

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility
COUNTY: JEFFERSON

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community Based Residential Facilities 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 34 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: JEFFERSON

Facility Information

Facility Name: APPLE HOUSE (0012615)

Address: 1621 PREMIER PL, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 01/30/2009

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

Survey History

Survey ID: 0107996 **End Date:** 02/17/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103307 **End Date:** 01/21/2009 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: JEFFERSON

Facility Information

Facility Name: BIRCH TERRACE (310314)

Address: 1109 CASWELL ST, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 12/15/1995

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

Survey History

Survey ID: 0105625 **End Date:** 02/08/2010 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: JEFFERSON

Facility Information

Facility Name: BLACK HAWK SENIOR RESIDENCE (310315)

Address: 1 MILWAUKEE AVE WEST, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 11/30/1992

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

Survey History

Survey ID: 0105431 **End Date:** 12/03/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #6M4E11 Served 01/06/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	04/25/2011	Yes
83.25	CONTINUING EDUCATION	04/25/2011	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	04/25/2011	No
83.47(2)(d)	FIRE DRILLS	04/25/2011	Yes

Survey ID: 0101682 **End Date:** 05/05/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: JEFFERSON

Complaint History (BLACK HAWK SENIOR RESIDENCE)

Date Complaint Received: 04/10/2008

Date Investigation Completed: 05/05/2008

Subject Area(s)

NUTRITION & FOOD SERVICES
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: JEFFERSON

Facility Information

Facility Name: CEDAR HILL (310332)

Address: N1366 HWY 12, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 03/01/1995

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

Survey History

Survey ID: 0105352 **End Date:** 12/14/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104622 **End Date:** 08/10/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VSFV11 Served 08/21/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	12/14/2009	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS		

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: JEFFERSON

Enforcement History (CEDAR HILL)

Date: 08/17/2009 **SOD #VSVF11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.44(2)(c)

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: JEFFERSON

Complaint History (CEDAR HILL)

Date Complaint Received: 11/23/2009

Date Investigation Completed: 12/14/2009

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
STAFF ADEQUACY
PROGRAM SERVICES
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

NOF

Date Complaint Received: 10/29/2009

Date Investigation Completed: 12/14/2009

Subject Area(s)

NUTRITION & FOOD SERVICES
MEDICATIONS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/20/2009

Date Investigation Completed: 08/10/2009

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
QUALITY OF LIFE

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

VSFV11

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: JEFFERSON

Facility Information

Facility Name: COMMONWEALTH HOME (0011559)

Address: 1501 COMMONWEALTH DR, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 02/01/2007

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

Survey History

Survey ID: 0102432 **End Date:** 09/04/2008 **Type:** OTHER **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: JEFFERSON

Facility Information

Facility Name: FALCONS NEST CBRF (0012983)

Address: 160 W BLACKHAWK DR, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 11/17/2009

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

Survey History

Survey ID: 0105185 **End Date:** 11/11/2009 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: JEFFERSON

Facility Information

Facility Name: GOLDEN EAGLE CBRF (0012778)

Address: 216 W BLACKHAWK DR, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 06/15/2009

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

Survey History

Survey ID: 0107351 **End Date:** 11/02/2010 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104177 **End Date:** 06/12/2009 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: JEFFERSON

Complaint History (GOLDEN EAGLE CBRF)

Date Complaint Received: 09/28/2010

Date Investigation Completed: 11/02/2010

Subject Area(s)

RESIDENT RIGHTS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: JEFFERSON

Facility Information

Facility Name: HIL LINDEN CORNER (0009792)

Address: 325 W BLACKHAWK DR, 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: 0103385 **End Date:** 01/26/2009 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: JEFFERSON

Facility Information

Facility Name: HIL SANDSTONE (0009793)

Address: 1533 S MAIN ST, 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: 0107409 **End Date:** 11/09/2010 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: JEFFERSON

Facility Information

Facility Name: HIL WILLOW COURT (0009795)

Address: 575 BLACKHAWK DR, 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: 0103218 **End Date:** 01/07/2009 **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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: JEFFERSON

Facility Information

Facility Name: MAPLE RUN CBRF (0012086)

Address: N2489 WENHAM RD, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 04/01/2008

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

Survey History

Survey ID: 0106934 **End Date:** 08/25/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105757 **End Date:** 02/11/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UG1211 Served 02/25/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	08/25/2010	Yes
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS	08/25/2010	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	08/25/2010	Yes
83.43(2)(b)	CLEAN, COMFORTABLE MATTRESS AND PAD	08/25/2010	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	08/25/2010	Yes
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS	08/25/2010	Yes

Survey ID: 0104449 **End Date:** 07/23/2009 **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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: JEFFERSON

Survey ID: 0102164 End Date: 07/14/2008 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #SU3711 Served 08/01/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(4)(a)	PERSONAL CARE	04/01/2009	Yes

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: JEFFERSON

Enforcement History (MAPLE RUN CBRF)

Date: 02/24/2010 **SOD #UG1211** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 08/25/2010 12:00:00AM

FORFEITURE---50.065(6)(am)

FORFEITURE---83.35(1)(a)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.43(2)(b)

FORFEITURE---83.44(2)(c)

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: JEFFERSON

Complaint History (MAPLE RUN CBRF)

