

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

COUNTY: GREEN

**Notes**

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 46 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.**

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

**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Day Care Facility  
COUNTY: GREEN

**Facility Information**

**Facility Name:** HAND IN HAND ADULT DAY CENTER (0008562)

**Address:** 2227 4TH ST, MONROE, WI 53566

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/15/1991

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0108826      **End Date:** 06/29/2011      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID:** 0103409      **End Date:** 02/06/2009      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 2 of 46 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 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: GREEN

**Facility Information**

**Facility Name:** SUGAR RIVER QUEEN (0013893)  
**Address:** N5802 SUGAR RIVER PARKWAY, ALBANY, WI 53502  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/21/2011  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0109597    **End Date:** 11/18/2011    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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

**Facility Information**

**Facility Name:** APPLEWOOD (0012063)  
**Address:** W6848 COUNTY ROAD B, MONROE, WI 53566  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/01/2007  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0109562    **End Date:** 11/10/2011    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #ROM913    Served 11/15/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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**Survey ID:** 0104393    **End Date:** 07/01/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ROM911    Served 07/22/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	11/10/2011	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	11/10/2011	Yes
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	11/10/2011	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	11/10/2011	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	11/10/2011	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	11/10/2011	No
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	11/10/2011	Yes

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

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

**Enforcement History (APPLEWOOD)**

**Date: 07/20/2009      SOD #ROM911      Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH FACILITY PLAN OF CORRECTION

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

**Facility Information**

**Facility Name:** COUNTRY CARE (0013574)  
**Address:** W5860 ADVANCE RD, MONROE, WI 53566  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/01/2010  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0107464    **End Date:** 11/19/2010    **Type:** INITIAL    **Purpose:** CHOW--LICENSURE  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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

**Facility Information**

**Facility Name:** GREENCO HOUSE I (199018)  
**Address:** 2506 2508 16TH AVE, MONROE, WI 53566  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/01/1997  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0105818      **End Date:** 02/23/2010      **Type:** STANDARD      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Facility Information**

**Facility Name:** GREENCO HOUSE II (0010120)  
**Address:** 1652 25TH ST, MONROE, WI 53566  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/01/2003  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

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

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

**Facility Information**

**Facility Name:** GREENCO HOUSE III (199059)  
**Address:** 2520 16TH AVE, MONROE, WI 53566  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/01/1999  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

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

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

**Facility Information**

**Facility Name:** GREENCO HOUSE IV (0010441)  
**Address:** 2647 10TH AVE, MONROE, WI 53566  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/21/2004  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

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

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

**Facility Information**

**Facility Name:** GREENCO HOUSE V (0012900)  
**Address:** 2636 14TH ST, MONROE, WI 53566  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/24/2009  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0109058    **End Date:** 06/27/2011    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #KTIY11    Served 08/18/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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**Survey ID:** 0104657    **End Date:** 08/19/2009    **Type:** INITIAL    **Purpose:** SURVEY

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

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

**Facility Information**

**Facility Name:** RAABS ADULT FAMILY HOME I (190082)  
**Address:** 1210 10TH ST, MONROE, WI 53566  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/11/1996  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0108760    **End Date:** 06/16/2011    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0107822    **End Date:** 01/07/2011    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #013212    Served 01/26/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	06/16/2011	Yes
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	06/16/2011	Yes

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

**Survey ID: 0106271    End Date: 05/05/2010    Type: STANDARD    Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #013211    Served 05/20/2010**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	01/05/2011	No
88.07(3)(d)	MEDICATION- WRITTEN ORDER	01/05/2011	Yes
88.10(3)(g)	CLOTHING AND POSSESSIONS	01/05/2011	Yes

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

**Enforcement History (RAABS ADULT FAMILY HOME I)**

**Date: 01/25/2011**      **SOD #013212**      **Enforcement Appealed: No**  
Sanctions  
NO NEW ADMISSIONS      --Facility Compliant 06/16/2011

**Date: 05/18/2010**      **SOD #013211**      **Enforcement Appealed: No**  
Sanctions  
COMPLY WITH DEPARTMENT PLAN OF CORRECTION      --Facility Compliant 06/16/2011

