

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

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 72 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: RACINE

Facility Information

Facility Name: BAY RIDGE HOME (0011733)
Address: 124 BAY RIDGE LN, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 12/08/2006
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

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

This is Page 2 of 72 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Facility Information

Facility Name: BORUCKI HOMES LLC (0013510)
Address: 425 HERMAN ST, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 10/12/2010
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0107253 **End Date:** 10/12/2010 **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
Adult Family Home
COUNTY: RACINE

Facility Information

Facility Name: C & C HOMESTEAD (0008862)
Address: 311 SHARP RD, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 11/15/1999
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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: RACINE

Facility Information

Facility Name: CALEBRIA HOUSE (0012906)
Address: 155 BETH CT, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 10/26/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0105095 **End Date:** 10/26/2009 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: CEDAR HOME (0012080)
Address: 316 S PERKINS, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 08/30/2007
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0105114 **End Date:** 10/27/2009 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: CHICORY HOME (0012310)

Address: 788 CHICORY RD, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 02/25/2008

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0106844 **End Date:** 07/26/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: CLARK PLACE RIVERSIDE (390044)
Address: 506 JANTE DR, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 10/30/1995
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0105238 **End Date:** 11/19/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104976 **End Date:** 09/24/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RL3O11 Served 10/14/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(b)	CREDENTIALLED CAREGIVERS	11/19/2009	Yes

Survey ID: 0104578 **End Date:** 07/27/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NEMS11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(b)	CREDENTIALLED CAREGIVERS	11/19/2009	Yes

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

Survey ID: 0104289 End Date: 06/10/2009 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #PZOM11 Served 07/01/2009

<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
Adult Family Home
COUNTY: RACINE

Enforcement History (CLARK PLACE RIVERSIDE)

Date: 10/09/2009 **SOD #RL3011** **Enforcement Appealed: No**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 11/19/2009
COMPLY WITH REQUIREMENT --Facility Compliant 11/19/2009
NO NEW ADMISSIONS --Facility Compliant 11/24/2009

Date: 07/30/2009 **SOD #NEMS11** **Enforcement Appealed: No**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 11/19/2009
COMPLY WITH REQUIREMENT --Facility Compliant 11/19/2009

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

Facility Information

Facility Name: CYPRESS HOME (0013354)
Address: 208 EDWARDS ST, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 12/22/2010
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0107658 **End Date:** 12/21/2010 **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
Adult Family Home
COUNTY: RACINE

Facility Information

Facility Name: ELM HOME (0012870)

Address: 8339 B FISHMAN RD, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 12/03/2009

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0105285 **End Date:** 12/03/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: GALL FAMILY CARE HOME (0008955)
Address: 1315 SCHNEIDER LN, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 02/23/2000
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0108956 **End Date:** 07/26/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107915 **End Date:** 10/26/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VJKN14 Served 03/10/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	07/26/2011	Yes
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	07/26/2011	Yes
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	07/26/2011	Yes
88.09(2)(a)	SERVICE PROVIDER RECORD	07/26/2011	Yes

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

Enforcement History (GALL FAMILY CARE HOME)

Date: 02/08/2011 SOD #VJKN14 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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

Facility Information

Facility Name: JOAN STREET (0012616)

Address: 901 CRESTWOOD DR, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 11/26/2008

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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: RACINE

Facility Information

Facility Name: MAPLE HOME (0012871)

Address: 8339 A FISHMAN RD, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 08/06/2009

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104670 **End Date:** 08/06/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: REINEKE CARE HOMES ROCHESTER HOME (0012796)
Address: 584 EDGEWOOD AVE, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 04/14/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103859 **End Date:** 04/15/2009 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: SETTERMAN HOME (0010210)
Address: 32715 VISTA VIEW DR, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 10/23/2003
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0108501 **End Date:** 04/27/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106374 **End Date:** 04/20/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #AE5V12 Served 06/09/2010

<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	04/19/2011	Yes
88.05(2)(a)	DIFFICULTY WALKING	04/19/2011	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	04/19/2011	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	04/19/2011	Yes

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

Enforcement History (SETTERMAN HOME)

Date: 06/03/2010 SOD #AE5V12 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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

Complaint History (SETTERMAN HOME)

