

**Address:** 1330 ARBOR OAKS LANE, LANCASTER, WI 53813

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/18/1995

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

### Survey History

**Survey ID:** 0101930      **End Date:** 06/11/2008      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 9 of 24 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 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GRANT

### Facility Information

**Facility Name: MORNINGSIDE ASSISTED LIVING (0009040)**

**Address: 850 CITY LIMITS ST, LANCASTER, WI 53813**

**License Status: REGULAR**

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

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

### Survey History

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

***This is Page 10 of 24 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 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GRANT

**Facility Information**

**Facility Name:** GRACIOUS WAY ASSISTED LIVING (0012687)

**Address:** 435 W WALNUT ST, MUSCODA, WI 53573

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/02/2009

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

**Survey History**

**Survey ID:** 0108256      **End Date:** 03/29/2011      **Type:** STANDARD      **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #NIST11      Served 04/01/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.31(4)(a)	NOTICE OF FACILITY INITIATED DISCHARGES		
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY		

**Survey ID:** 0103490      **End Date:** 02/23/2009      **Type:** INITIAL      **Purpose:** SURVEY

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

***This is Page 11 of 24 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 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GRANT

### Enforcement History (GRACIOUS WAY ASSISTED LIVING)

**Date: 03/31/2011**

**SOD #NIST11**

**Enforcement Appealed: No**

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION

FORFEITURE---83.31(4)(a)

FORFEITURE---83.48(3)(a)

---

***This is Page 12 of 24 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 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GRANT

#### Facility Information

**Facility Name:** LYGHHOUSE LLC (0008993)

**Address:** 1976 OLD LANCASTER RD, PLATTEVILLE, WI 53818

**License Status:** REGULAR

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

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

#### Survey History

**Survey ID:** 0107376    **End Date:** 11/03/2010    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #BOP713    Served 11/09/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION		

**Survey ID:** 0106258    **End Date:** 05/03/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #BOP712    Served 05/15/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE	11/03/2010	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	11/03/2010	Yes

***This is Page 13 of 24 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 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GRANT

**Survey ID: 0105144**    **End Date: 10/16/2009**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #BOP711    Served 11/16/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	05/03/2010	Yes
83.26(1)	DOCUMENTATION OF REQUIRED EMPLOYEE TRAINING	05/03/2010	Yes
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	05/03/2010	Yes
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS	05/03/2010	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	05/03/2010	Yes

**Survey ID: 0102032**    **End Date: 06/11/2008**    **Type: ABBREVIATED**    **Purpose: SURVEY**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ODNG11    Served 07/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(8)	DOCUMENTATION	04/01/2009	Yes
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	04/01/2009	Yes
83.33(2)(c)	LEISURE TIME ACTIVITIES	04/01/2009	Yes
83.33(3)(c)1	CONTROLLED SUBSTANCES	04/01/2009	Yes
83.33(3)(c)2	PROOF-OF-USE RECORDS MAINTAINED	04/01/2009	Yes

***This is Page 14 of 24 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 04/01/2008 to 03/31/2011  
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)  
COUNTY: GRANT

**Enforcement History (LYGHTHOUSE LLC)**

**Date: 05/14/2010**      **SOD #BOP712**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION      --Facility Compliant 11/03/2010 12:00:00AM  
COMPLY WITH FACILITY PLAN OF CORRECTION      --Facility Compliant 11/03/2010 12:00:00AM  
FORFEITURE---83.32(3)(l)  
FORFEITURE---83.48(1)(b)

**Date: 11/11/2009**      **SOD #BOP711**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION      --Facility Compliant 05/03/2010 12:00:00AM  
COMPLY WITH REQUIREMENT      --Facility Compliant 05/03/2010 12:00:00AM  
FORFEITURE---83.12(4)(c)  
FORFEITURE---83.26(1)  
FORFEITURE---83.32(3)(k)  
FORFEITURE---83.35(1)(a)  
FORFEITURE---83.35(3)(d)

**Date: 07/07/2008**      **SOD #ODNG11**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT  
COMPLY WITH FACILITY PLAN OF CORRECTION  
FORFEITURE---83.14(8)  
FORFEITURE---83.19(3)(f)  
FORFEITURE---83.33(2)(c)

***This is Page 15 of 24 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 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GRANT

#### Complaint History (LYGHTHOUSE LLC)

**Date Complaint Received: 09/28/2010**

**Date Investigation Completed: 11/03/2010**

Subject Area(s)

