

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

Notes

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

The report includes only facilities located within the City of Fort Atkinson. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.

The report is a PDF (Adobe Acrobat) document and includes a total of 53 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: JEFFERSON

Facility Information

Facility Name: ARBOR HOUSE (0013194)
Address: 1103 PETERSON ST, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 06/17/2010
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0106478 **End Date:** 06/17/2010 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 2 of 53 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 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: JEFFERSON

Facility Information

Facility Name: ASPEN PLACE AFH (0012144)
Address: 918 GAIL PLACE, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 11/01/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0105065 **End Date:** 10/21/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R6QZ13 Served 11/02/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.10(3)(a)	FAIR TREATMENT		

Survey ID: 0102491 **End Date:** 09/05/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R6QZ12 Served 09/23/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(b)6	NOTIFICATION OF CHANGES	10/21/2009	Yes

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

Survey ID: 0102132 End Date: 07/09/2008 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R6QZ11 Served 07/22/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	09/05/2008	Yes
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	09/05/2008	Yes
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	09/05/2008	Yes
88.05(3)(a)	HOME ENVIRONMENT	09/05/2008	Yes
88.05(3)(l)	BEDROOMS-PRIVACY	09/05/2008	Yes
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS	09/05/2008	Yes
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	09/05/2008	Yes

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

Enforcement History (ASPEN PLACE AFH)

Date: 10/28/2009 **SOD #R6QZ13** **Enforcement Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT
COMPLY WITH FACILITY PLAN OF CORRECTION

Date: 09/15/2008 **SOD #R6QZ12** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Date: 07/21/2008 **SOD #R6QZ11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
PROVIDE TRAINING

--Facility Compliant 09/08/2008 12:00:00AM

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

Complaint History (ASPEN PLACE AFH)

Date Complaint Received: 07/01/2008

Date Investigation Completed: 07/09/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	R6QZ11
RESIDENT RIGHTS	SUBSTANTIATED	R6QZ11
ABUSE	SUBSTANTIATED	R6QZ11
RESTRAINTS	SUBSTANTIATED	R6QZ11
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

Date Complaint Received: 06/02/2008

Date Investigation Completed: 07/09/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	R6QZ11
HOMELIKE ENVIRONMENT & CLEANLINESS	SUBSTANTIATED	R6QZ11
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
ADMINISTRATION	SUBSTANTIATED	R6QZ11
STAFF ADEQUACY	SUBSTANTIATED	R6QZ11
PROGRAM SERVICES	SUBSTANTIATED	R6QZ11

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

Facility Information

Facility Name: BETHESDA LUTHERAN COMMUNITIES - FORT ATKINSON (0012611)

Address: 1200 JEFFERSON ST, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 12/01/2008

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

Survey History

Survey ID: 0107999 **End Date:** 02/17/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102983 **End Date:** 11/24/2008 **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
Adult Family Home
COUNTY: JEFFERSON

Facility Information

Facility Name: BLACK BEAR AFH (0011738)
Address: 222 W BLACKHAWK DR, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 01/30/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107742 **End Date:** 01/10/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #HZMT13 Served 01/14/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE		
88.05(3)(a)	HOME ENVIRONMENT		

Survey ID: 0105261 **End Date:** 11/11/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HZMT12 Served 12/03/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	01/10/2011	Yes
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	01/10/2011	Yes
88.05(3)(a)	HOME ENVIRONMENT	01/10/2011	Yes

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

Survey ID: 0103138 End Date: 12/16/2008 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #HZMT11 Served 01/02/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	11/11/2009	No

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

Enforcement History (BLACK BEAR AFH)

Date: 12/01/2009 **SOD #HZMT12** **Enforcement Appealed: No**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 01/10/2011 12:00:00AM

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

Complaint History (BLACK BEAR AFH)

Date Complaint Received: 10/13/2009

Date Investigation Completed: 11/11/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ABUSE	SUBSTANTIATED	HZMT12
STAFF ADEQUACY	SUBSTANTIATED	HZMT12

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

Facility Information

Facility Name: BLUE RAVEN (0011737)
Address: 220 W BLACKHAWK DR, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 01/30/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107705 **End Date:** 01/10/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107372 **End Date:** 10/28/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SOYN11 Served 11/09/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	01/10/2011	Yes
88.07(1)(a)	RESIDENT CARE-GENERAL REQUIREMENTS	01/10/2011	Yes

Survey ID: 0103133 **End Date:** 12/16/2008 **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
Adult Family Home
COUNTY: JEFFERSON

Enforcement History (BLUE RAVEN)

Date: 11/08/2010	SOD #SOYN11	Enforcement Appealed: No
<u>Sanctions</u>		
COMPLY WITH DEPARTMENT PLAN OF CORRECTION		--Facility Compliant 01/10/2011 12:00:00AM
COMPLY WITH REQUIREMENT		--Facility Compliant 01/10/2011 12:00:00AM
NO NEW ADMISSIONS		--Facility Compliant 01/10/2011 12:00:00AM