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

**Facility Information**

**Facility Name:** RAABS ADULT FAMILY HOME II (199013)  
**Address:** 1202 10TH ST, MONROE, WI 53566  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/30/1999  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0106282    **End Date:** 05/11/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #I19211    Served 05/20/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GREEN

### Facility Information

**Facility Name: VALLEY PARK (0013910)**

**Address: 750 CAROLAN DR, ALBANY, WI 53502**

**License Status: PROBATIONARY**

**Licensed/Certified/Registered 02/02/2012**

**Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888**

### Survey History

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

***This is Page 17 of 46 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 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GREEN

#### Facility Information

**Facility Name:** HEARTSONG ASSISTED LIVING (0011573)

**Address:** 415 EAST AVE, BELLEVILLE, WI 53508

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2007

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

#### Survey History

**Survey ID:** 0109711    **End Date:** 11/30/2011    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #4LVD11    Served 12/20/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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**Survey ID:** 0106150    **End Date:** 04/23/2010    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)  
COUNTY: GREEN

**Enforcement History (HEARTSONG ASSISTED LIVING)**

**Date: 12/16/2011      SOD #4LVD11      Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.32(3)(h)

FORFEITURE---83.37(2)(e)

FORFEITURE---83.55(6)(b)

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GREEN

#### Complaint History (HEARTSONG ASSISTED LIVING)

**Date Complaint Received: 09/03/2011**

**Date Investigation Completed: 11/16/2011**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
MEDICATIONS	SUBSTANTIATED	4LVD11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	4LVD11
STAFF ADEQUACY	NOT SUBSTANTIATED	

**Date Complaint Received: 03/25/2010**

**Date Investigation Completed: 04/21/2010**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GREEN

#### Facility Information

**Facility Name:** CARING HANDS 2 INC (110338)

**Address:** 605 E 4TH AVE, BROADHEAD, WI 53520

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/30/1993

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

#### Survey History

**Survey ID:** 0104780    **End Date:** 09/03/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #XXHT11    Served 09/10/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GREEN

#### Facility Information

**Facility Name:** COLLINWOOD ELDERLY CARE (110513)

**Address:** 703 GREEN ST, BROADHEAD, WI 53520

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/30/1996

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

#### Survey History

**Survey ID:** 0109412    **End Date:** 10/05/2011    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #E49V12    Served 10/27/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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**Survey ID:** 0108676    **End Date:** 06/07/2011    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #E49V11    Served 06/15/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	09/27/2011	Yes

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)  
COUNTY: GREEN

**Enforcement History (COLLINWOOD ELDERLY CARE)**

**Date: 10/24/2011**      **SOD #E49V12**      **Enforcement Appealed: No**

Sanctions  
FORFEITURE---83.32(3)(i)

**Date: 06/07/2011**      **SOD #E49V11**      **Enforcement Appealed: No**

Sanctions  
FORFEITURE---83.35(3)(d)

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GREEN

#### Complaint History (COLLINWOOD ELDERLY CARE)

**Date Complaint Received: 09/19/2011**

**Date Investigation Completed: 10/05/2011**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	E49V12
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	E49V12

**Date Complaint Received: 04/18/2011**

**Date Investigation Completed: 05/17/2011**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
RESIDENT RIGHTS	SUBSTANTIATED	E49V11
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

**Date Complaint Received: 04/11/2011**

**Date Investigation Completed: 05/17/2011**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	E49V11
QUALITY OF LIFE	NOT SUBSTANTIATED	
SUPERVISION	NOT SUBSTANTIATED	
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	E49V11
QUALITY OF LIFE	NOT SUBSTANTIATED	

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Community Based Residential Facility--CLASS AA (AMBULATORY)  
COUNTY: GREEN

**Facility Information**

**Facility Name:** MORNING SUN CARE HOME (110147)  
**Address:** N4166 CTY E, BRODHEAD, WI 53520  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/31/1992  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0109494    **End Date:** 10/27/2011    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #MO2Z13    Served 11/04/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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**Survey ID:** 0108968    **End Date:** 07/21/2011    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #MO2Z12    Served 08/04/2011