Date Complaint Received: 03/10/2011

Date Investigation Completed: 04/27/2011

Subject Area(s)

Result

SOD #

NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 02/24/2010

Date Investigation Completed: 04/20/2010

Subject Area(s)

Result

SOD #

MEDICATIONS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

QUALITY OF LIFE

NOT SUBSTANTIATED

Date Complaint Received: 12/01/2009

Date Investigation Completed: 04/20/2010

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 07/15/2009

Date Investigation Completed: 04/20/2010

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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

Facility Information

Facility Name: WEILER HOME (0013960)

Address: 848 WEILER RD, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 11/16/2011

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0109604 **End Date:** 11/16/2011 **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: RACINE

Facility Information

Facility Name: WILLOW RUN 3 (0013991)

Address: 316 GARFIELD ST, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 01/25/2012

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0109928 **End Date:** 01/25/2011 **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: RACINE

Facility Information

Facility Name: WILLOW RUN ADULT FAMILY GROUP HOME (390235)
Address: 104 CLARK ST, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 11/01/1998
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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: RACINE

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN XV (0009193)
Address: 2125 PARKWAY DR, CALEDONIA, WI 53108
License Status: REGULAR
Licensed/Certified/Registered 06/15/2001
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104488 **End Date:** 04/20/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KQ0Q11 Served 07/31/2009

<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
Adult Family Home
COUNTY: RACINE

Facility Information

Facility Name: COUNTRY MEADOWS FAMILY CARE LLC (0013085)
Address: 2824 65TH DR, FRANKSVILLE, WI 53126
License Status: REGULAR
Licensed/Certified/Registered 12/17/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0105371 **End Date:** 12/15/2009 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: PERSONALLY YOURS SENIOR LIVING LLC (0011041)
Address: 12115 SEVEN MILE RD, FRANKSVILLE, WI 53126
License Status: REGULAR
Licensed/Certified/Registered 10/25/2005
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0108665 **End Date:** 03/03/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R8WM14 Served 06/08/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0105763 **End Date:** 01/28/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #R8WM13 Served 02/26/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	03/03/2011	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	03/03/2011	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	03/03/2011	Yes

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

Enforcement History (PERSONALLY YOURS SENIOR LIVING LLC)

Date: 06/07/2011 SOD #R8WM14 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Provider Inspection Summary
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Adult Family Home
COUNTY: RACINE

Complaint History (PERSONALLY YOURS SENIOR LIVING LLC)

Date Complaint Received: 01/13/2011

Date Investigation Completed: 03/03/2011

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

R8WM14

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

Facility Information

Facility Name: SKIS ADULT FAMILY HOME (0013136)
Address: 4430 HWY 38, FRANKSVILLE, WI 53126
License Status: REGULAR
Licensed/Certified/Registered 02/04/2010
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0109442 **End Date:** 09/22/2011 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QXG711 Served 10/28/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0105631 **End Date:** 02/04/2010 **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
Adult Family Home
COUNTY: RACINE

Enforcement History (SKIS ADULT FAMILY HOME)

Date: 10/27/2011 SOD #QXG711 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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

Complaint History (SKIS ADULT FAMILY HOME)

Date Complaint Received: 07/28/2011

Date Investigation Completed: 09/22/2011

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	

Date Complaint Received: 06/13/2011

Date Investigation Completed: 09/22/2011

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ABUSE	NOT SUBSTANTIATED	
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
MEDICATIONS	SUBSTANTIATED	QXG711

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

Facility Information

Facility Name: DOLPHIN MANOR LLC (0011934)
Address: 21404 WASHINGTON AVE, KANSASVILLE, WI 53139
License Status: REGULAR
Licensed/Certified/Registered 07/11/2007
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0108952 **End Date:** 06/23/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107988 **End Date:** 01/04/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #D7MO11 Served 02/18/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	06/23/2011	Yes
88.05(2)(b)	GRAB BARS IN TOILET AREA	06/23/2011	Yes

Survey ID: 0105206 **End Date:** 11/05/2009 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Survey ID: 0104435 End Date: 06/18/2009 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TMV512 Served 07/25/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	11/05/2009	Yes
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	11/05/2009	Yes
88.07(1)(c)	ACTIVITIES AND SERVICES	11/05/2009	Yes
88.07(2)(b)5	MONITORING HEALTH	11/05/2009	Yes

