

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

COUNTY: MARQUETTE

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 24 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

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

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

Facility Information

Facility Name: ANN WOPINSKI HUNT AFH (0009504)
Address: N2983 CTH F, MONTELLO, WI 53949
License Status: REGULAR
Licensed/Certified/Registered 11/28/2001
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0108516 **End Date:** 04/14/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #99IB14 Served 05/16/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0103394 **End Date:** 01/14/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #99IB13 Served 02/07/2009

<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	04/14/2011	No
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	04/14/2011	No
88.06(2)(a)	ADMISSION-HEALTH EXAM	04/14/2011	Yes

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

Enforcement History (ANN WOPINSKI HUNT AFH)

Date: 04/10/2011 **SOD #99IB14** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Date: 02/05/2009 **SOD #99IB13** **Enforcement Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

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

Facility Information

Facility Name: CATHOLIC CHARITIES CENTRAL (0009552)
Address: 230 CENTRAL AVE, MONTELLO, WI 53949
License Status: REGULAR
Licensed/Certified/Registered 02/24/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

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: MARQUETTE

Facility Information

Facility Name: CATHOLIC CHARITIES SIESTA DRIVE (0009553)
Address: 140 SIESTA DR, MONTELLO, WI 53949
License Status: REGULAR
Licensed/Certified/Registered 02/24/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

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: MARQUETTE

Facility Information

Facility Name: ESSE'S ADULT FAMILY HOME (0011096)
Address: N-471 FOX DRIVE, MONTELLO, WI 53949
License Status: REGULAR
Licensed/Certified/Registered 08/12/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

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: MARQUETTE

Facility Information

Facility Name: SCHULTZ AFH (0013884)

Address: W2770 FOX LN, MONTELLO, WI 53949

License Status: REGULAR

Licensed/Certified/Registered 10/05/2011

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0109374 **End Date:** 09/26/2011 **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: MARQUETTE

Facility Information

Facility Name: SIMONSON FAMILY HOME (0009943)
Address: N1379 CTY RD F, MONTELLO, WI 53949
License Status: REGULAR
Licensed/Certified/Registered 02/17/2003
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

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: MARQUETTE

Facility Information

Facility Name: OUR HOUSE III (0009455)
Address: N9211 CTY RD N, NESHKORO, WI 54960
License Status: REGULAR
Licensed/Certified/Registered 10/01/2001
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0106010 **End Date:** 02/23/2010 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104675 **End Date:** 07/30/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IBTP11 Served 08/04/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(b)	CREDENTIALLED CAREGIVERS	08/13/2009	Yes

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

Enforcement History (OUR HOUSE III)

Date: 07/30/2009 **SOD #IBTP11** **Enforcement Appealed: No**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 08/13/2009

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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: MARQUETTE

Facility Information

Facility Name: GOLDEN YEARS INC BLDG 2 (0012700)

Address: 497 SOUTH LAKE STREET, MONTELLO, WI 53949

License Status: REGULAR

Licensed/Certified/Registered 03/19/2009

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103632 **End Date:** 03/17/2009 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MARQUETTE

Facility Information

Facility Name: GOLDEN YEARS INC BLDG 3 (0012736)

Address: 497 SOUTH LAKE STREET, MONTELLO, WI 53949

License Status: REGULAR

Licensed/Certified/Registered 03/19/2009

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103633 **End Date:** 03/17/2009 **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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

COUNTY: MARQUETTE

Facility Information

Facility Name: JOANIES HOME FOR HAPPY SENIORS LLC (410115)

Address: N3849 ST HWY 22, MONTELLO, WI 53949

License Status: REGULAR

Licensed/Certified/Registered 09/01/1988

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0107527 **End Date:** 11/12/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #67QN12 Served 12/11/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0106813 **End Date:** 07/14/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #67QN11 Served 08/16/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	11/10/2010	Yes
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	11/10/2010	Yes
50.09(1)(f)	PRIVACY	11/10/2010	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	11/10/2010	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	11/10/2010	Yes
83.25	CONTINUING EDUCATION	11/10/2010	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	11/10/2010	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