<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	10/03/2011	Yes

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

COUNTY: GREEN

**Survey ID: 0108188    End Date: 02/17/2011    Type: STANDARD    Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #MO2Z11    Served 03/18/2011**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(4)	RESIDENT SATISFACTION EVALUATION	07/21/2011	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	07/21/2011	Yes
83.44(2)(a)	BUILDING CONTROLLED BY CBRF OWNER	07/21/2011	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	07/21/2011	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		No
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT	07/21/2011	Yes
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED	07/21/2011	Yes

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**Survey ID: 0104038    End Date: 05/22/2009    Type: OTHER    Purpose: VERIFICATION VISIT**

**Results: NO STATEMENT OF DEFICIENCY ISSUED**

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

COUNTY: GREEN

**Survey ID: 0103401**    **End Date: 01/22/2009**    **Type: STANDARD**    **Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #GV4819**    Served 02/12/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	Yes
83.16(1)	ADMISSIONS AGREEMENT	04/01/2009	Yes
83.18(1)(d)2	OTHER INFORMATION REQUIRED IN RECORD	04/01/2009	Yes
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	Yes
83.32(1)(a)	ASSESSMENT AND ISP	04/01/2009	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	Yes
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE	04/01/2009	Yes
83.33(3)(e)2.a	WRITTEN ORDER TO ADMINISTER MEDICATIONS	04/01/2009	Yes
83.35(5)(c)	FROZEN AT 0 DEGREES F. OR BELOW	04/01/2009	Yes
83.35(7)(b)2	FOOD PREPARATION AREA CLEAN GOOD REPAIR	04/01/2009	Yes
83.35(9)	CLEANSERS AND INSECTICIDES	04/01/2009	Yes
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	Yes
83.41(4)(f)	NO COMBUSTIBLE MATERIALS	04/01/2009	Yes
83.42(12)	MAINTENANCE OF EXITS	04/01/2009	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	04/01/2009	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	04/01/2009	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	Yes
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS	04/01/2009	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	04/01/2009	Yes
83.43(3)(b)2	TESTING OF SMOKE DETECTORS	04/01/2009	Yes
83.43(4)(b)1.d	COMMON USE ROOMS SMOKE DETECTOR	04/01/2009	Yes
83.55(4)(b)3	EXTENSION CORD RESTRICTIONS	04/01/2009	Yes

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Community Based Residential Facility--CLASS AA (AMBULATORY)  
COUNTY: GREEN

**Enforcement History (MORNING SUN CARE HOME)**

**Date: 11/03/2011**      **SOD #MO2Z13**      **Enforcement Appealed: Yes**      **Decision: PENDING**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.12(2)(a)

FORFEITURE---83.12(4)(b)

**Date: 03/17/2011**      **SOD #MO2Z11**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---83.35(4)

FORFEITURE---83.37(1)(h)

FORFEITURE---83.44(2)(a)

FORFEITURE---83.47(2)(e)

FORFEITURE---83.55(6)(b)

**Date: 02/11/2009**      **SOD #GV4819**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

--Facility Compliant 05/22/2009

FORFEITURE---83.11(3)(a)

FORFEITURE---83.21(4)(w)

FORFEITURE---83.32(1)(a)

FORFEITURE---83.32(2)(a)

FORFEITURE---83.33(2)(g)(1)

FORFEITURE---83.41(10)(a)

FORFEITURE---83.42(12)

FORFEITURE---83.42(2)(a)

FORFEITURE---83.42(3)(e)

FORFEITURE---83.42(3)(f)

FORFEITURE---83.43(3)(b)1

FORFEITURE---83.43(3)(b)2

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Community Based Residential Facility--CLASS AA (AMBULATORY)  
COUNTY: GREEN

**Complaint History (MORNING SUN CARE HOME)**

**Date Complaint Received: 09/12/2011**

**Date Investigation Completed: 10/03/2011**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ABUSE	SUBSTANTIATED	MO2Z13
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
STAFF ADEQUACY	SUBSTANTIATED	MO2Z13

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GREEN

#### Facility Information

**Facility Name:** COMMUNITY LIVING HOME OPTIONS LLC (0012717)

**Address:** 215 3RD ST, MONROE, WI 53566

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2010

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

#### Survey History

**Survey ID:** 0109038    **End Date:** 07/13/2011    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #EJ2114    Served 08/16/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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**Survey ID:** 0107626    **End Date:** 11/23/2010    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #EJ2113    Served 12/17/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.29(3)(a)	REFUNDS RETURNED WITHIN 30 DAYS OF DISCHARGE	07/13/2011	Yes
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS	07/13/2011	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	07/13/2011	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	07/13/2011	No
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	07/13/2011	No

