

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

COUNTY: IOWA

**Notes**

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 23 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 Family Home  
COUNTY: IOWA

**Facility Information**

**Facility Name:** SCHAACK ADULT FAMILY HOME (0009595)  
**Address:** 506 EAST MARKET ST, AVOCA, WI 53506  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/19/2002  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0107201    **End Date:** 09/28/2010    **Type:** ABBREVIATED    **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: IOWA

**Facility Information**

**Facility Name:** CORNERSTONE FOUNDATION VICTORIA COURT (199012)

**Address:** 207 VICTORIA COURT, BARNEVELD, WI 53507

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/25/1997

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

**Survey History**

**Survey ID:** 0103830    **End Date:** 04/13/2009    **Type:** ABBREVIATED    **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: IOWA

**Facility Information**

**Facility Name:** CORNERSTONE FOUNDATION DIVISION STREET (0010896)

**Address:** 111 DIVISION ST, COBB, WI 53526

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/30/2005

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

**Survey History**

**Survey ID:** 0107332    **End Date:** 10/19/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #U4O912    Served 10/29/2010

| <u>Deficiencies Cited</u> | <u>Subject Area</u>            | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--------------------------------|----------------------------|------------------|
| 50.065(2)(bm)             | OUT OF STATE BACKGROUND CHECKS | 12/15/2011                 | Yes              |
| 88.04(2)(g)1              | HEALTH SCREENING FOR STAFF     | 12/15/2011                 | Yes              |

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

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

**Date Complaint Received: 12/08/2011**

**Date Investigation Completed: 01/04/2012**

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS  
ADMINISTRATION  
PROGRAM SERVICES  
QUALITY OF LIFE

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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

**Facility Information**

**Facility Name:** CORNERSTONE FOUNDATION LEVEL STREET (199005)

**Address:** 601 N LEVEL ST, DODGEVILLE, WI 53533

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/10/1997

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

**Survey History**

**Survey ID:** 0106809    **End Date:** 08/12/2010    **Type:** ABBREVIATED    **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: IOWA

**Facility Information**

**Facility Name: CORNERSTONE FOUNDATION MCCARTHY ROAD (0008675)**

**Address: 5115 MCCARTHY ROAD, HIGHLAND, WI 53543**

**License Status: REGULAR**

**Licensed/Certified/Registered 06/21/1999**

**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: IOWA

**Facility Information**

**Facility Name:** CORNERSTONE FOUNDATION HWY 39 (199037)

**Address:** 6297 HWY 39, MINERAL POINT, WI 53565

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/02/1998

**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: IOWA

**Facility Information**

**Facility Name:** HILLTOP HOUSE (0010696)  
**Address:** 1345 STATE HWY 23, MINERAL POINT, WI 53565  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/21/2004  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0104559    **End Date:** 08/05/2009    **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  
Adult Family Home  
COUNTY: IOWA

**Complaint History (HILLTOP HOUSE)**

**Date Complaint Received: 06/29/2009**

**Date Investigation Completed: 08/05/2009**

Subject Area(s)  
QUALITY OF LIFE

Result  
NOT SUBSTANTIATED

SOD #

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

**Facility Information**

**Facility Name:** CORNERSTONE FOUNDATION LORRAINE COURT (199053)

**Address:** 102 LORRAINE CRT, RIDGEWAY, WI 53582

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/30/1998

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

**Survey History**

**Survey ID:** 0107353    **End Date:** 10/19/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #N8GU11    Served 11/05/2010

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|----------------------------|------------------|
|---------------------------|---------------------|----------------------------|------------------|

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**Survey ID:** 0103412    **End Date:** 02/11/2009    **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: IOWA

### Facility Information

**Facility Name:** CORNERSTONE FOUNDATION KENZIE STREET CBRF (0013163)

**Address:** 201 N KENZIE ST, BARNEVELD, WI 53507

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/21/2010

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

### Survey History

**Survey ID:** 0108354    **End Date:** 04/13/2011    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106163    **End Date:** 04/21/2010    **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: IOWA

#### Complaint History (CORNERSTONE FOUNDATION KENZIE STREET CBRF)

**Date Complaint Received: 01/28/2011**

**Date Investigation Completed: 03/31/2011**

Subject Area(s)  
RESIDENT RIGHTS  
ABUSE  
ADMINISTRATION

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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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: IOWA

### Facility Information

**Facility Name:** CRESTRIDGE ASSISTED LIVING OF DODGEVILLE LLC (111062)

**Address:** 219 EAST GRACE ST, DODGEVILLE, WI 53533

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/31/1999

**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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: IOWA

### Facility Information

**Facility Name:** SIENNA CREST DODGEVILLE (0009500)

**Address:** 404 EAST MADISON ST, DODGEVILLE, WI 53533

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2002

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

### Survey History

**Survey ID:** 0106441    **End Date:** 06/10/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY/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: IOWA

### Facility Information

**Facility Name:** UPLAND POINT CORPORATION SUNNYSIDE EAST (0012968)

**Address:** 207 W PARRY ST, DODGEVILLE, WI 53533

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2009

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

### Survey History

**Survey ID:** 0109188      **End Date:** 09/13/2011      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0105109      **End Date:** 11/02/2009      **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: IOWA

#### Facility Information

**Facility Name:** UPLAND POINT CORPORATION SUNNYSIDE (0012225)

**Address:** 209 W PARRY ST, DODGEVILLE, WI 53533

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/04/2008

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

#### Survey History

**Survey ID:** 0106792    **End Date:** 08/09/2010    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0105798    **End Date:** 02/18/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #GOPF11    Served 03/02/2010

| <u>Deficiencies Cited</u> | <u>Subject Area</u>                           | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---|----------------------------|------------------|
| 83.37(1)(e)               | MEDICATION REGIMEN, ADMINISTRATION REVIEW     | 08/09/2010                 | Yes              |
| 83.37(2)(e)               | OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN | 08/09/2010                 | 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: IOWA

### Enforcement History (UPLAND POINT CORPORATION SUNNYSIDE)

**Date: 03/01/2010**      **SOD #GOPF11**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---83.37(2)(e)

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: IOWA

### Facility Information

**Facility Name:** PINE LAWN GROUP HOME (110040)

**Address:** 535 SPRING ST, HIGHLAND, WI 53543

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/31/1981

**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: IOWA

#### Facility Information

**Facility Name:** SIENNA CREST MINERAL POINT (0008694)

**Address:** 210 COPPER ST, MINERAL POINT, WI 53565

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/31/2000

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

#### Survey History

**Survey ID:** 0104254    **End Date:** 06/16/2009    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #YK1211    Served 06/29/2009

| <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: IOWA

### Enforcement History (SIENNA CREST MINERAL POINT)

**Date:** 06/25/2009

**SOD #**YK1211

**Enforcement Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT

COMPLY WITH FACILITY PLAN OF CORRECTION

FORFEITURE---83.46(4)(e)

FORFEITURE---83.47(2)(d)

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: IOWA

#### Facility Information

**Facility Name:** UPLAND POINT (110435)

**Address:** 404 PINE ST, MINERAL POINT, WI 53565

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/15/1995

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

#### Survey History

**Survey ID:** 0106457    **End Date:** 06/09/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #6HG811    Served 06/19/2010

| <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  
Residential Care Apartment Complex (REGISTERED)  
COUNTY: IOWA

**Facility Information**

**Facility Name:** STONEFIELD APARTMENT HOMES (0013621)  
**Address:** 407 E MADISON ST, DODGEVILLE, WI 53533  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/20/2011  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0107989    **End Date:** 02/14/2011    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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