SUPERVISION  
RESIDENT BEHAVIOR/FACILITY PRACTICE  
STAFF ADEQUACY

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 10/02/2009**

**Date Investigation Completed: 10/16/2009**

Subject Area(s)

STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED

SOD #

***This is Page 16 of 24 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 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GRANT

#### Facility Information

**Facility Name:** OUR HOUSE ASSISTED CARE (0013380)

**Address:** 1735 N WATER ST, PLATTEVILLE, WI 53818

**License Status:** PROBATIONARY

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

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

#### Survey History

**Survey ID:** 0107533    **End Date:** 11/30/2010    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #QOK411    Served 12/05/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	ADMINISTRATOR QUALIFICATIONS		

**Survey ID:** 0107177    **End Date:** 09/13/2010    **Type:** INITIAL    **Purpose:** CHOW--LICENSURE

**Results:** PROBATIONARY LICENSE ISSUED

***This is Page 17 of 24 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 04/01/2008 to 03/31/2011  
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)  
COUNTY: GRANT

**Enforcement History (OUR HOUSE ASSISTED CARE)**

**Date: 12/02/2010**      **SOD #QOK411**      **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.12(2)(a)

---

***This is Page 18 of 24 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 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GRANT

#### Complaint History (OUR HOUSE ASSISTED CARE)

**Date Complaint Received: 09/30/2010**

**Date Investigation Completed: 11/30/2010**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
ABUSE	SUBSTANTIATED	QOK411
ADMISSION, TRANSFER & DISCHARGE	NOT SUBSTANTIATED	
ADMINISTRATION	SUBSTANTIATED	QOK411
PROGRAM SERVICES	NOT SUBSTANTIATED	
QUALITY OF LIFE	NOT SUBSTANTIATED	

***This is Page 19 of 24 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 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GRANT

### Facility Information

**Facility Name:** PARK PLACE ASSISTED LIVING (0012395)

**Address:** 1015 ELM ST, PLATTEVILLE, WI 53818

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/21/2008

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

### Survey History

**Survey ID:** 0102416      **End Date:** 08/21/2008      **Type:** INITIAL      **Purpose:** SURVEY

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

***This is Page 20 of 24 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 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GRANT

**Facility Information**

**Facility Name:** PARK PLACE MEMORY CARE (0012396)

**Address:** 1155 ELM ST, PLATTEVILLE, WI 53818

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2008

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

**Survey History**

**Survey ID:** 0107516    **End Date:** 11/30/2010    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0107064    **End Date:** 09/07/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #JZVJ11    Served 09/16/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	11/30/2010	Yes

**Survey ID:** 0102878    **End Date:** 11/07/2008    **Type:** INITIAL    **Purpose:** SURVEY

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

***This is Page 21 of 24 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 04/01/2008 to 03/31/2011  
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)  
COUNTY: GRANT

**Enforcement History (PARK PLACE MEMORY CARE)**

**Date: 09/15/2010**      **SOD #JZVJ11**      **Enforcement Appealed: No**

Sanctions  
COMPLY WITH DEPARTMENT PLAN OF CORRECTION    --Facility Compliant 11/30/2010 12:00:00AM  
COMPLY WITH FACILITY PLAN OF CORRECTION        --Facility Compliant 11/30/2010 12:00:00AM  
FORFEITURE---83.35(1)(c)

---

***This is Page 22 of 24 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 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GRANT

#### Facility Information

**Facility Name:** SIENNA CREST PLATTEVILLE (0012464)

**Address:** 1480 BEARS CT, PLATTEVILLE, WI 53818

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/2008

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

#### Survey History

**Survey ID:** 0107515    **End Date:** 11/30/2010    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106376    **End Date:** 06/02/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #0MV711    Served 06/07/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS	11/30/2010	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	11/30/2010	Yes

**Survey ID:** 0102406    **End Date:** 08/21/2008    **Type:** INITIAL    **Purpose:** SURVEY

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

***This is Page 23 of 24 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 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GRANT

#### Enforcement History (SIENNA CREST PLATTEVILLE)

**Date:** 06/03/2010      **SOD #**0MV711      **Enforcement Appealed:** Yes      **Decision:** STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION      --Facility Compliant 11/30/2010 12:00:00AM

COMPLY WITH FACILITY PLAN OF CORRECTION      --Facility Compliant 11/30/2010 12:00:00AM

FORFEITURE---83.35(1)(a)

***This is Page 24 of 24 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.***