Survey ID: 0103378 End Date: 01/15/2009 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TMV511 Served 02/19/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(3)(o)	HOME NOT BE USED FOR OTHER BUSINESS		
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	11/05/2009	Yes
88.07(2)(b)5	MONITORING HEALTH	11/05/2009	Yes

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

Enforcement History (DOLPHIN MANOR LLC)

Date: 02/16/2011 **SOD #D7MO11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Date: 07/23/2009 **SOD #TMV512** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 11/05/2009
NO NEW ADMISSIONS --Facility Compliant 11/05/2009

Date: 02/17/2009 **SOD #TMV511** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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

Complaint History (DOLPHIN MANOR LLC)

Date Complaint Received: 04/06/2009

Date Investigation Completed: 06/18/2009

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

TMV512

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

Facility Information

Facility Name: GUNDERSON FAMILY HOME (390164)
Address: 707 224TH AVE, KANSASVILLE, WI 53139
License Status: REGULAR
Licensed/Certified/Registered 04/01/1998
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0105246 **End Date:** 11/19/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104965 **End Date:** 09/25/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #84QJ11 Served 10/14/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(b)	CREDENTIALLED CAREGIVERS	11/19/2009	Yes

Survey ID: 0104584 **End Date:** 07/27/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #F20811 Served 08/03/2009

<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
Adult Family Home
COUNTY: RACINE

Survey ID: 0103806 End Date: 03/26/2009 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N73511 Served 04/10/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Adult Family Home
COUNTY: RACINE

Enforcement History (GUNDERSON FAMILY HOME)

Date: 10/09/2009 **SOD #84QJ11** **Enforcement Appealed: No**
Sanctions
NO NEW ADMISSIONS

Date: 07/30/2009 **SOD #F20811** **Enforcement Appealed: No**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Date: 04/09/2009 **SOD #N73511** **Enforcement Appealed: No**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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

Facility Information

Facility Name: KANSASVILLE HOUSE (0013507)
Address: 24710 18TH ST, KANSASVILLE, WI 53139
License Status: REGULAR
Licensed/Certified/Registered 02/09/2011
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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: RACINE

Facility Information

Facility Name: LOETHERS HOME (0010474)
Address: 1222 LAUREL LN, KANSASVILLE, WI 53139
License Status: REGULAR
Licensed/Certified/Registered 05/19/2004
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104327 **End Date:** 06/24/2009 **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: RACINE

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN XVI (0010519)
Address: 3820 29TH ST, KENOSHA, WI 53144
License Status: REGULAR
Licensed/Certified/Registered 02/03/2005
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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: RACINE

Facility Information

Facility Name: CARE HOME (0009850)
Address: 3820 ROYAL OAKS DR, MOUNT PLEASANT, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 01/21/2003
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0107146 **End Date:** 08/19/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104577 **End Date:** 07/27/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #C4NC11 Served 08/12/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(b)	CREDENTIALLED CAREGIVERS	09/23/2009	Yes

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

Enforcement History (CARE HOME)

Date: 07/30/2009 SOD #C4NC11 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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

Facility Information

Facility Name: KWASIGROCH FAMILY CARE HOME (0009255)
Address: 29312 WASHINGTON AVE, ROCHESTER, WI 53167
License Status: REGULAR
Licensed/Certified/Registered 08/01/2001
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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: RACINE

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN XIX (0012193)
Address: 8917 CITADEL TERRACE, STURTEVANT, WI 53177
License Status: REGULAR
Licensed/Certified/Registered 11/20/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0108146 **End Date:** 02/24/2011 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN XVII (0010747)
Address: 3657 MERLIN CT, STURTEVANT, WI 53177
License Status: REGULAR
Licensed/Certified/Registered 05/26/2005
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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: RACINE

Facility Information

Facility Name: AUTUMN HOME (0012303)
Address: 3112 91ST ST, STURTEVANT, WI 53177
License Status: REGULAR
Licensed/Certified/Registered 03/10/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0105226 **End Date:** 09/23/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #Q6WN11 Served 01/15/2010

<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
Adult Family Home
COUNTY: RACINE

Complaint History (AUTUMN HOME)