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GREEN

83.38(1)(g) HEALTH MONITORING 07/13/2011 Yes

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**Survey ID: 0107196    End Date: 09/01/2010    Type: OTHER    Purpose: VERIFICATION VISIT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #EJ2112    Served 10/02/2010**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	11/23/2010	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	11/23/2010	Yes
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS	11/23/2010	No

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GREEN

**Survey ID: 0105872    End Date: 02/19/2010    Type: STANDARD    Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #EJ2111    Served 03/12/2010**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	08/26/2010	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	08/26/2010	Yes
83.19	ORIENTATION	08/26/2010	Yes
83.20(2)(b)	TRAINING IN FIRE SAFETY	08/26/2010	Yes
83.20(2)(c)	PROHIBITIONS AND EXCEPTIONS	08/26/2010	Yes
83.22(4)	TRAINING IN DIETARY DUTIES REQUIRED	08/26/2010	Yes
83.26(2)	ORIENTATION, CONTINUING EDUCATION DOCUMENTED	08/26/2010	Yes
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS	08/26/2010	No
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	08/26/2010	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	08/26/2010	Yes
83.38(1)(g)	HEALTH MONITORING	08/26/2010	Yes
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT	08/26/2010	Yes
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED	08/26/2010	Yes

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**Survey ID: 0103766    End Date: 04/06/2009    Type: INITIAL    Purpose: SURVEY**

**Results: PROBATIONARY LICENSE ISSUED**

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GREEN

### Enforcement History (COMMUNITY LIVING HOME OPTIONS LLC)

**Date: 08/15/2011**      **SOD #EJ2114**      **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.14(2)(a)  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.37(1)(i)

**Date: 12/15/2010**      **SOD #EJ2113**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
FORFEITURE---83.35(3)(c)  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.37(1)(i)  
FORFEITURE---83.38(1)(g)

**Date: 09/30/2010**      **SOD #EJ2112**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
PROVIDE TRAINING  
FORFEITURE---83.32(3)(h)  
FORFEITURE---83.32(3)(i)  
FORFEITURE---83.35(1)(a)

**Date: 03/10/2010**      **SOD #EJ2111**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION    --Facility Compliant 09/30/2011  
FORFEITURE---83.19  
FORFEITURE---83.20(2)(b)  
FORFEITURE---83.20(2)(c)  
FORFEITURE---83.22(4)  
FORFEITURE---83.38(1)(g)

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GREEN

#### Complaint History (COMMUNITY LIVING HOME OPTIONS LLC)

**Date Complaint Received: 10/14/2010**

**Date Investigation Completed: 11/23/2010**

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE  
ADMINISTRATION

Result

SUBSTANTIATED  
SUBSTANTIATED

SOD #

EJ2113  
EJ2113

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GREEN

### Facility Information

**Facility Name:** GRACELAND MANOR II (110515)

**Address:** 320 W 17TH ST, MONROE, WI 53566

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/31/1996

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

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

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GREEN

### Facility Information

**Facility Name:** GRACELAND MANOR III (111029)

**Address:** 316 WEST 17TH ST, MONROE, WI 53566

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/30/1997

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

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

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GREEN

### Facility Information

**Facility Name:** HARBOR HOUSE MONROE 19 (0013409)

**Address:** 2800 6TH AVE, MONROE, WI 53566

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/2011

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0106822      **End Date:** 08/02/2010      **Type:** INITIAL      **Purpose:** CHOW--LICENSURE

**Results:** PROBATIONARY LICENSE ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: GREEN

### Facility Information

**Facility Name:** HARBOR HOUSE MONROE 8 (0013408)

**Address:** 2810 6TH AVE, MONROE, WI 53566

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/2011

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0108558      **End Date:** 05/12/2011      **Type:** STANDARD      **Purpose:** SURVEY