Date Complaint Received: 01/04/2010

Date Investigation Completed: 02/11/2010

Subject Area(s)
QUALITY OF LIFE

Result
SUBSTANTIATED

SOD #
UG1211

Date Complaint Received: 06/29/2009

Date Investigation Completed: 07/23/2009

Subject Area(s)
SUPERVISION
ABUSE
ADMINISTRATION
QUALITY OF LIFE

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/13/2008

Date Investigation Completed: 07/14/2008

Subject Area(s)
RESIDENT RIGHTS
HOMELIKE ENVIRONMENT & CLEANLINESS
QUALITY OF LIFE

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

SU3711

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: JEFFERSON

Facility Information

Facility Name: OAK GROVE CBRF (0013156)

Address: W3343 HOFFMAN RD, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 03/15/2010

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

Survey History

Survey ID: 0105890 **End Date:** 03/11/2010 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: JEFFERSON

Facility Information

Facility Name: REM WISCONSIN II DOMMO DRIVE (0010047)

Address: 1501 DOMMO DR, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 12/01/2003

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

Survey History

Survey ID: 0106857 **End Date:** 08/16/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105581 **End Date:** 01/11/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9WVN11 Served 02/01/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS	08/16/2010	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	08/16/2010	Yes

Survey ID: 0105280 **End Date:** 12/04/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: JEFFERSON

Enforcement History (REM WISCONSIN II DOMMO DRIVE)

Date: 01/28/2010 **SOD #9WVN11** **Enforcement Appealed: No**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 08/16/2010 12:00:00AM
FORFEITURE---83.35(1)(a)

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: JEFFERSON

Facility Information

Facility Name: REM WISCONSIN II STACY LANE (0010048)

Address: 1403 STACY LN, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 12/01/2003

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

Survey History

Survey ID: 0102384 **End Date:** 08/20/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: JEFFERSON

Complaint History (REM WISCONSIN II STACY LANE)

Date Complaint Received: 05/27/2008

Date Investigation Completed: 08/20/2008

Subject Area(s)

ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: JEFFERSON

Facility Information

Facility Name: ROLLING MEADOWS (0013071)

Address: N464 POEPPPEL RD, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 01/01/2010

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

Survey History

Survey ID: 0105531 **End Date:** 01/01/2010 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: JEFFERSON

Facility Information

Facility Name: SIENNA CREST FORT ATKINSON (310733)

Address: 1531 COMMONWEALTH DR, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 07/01/1999

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

Survey History

Survey ID: 0104821 **End Date:** 09/10/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: JEFFERSON

Facility Information

Facility Name: STEPPING STONE CBRF (0012335)
Address: 318 N MAIN ST, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 05/15/2008
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0106562 **End Date:** 06/21/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103558 **End Date:** 03/11/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101778 **End Date:** 05/05/2008 **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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: JEFFERSON

Complaint History (STEPPING STONE CBRF)

Date Complaint Received: 02/04/2009

Date Investigation Completed: 03/11/2009

Subject Area(s)

MEDICATIONS
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: JEFFERSON

Facility Information

Facility Name: WELLINGTON MEADOWS (0012024)

Address: N2550 MEMORIAL DR, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 03/01/2008

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

Survey History

Survey ID: 0107200 **End Date:** 09/22/2010 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106541 **End Date:** 06/16/2010 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I97613 Served 07/02/2010

<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	09/22/2010	Yes

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: JEFFERSON

Survey ID: 0105537 End Date: 12/29/2009 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I97612 Served 01/22/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(a)	REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN	06/16/2010	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	06/16/2010	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	06/16/2010	No
83.39(1)	INFECTION CONTROL PROGRAM	06/16/2010	Yes
83.41(1)(b)	EQUIPMENT	06/16/2010	Yes
83.41(3)(b)	DINING & LIVING INTERNALLY ACCESSIBLE	06/16/2010	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	06/16/2010	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	06/16/2010	Yes

Survey ID: 0105078 End Date: 10/07/2009 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I97611 Served 11/03/2009

<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		
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS		

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: JEFFERSON

Enforcement History (WELLINGTON MEADOWS)

Date: 06/30/2010 **SOD #I97613** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.35(3)(d)

Date: 01/21/2010 **SOD #I97612** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.12(4)(a)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.39(1)
FORFEITURE---83.41(1)(b)
FORFEITURE---83.41(3)(b)
FORFEITURE---83.59(1)(g)

Date: 10/30/2009 **SOD #I97611** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.32(3)(h)

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: JEFFERSON

Complaint History (WELLINGTON MEADOWS)

Date Complaint Received: 05/18/2010

Date Investigation Completed: 06/16/2010

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	

Date Complaint Received: 11/19/2009

Date Investigation Completed: 12/29/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	197612
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	SUBSTANTIATED	197612
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF ADEQUACY	SUBSTANTIATED	197612
PROGRAM SERVICES	SUBSTANTIATED	197612

Date Complaint Received: 09/09/2009

Date Investigation Completed: 10/07/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL PLANTS & SAFETY HAZARDS	SUBSTANTIATED	197611
MEDICATIONS	SUBSTANTIATED	197611
ADMINISTRATION	NOT SUBSTANTIATED	
QUALITY OF LIFE	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: JEFFERSON

Facility Information

Facility Name: WELLINGTON PLACE OF FORT ATKINSON (0012025)

Address: 200 S WATER ST WEST, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 03/01/2008

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

Survey History

Survey ID: 0106981 **End Date:** 08/30/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105968 **End Date:** 03/17/2010 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #852F11 Served 03/25/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	08/30/2010	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	08/30/2010	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	08/30/2010	Yes

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: JEFFERSON

Enforcement History (WELLINGTON PLACE OF FORT ATKINSON)

Date: 03/24/2010

SOD #852F11

Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH FACILITY PLAN OF CORRECTION

FORFEITURE---83.48(1)b

FORFEITURE---83.55(6)b

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