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

Complaint History (BLUE RAVEN)

Date Complaint Received: 10/06/2010

Date Investigation Completed: 10/28/2010

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	SOYN11
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	SOYN11
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
STAFF ADEQUACY	SUBSTANTIATED	SOYN11

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

Facility Information

Facility Name: CARING CORNER (0013606)
Address: 1328 COMMONWEALTH DR, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 03/03/2011
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0108060 **End Date:** 03/02/2011 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: CHEROKEE HILLS (0008813)
Address: 655 CHEROKEE LN, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 09/14/1999
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102723 **End Date:** 10/13/2008 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: CLOVER LANE PLACE AFH (0012191)
Address: 421 CLOVER LANE, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 11/16/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0105534 **End Date:** 01/11/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #P2JX11 Served 01/25/2010

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

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

Facility Information

Facility Name: COUNTRY HEARTS (0012940)
Address: W5999 FRIEDEL RD, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 09/10/2009
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0104806 **End Date:** 09/10/2009 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: COUNTRY LIVING AFH (0010660)
Address: N1504 SCHNEIDER LA, FORT ATKINSON, WI 535382723
License Status: REGULAR
Licensed/Certified/Registered 09/01/2004
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103849 **End Date:** 04/15/2009 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: ELM MOUND ADULT FAMILY HOME (0013331)
Address: 117/119 HEALY LN, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 10/13/2010
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107251 **End Date:** 10/13/2010 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: GRAFS PLEASANT VIEW AFH (0012838)
Address: N1644 CARLIN RD, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 07/01/2009
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0104305 **End Date:** 07/01/2009 **Type:** INITIAL **Purpose:** CHOW--LICENSURE
Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: GRAY WOLF (0011740)
Address: 212 W BLACKHAWK DR, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 01/09/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107966 **End Date:** 02/10/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107709 **End Date:** 12/29/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VHKV12 Served 01/12/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(q)	MEDICATIONS	02/10/2011	Yes

Survey ID: 0103836 **End Date:** 04/08/2009 **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
Adult Family Home
COUNTY: JEFFERSON

Survey ID: 0103406 End Date: 01/21/2009 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VHKV11 Served 02/17/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES		
88.07(2)(b)	SERVICES DIRECTED TO GOALS		
88.07(3)(c)	MEDICATION ASSISTANCE		
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT		

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

Enforcement History (GRAY WOLF)

Date: 01/11/2011 **SOD #VHKV12** **Enforcement Appealed: No**
Sanctions
COMPLY WITH REQUIREMENT --Facility Compliant 02/10/2011 12:00:00AM

Date: 02/12/2009 **SOD #VHKV11** **Enforcement Appealed: No**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 12/29/2010 12:00:00AM
COMPLY WITH REQUIREMENT --Facility Compliant 12/29/2010 12:00:00AM

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

Complaint History (GRAY WOLF)

Date Complaint Received: 02/24/2009

Date Investigation Completed: 04/08/2009

Subject Area(s)
MEDICATIONS

Result
SUBSTANTIATED

SOD #
NOF

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

Facility Information

Facility Name: HAWKS RIDGE AFH (0012621)
Address: 1123 N MAIN ST, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 12/10/2008
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107991 **End Date:** 02/14/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103049 **End Date:** 12/08/2008 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: HEARTS OF HOPE II (0008727)
Address: 703 BADGER CT, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 07/09/1999
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102431 **End Date:** 09/03/2008 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: HEARTS OF HOPE LLC I (0008588)
Address: 711 713 BADGER CT, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 03/22/1999
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102658 **End Date:** 10/08/2008 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: HELPING HAND ADULT FAMILY HOME (0009494)

Address: 205 LUCILE ST, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 11/26/2001

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

Survey History

Survey ID: 0103211 End Date: 01/06/2009 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: HIDDEN ACRES (390142)
Address: N2701 RETZLAFF RD, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 09/12/1996
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0108267 **End Date:** 03/18/2011 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ONPQ11 Served 04/05/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(3)(b)	FREE OF HAZARDS		
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS		

Survey ID: 0102279 **End Date:** 08/07/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: HIL NIKKI HOME (0013670)
Address: 506 NIKKI LANE, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 05/09/2011
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

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

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

Facility Information

Facility Name: HIL PRAIRIE RIDGE (0009778)
Address: 502 NIKKI LN, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 01/01/2002
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0105838 **End Date:** 03/03/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #D5N712 Served 03/10/2010

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

Survey ID: 0102095 **End Date:** 06/25/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #D5N711 Served 07/17/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	03/03/2010	No
88.07(3)(e)1	MEDICATION- RECORD KEEPING	03/03/2010	Yes