COUNTY: MARQUETTE

83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	11/10/2010	Yes
83.45(1)(a)	EXTERIOR AREAS	11/10/2010	No
83.45(1)(b)	BUILDING INTEGRITY	11/10/2010	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	11/10/2010	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

COUNTY: MARQUETTE

Enforcement History (JOANIES HOME FOR HAPPY SENIORS LLC)

Date: 12/02/2010 **SOD #67QN12** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.45(1)(a)

Date: 08/13/2010 **SOD #67QN11** **Enforcement Appealed: No**

Sanctions

ACCRUING FORFEITURE	--Facility Compliant 09/30/2010
COMPLY WITH DEPARTMENT PLAN OF CORRECTION	
COMPLY WITH REQUIREMENT	--Facility Compliant 11/10/2010
NO NEW ADMISSIONS	--Facility Compliant 04/18/2011
FORFEITURE---50.09(1)(f)	
FORFEITURE---83.17(2)(a)	
FORFEITURE---83.25	
FORFEITURE---83.43(1)	
FORFEITURE---83.44(2)(c)	
FORFEITURE---83.45(1)(a)	
FORFEITURE---83.45(1)(b)	
FORFEITURE---Accruing Forfeiture	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

COUNTY: MARQUETTE

Complaint History (JOANIES HOME FOR HAPPY SENIORS LLC)

Date Complaint Received: 12/29/2009

Date Investigation Completed: 07/13/2010

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

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: MARQUETTE

Facility Information

Facility Name: RESIDENCES ON FOREST LANE (THE) (0012609)

Address: 253 FOREST LANE, MONTELLO, WI 53949

License Status: REGULAR

Licensed/Certified/Registered 12/01/2009

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0105349 **End Date:** 12/01/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0104641 **End Date:** 07/22/2009 **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: MARQUETTE

Complaint History (RESIDENCES ON FOREST LANE (THE))

Date Complaint Received: 06/24/2009

Date Investigation Completed: 07/22/2009

Subject Area(s)

MEDICATIONS
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

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 CS (SEMIAMBULATORY)

COUNTY: MARQUETTE

Facility Information

Facility Name: OUR HOUSE II (0009454)

Address: N9211 CTY RD N, NESHKORO, WI 54960

License Status: REGULAR

Licensed/Certified/Registered 10/01/2002

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0106335 **End Date:** 04/28/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104863 **End Date:** 09/01/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104678 **End Date:** 07/30/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WTLK11 Served 08/04/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(b)	CREDENTIALLED CAREGIVERS	08/13/2009	Yes

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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: MARQUETTE

Enforcement History (OUR HOUSE II)

Date: 07/30/2009 **SOD #WTLK11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 08/13/2009

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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: MARQUETTE

Complaint History (OUR HOUSE II)

Date Complaint Received: 04/09/2010

Date Investigation Completed: 04/28/2010

Subject Area(s)

Result

SOD #

PHYSICAL PLANTS & SAFETY HAZARDS

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: MARQUETTE

Facility Information

Facility Name: HARRIS VILLA INC (0011562)

Address: N6581 VILLA PARK WAY, WESTFIELD, WI 53964

License Status: REGULAR

Licensed/Certified/Registered 03/01/2007

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0109931 **End Date:** 12/13/2011 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104222 **End Date:** 06/04/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #A79V11 Served 06/24/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(6)(e)	INTEGRATED HEAT DETECTOR IN LAUNDRY ROOM	12/06/2011	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: MARQUETTE

Facility Information

Facility Name: MILL POND ONE (0013473)

Address: 507 MARKET ST, WESTFIELD, WI 53964

License Status: REGULAR

Licensed/Certified/Registered 11/01/2011

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0109334 **End Date:** 09/01/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #96SK11 Served 10/13/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0107334 **End Date:** 10/14/2010 **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: MARQUETTE

Facility Information

Facility Name: MILL POND TWO (0013474)

Address: 515 MARKET ST, WESTFIELD, WI 53964

License Status: REGULAR

Licensed/Certified/Registered 11/01/2011

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0109339 **End Date:** 09/01/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #EQ2H11 Served 10/13/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0107336 **End Date:** 10/14/2010 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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