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

**Survey ID:** 0106823      **End Date:** 08/02/2010      **Type:** INITIAL      **Purpose:** CHOW--LICENSURE

**Results:** PROBATIONARY LICENSE ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: GREEN

**Facility Information**

**Facility Name:** ASTER RETIREMENT COMMUNITY OF MONROE (0012238)

**Address:** 616 8TH AVE, MONROE, WI 53566

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/08/2008

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0109560    **End Date:** 11/10/2011    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0109269    **End Date:** 09/22/2011    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0109162    **End Date:** 09/07/2011    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ZQF711    Served 09/12/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(3)(f)	SERVICES	11/10/2011	Yes
89.34(16)	TENANT RIGHTS	11/10/2011	Yes

**Survey ID:** 0108740    **End Date:** 06/07/2011    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: GREEN

**Survey ID: 0106001**      **End Date: 02/10/2010**      **Type: STANDARD**      **Purpose: SURVEY**

**Results: NO STATEMENT OF DEFICIENCY ISSUED**

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: GREEN

**Enforcement History (ASTER RETIREMENT COMMUNITY OF MONROE)**

**Date: 09/09/2011      SOD #ZQF711      Enforcement Appealed: No**

Sanctions

FORFEITURE---89.23(3)(f)

FORFEITURE---89.34(16)

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: GREEN

**Complaint History (ASTER RETIREMENT COMMUNITY OF MONROE)**

**Date Complaint Received: 08/25/2011**

**Date Investigation Completed: 09/22/2011**

Subject Area(s)

STAFF TRAINING AND PROFICIENCY  
QUALITY OF LIFE

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 08/24/2011**

**Date Investigation Completed: 09/22/2011**

Subject Area(s)

STAFF TRAINING AND PROFICIENCY  
STAFF ADEQUACY

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 08/17/2011**

**Date Investigation Completed: 09/22/2011**

Subject Area(s)

STAFF ADEQUACY

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/21/2011**

**Date Investigation Completed: 07/28/2011**

Subject Area(s)

MEDICATIONS  
ADMINISTRATION  
STAFF TRAINING AND PROFICIENCY  
PROGRAM SERVICES

Result

SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

ZQF711

**Date Complaint Received: 07/18/2011**

**Date Investigation Completed: 07/28/2011**

Subject Area(s)

NUTRITION & FOOD SERVICES  
ADMINISTRATION

Result

NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #

ZQF711

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: GREEN

**Date Complaint Received: 06/30/2011**

Subject Area(s)  
RESIDENT RIGHTS  
PHYSICAL PLANTS & SAFETY HAZARDS  
MEDICATIONS  
ADMINISTRATION

**Date Investigation Completed: 07/28/2011**

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

**Date Complaint Received: 05/23/2011**

Subject Area(s)  
NUTRITION & FOOD SERVICES  
PROGRAM SERVICES

**Date Investigation Completed: 06/07/2011**

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: GREEN

**Facility Information**

**Facility Name:** ST CLARE FRIEDENSHEIM (0010297)  
**Address:** 2003 4TH ST, MONROE, WI 53566  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/18/2000  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0109812    **End Date:** 12/13/2011    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #D3BY11    Served 01/12/2012

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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**Survey ID:** 0109187    **End Date:** 08/29/2011    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: GREEN

**Complaint History (ST CLARE FRIEDENSHEIM)**

**Date Complaint Received: 10/21/2011**

**Date Investigation Completed: 12/13/2011**

Subject Area(s)

Result

SOD #

SUPERVISION  
MEDICATIONS  
ADMINISTRATION  
STAFF ADEQUACY  
PROGRAM SERVICES

NOT SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

D3BY11

**Date Complaint Received: 08/09/2011**

**Date Investigation Completed: 08/29/2011**

Subject Area(s)

Result

SOD #

MEDICATIONS  
ADMINISTRATION

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 07/18/2011**

**Date Investigation Completed: 08/29/2011**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS  
RESTRAINTS  
HOMELIKE ENVIRONMENT & CLEANLINESS  
ADMINISTRATION  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: GREEN

**Facility Information**

**Facility Name:** GLARNER LODGE RCAC (0013266)  
**Address:** 900 GLARNER DR, NEW GLARUS, WI 53574  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/13/2010  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0107020    **End Date:** 09/08/2010    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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