Date Complaint Received: 09/18/2009

Date Investigation Completed: 09/23/2009

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
ADMINISTRATION

Result

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: RACINE

Facility Information

Facility Name: BETHESDA LUTHERAN COMMUNITIES-3648 91ST (0013667)

Address: 3648 91ST PLACE, STURTEVANT, WI 53177

License Status: REGULAR

Licensed/Certified/Registered 03/30/2011

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0108318 **End Date:** 03/30/2011 **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: RACINE

Facility Information

Facility Name: BETHESDA LUTHERAN COMMUNITIES-3708 91ST (0013664)

Address: 3708 91ST PLACE, STURTEVANT, WI 53177

License Status: REGULAR

Licensed/Certified/Registered 03/30/2011

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0108320 **End Date:** 03/30/2011 **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: RACINE

Facility Information

Facility Name: BETHESDA LUTHERAN COMMUNITIES-JASMINE (0013622)

Address: 9430 JASMINE CT, STURTEVANT, WI 53177

License Status: REGULAR

Licensed/Certified/Registered 01/24/2011

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0107836 **End Date:** 01/24/2011 **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: RACINE

Facility Information

Facility Name: HUTCHINSON ADULT FAMILY HOME (0009244)
Address: 3126 94TH ST, STURTEVANT, WI 53177
License Status: REGULAR
Licensed/Certified/Registered 03/02/2001
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0109449 **End Date:** 07/01/2011 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0108779 **End Date:** 06/23/2011 **Type:** OTHER **Purpose:** DESK REVIEW

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ETMS11 Served 06/28/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	07/01/2011	Yes

Survey ID: 0108349 **End Date:** 03/10/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Survey ID: 0105854 End Date: 02/04/2010 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #25UN11 Served 03/11/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	03/10/2011	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	03/10/2011	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	03/10/2011	Yes
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	03/10/2011	Yes
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	03/10/2011	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	03/10/2011	Yes
88.09(2)(a)	SERVICE PROVIDER RECORD	03/11/2011	Yes

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

Enforcement History (HUTCHINSON ADULT FAMILY HOME)

Date: 03/09/2010 SOD #25UN11 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 03/10/2011
COMPLY WITH REQUIREMENT --Facility Compliant 03/10/2011

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

Facility Information

Facility Name: SERENITY CARE LLC (0011803)
Address: 3133 BUCKINGHAM RD, STURTEVANT, WI 53177
License Status: REGULAR
Licensed/Certified/Registered 04/23/2007
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0109745 **End Date:** 12/13/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #62Y513 Served 12/22/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0107611 **End Date:** 10/21/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #62Y512 Served 12/17/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	11/30/2011	Yes
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	11/30/2011	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	11/30/2011	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	11/30/2011	Yes
88.05(2)(a)	DIFFICULTY WALKING	11/30/2011	No
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	11/30/2011	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	11/30/2011	Yes

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

Enforcement History (SERENITY CARE LLC)

Date: 12/21/2011 SOD #62Y513 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Date: 12/16/2010 SOD #62Y512 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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

Facility Information

Facility Name: MARTIN FAMILY CARE HOME (390199)

Address: 18328 SPRING ST, UNION GROVE, WI 53182

License Status: REGULAR

Licensed/Certified/Registered 08/01/1998

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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: RACINE

Facility Information

Facility Name: POLLOCK FAMILY CARE HOME (0008723)
Address: 3215 67TH DR, UNION GROVE, WI 53182
License Status: REGULAR
Licensed/Certified/Registered 07/01/1999
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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: RACINE

Facility Information

Facility Name: REINEKE CARE HOMES (0011532)
Address: 16805 WASHINGTON AVE, UNION GROVE, WI 53182
License Status: REGULAR
Licensed/Certified/Registered 06/30/2006
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0106126 **End Date:** 03/31/2010 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: WILLOW RUN II (0012978)

Address: 6109 E WIND LAKE RD, UNION GROVE, WI 53182

License Status: REGULAR

Licensed/Certified/Registered 10/13/2009

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104992 **End Date:** 10/13/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: PERSONALLY YOURS ELDER CARE B (0012750)
Address: 4525 GUNDERSON RD, WATERFORD, WI 53185
License Status: REGULAR
Licensed/Certified/Registered 04/09/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0109425 **End Date:** 09/01/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UQFF11 Served 10/27/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0108378 **End Date:** 04/07/2011 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106049 **End Date:** 03/10/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #REJX12 Served 04/12/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	04/07/2011	Yes
88.07(2)(a)	SERVICES	04/07/2011	Yes