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

Enforcement History (HIL PRAIRIE RIDGE)

Date: 07/11/2008 SOD #D5N711 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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

Facility Information

Facility Name: HIL SONGBIRD HOUSE (0013671)
Address: 508 NIKKI LANE, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 05/09/2011
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

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

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

Facility Information

Facility Name: HIL STONE RIDGE (0009779)
Address: 504 NIKKI LN, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 01/01/2002
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102015 **End Date:** 06/25/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WUS611 Served 07/03/2008

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

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

Facility Information

Facility Name: IN GOOD HANDS (0011476)
Address: 702 BADGER CT, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 06/12/2006
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0104426 **End Date:** 07/17/2009 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #E5VL12 Served 08/03/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

Survey ID: 0101814 **End Date:** 05/21/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #E5VL11 Served 07/01/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	07/17/2009	Yes

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

Facility Information

Facility Name: JAMESWAY HOUSE (390198)
Address: 1264 JAMESWAY, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 11/11/1997
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102373 **End Date:** 08/19/2008 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: JASPER HOUSE (0011726)
Address: N1947 STATE US HWY 12, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 12/18/2006
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102986 **End Date:** 11/25/2008 **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
Adult Family Home
COUNTY: JEFFERSON

Facility Information

Facility Name: JENSENS AFH (0012645)
Address: 224 NADIG DR, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 02/19/2009
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107942 **End Date:** 02/09/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TM9411 Served 02/12/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		

Survey ID: 0103468 **End Date:** 02/19/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: LARSONS AFH (0008863)
Address: N2297 HWY A, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 11/19/1999
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107288 **End Date:** 10/19/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ZZPJ11 Served 10/21/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)1	FIRE SAFETY EVACUATION PLAN		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

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

Facility Information

Facility Name: LIGHTED PATHWAYS II (0010749)
Address: 710 BADGER COURT, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 12/14/2004
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107924 **End Date:** 02/03/2011 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: NEW BEGINNINGS (0010663)
Address: 402 RAINTREE DR, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 09/01/2004
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103696 **End Date:** 03/18/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #PQ0M11 Served 03/31/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(j)	BEDROOM REQUIREMENTS		

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

Facility Information

Facility Name: ORCHARD VIEW ADULT FAMILY HOME (390225)

Address: W6429 HWY 12, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 10/07/1998

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

Survey History

Survey ID: 0107468 End Date: 11/12/2010 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: PINE CIRCLE AFH (0011043)
Address: 503 NIKKI LANE, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 07/26/2005
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0108229 **End Date:** 03/17/2011 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102012 **End Date:** 06/25/2008 **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
Adult Family Home
COUNTY: JEFFERSON

Facility Information

Facility Name: SECURED LIVING LLC (0011703)
Address: 404 N MAIN ST, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 03/07/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0108012 **End Date:** 02/02/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4EME12 Served 02/26/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR		
88.10(3)(a)	FAIR TREATMENT		

Survey ID: 0103713 **End Date:** 03/24/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4EME11 Served 04/02/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	01/24/2011	No
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	01/24/2011	Yes

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

Enforcement History (SECURED LIVING LLC)

Date: 02/24/2011 **SOD #4EME12** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Date: 03/31/2009 **SOD #4EME11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

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

Facility Information

Facility Name: SILVER FOX (0011739)
Address: 214 W BLACKHAWK DR, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 01/08/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103335 **End Date:** 01/21/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WESX11 Served 02/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		

Survey ID: 0101748 **End Date:** 04/29/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: SPRUCE LANE AFH (0011642)
Address: 1122 GREENE ST, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered: 11/06/2006
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102987 **End Date:** 11/20/2008 **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
Adult Family Home
COUNTY: JEFFERSON

Facility Information

Facility Name: ST COLETTA OF WI FREDERICK AVENUE (0009198)

Address: 414 FREDERICK AVE, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 02/02/2001

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

Survey History

Survey ID: 0107371 End Date: 11/02/2010 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: WALNUT ADULT FAMILY HOME (0013415)
Address: 1442 ENDL BLVD, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 12/09/2010
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107598 **End Date:** 12/09/2010 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: WELTER ADULT FAMILY HOME (0011075)
Address: 1333 ADRIAN BLVD, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 08/25/2005
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107995 **End Date:** 02/17/2011 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: WEST GATE RETIREMENT HOME (390117)
Address: 1314 COMMONWEALTH DR, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 05/09/1996
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0106593 **End Date:** 07/02/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102554 **End Date:** 09/18/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HRYK14 Served 09/30/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	07/02/2010	Yes
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	07/02/2010	Yes

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

Enforcement History (WEST GATE RETIREMENT HOME)

Date: 09/24/2008 **SOD #HRYK14** **Enforcement Appealed: No**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 07/02/2010 12:00:00AM

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