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

Survey ID: 0104491 **End Date: 07/28/2009** **Type: ABBREVIATED** **Purpose: SURVEY**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104467 **End Date: 07/17/2009** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #REJX11 Served 07/29/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	03/10/2010	Yes
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	03/10/2010	Yes
88.05(3)(a)	HOME ENVIRONMENT	03/10/2010	Yes

Survey ID: 0103864 **End Date: 04/09/2009** **Type: INITIAL** **Purpose: SURVEY**

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0103681 **End Date: 03/16/2009** **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
Adult Family Home
COUNTY: RACINE

Enforcement History (PERSONALLY YOURS ELDER CARE B)

Date: 10/25/2011 **SOD #UQFF11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Date: 07/28/2009 **SOD #REJX11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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

Complaint History (PERSONALLY YOURS ELDER CARE B)

Date Complaint Received: 07/07/2011

Date Investigation Completed: 09/01/2011

Subject Area(s)

STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

UQFF11

Date Complaint Received: 01/11/2010

Date Investigation Completed: 02/16/2010

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE

Result

SUBSTANTIATED

SOD #

REXJ12

Date Complaint Received: 05/26/2009

Date Investigation Completed: 07/17/2009

Subject Area(s)

RESIDENT RIGHTS
ABUSE
HOMELIKE ENVIRONMENT & CLEANLINESS

Result

NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

REJX11
REJX11

Date Complaint Received: 03/02/2009

Date Investigation Completed: 03/16/2009

Subject Area(s)

RESIDENT RIGHTS

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: RACINE

Facility Information

Facility Name: PERSONALLY YOURS ELDER CARE (390231)
Address: 4525 GUNDERSON RD, WATERFORD, WI 53185
License Status: REGULAR
Licensed/Certified/Registered 09/04/1998
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0109431 **End Date:** 09/01/2011 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UCMS11 Served 10/27/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0108421 **End Date:** 04/11/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107297 **End Date:** 08/31/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #IOOC11 Served 10/22/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(d)1	DESCRIPTION OF SERVICES	04/11/2011	Yes
88.07(2)(b)5	MONITORING HEALTH	04/11/2011	Yes

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

Survey ID: 0103442 End Date: 01/07/2009 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0MBF11 Served 02/19/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.03	LICENSING, POWERS AND DUTIES	04/09/2009	Yes

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

Enforcement History (PERSONALLY YOURS ELDER CARE)

Date: 10/26/2011 **SOD #UCMS11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Date: 02/17/2009 **SOD #0MBF11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS

FORFEITURE---Accruing

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

Complaint History (PERSONALLY YOURS ELDER CARE)

Date Complaint Received: 07/07/2011

Date Investigation Completed: 09/01/2011

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

NOT SUBSTANTIATED
SUBSTANTIATED

UCMS11

Date Complaint Received: 02/07/2011

Date Investigation Completed: 04/11/2011

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 04/21/2010

Date Investigation Completed: 08/31/2010

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE

SUBSTANTIATED

IOOC11

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

Facility Information

Facility Name: RAUSCH FAMILY CARE HOME (0012794)
Address: 6831 BIG BEND RD, WATERFORD, WI 53185
License Status: REGULAR
Licensed/Certified/Registered 04/30/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103980 **End Date:** 04/30/2009 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: REINEKE HOME (0010455)

Address: 2940 MEALY RD, WATERFORD, WI 53185

License Status: REGULAR

Licensed/Certified/Registered 12/16/2003

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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: RACINE

Facility Information

Facility Name: EAGLES LANDING (0012634)

Address: 26516 NORDIC RIDGE DR, WIND LAKE, WI 53185

License Status: REGULAR

Licensed/Certified/Registered 05/26/2009

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0108958 **End Date:** 06/30/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0108599 **End Date:** 05/13/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104065 **End Date:** 05/26/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Complaint History (EAGLES LANDING)

Date Complaint Received: 05/18/2011

Date Investigation Completed: 06/30/2011

Subject Area(s)

Result

SOD #

MEDICATIONS

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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