

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

Notes

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

The report includes only facilities located within the City of Racine. 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 132 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: RACINE

Facility Information

Facility Name: A LOVING CARE GROUP HOMES LLC (0013619)
Address: 2710 W LAWN AVE, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 02/16/2011
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0108334 **End Date:** 02/16/2011 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 2 of 132 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: RACINE

Facility Information

Facility Name: ABOVE AND BEYOND ADULT FAMILY HOME (0013672)
Address: 5404 WRIGHT AVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 04/05/2011
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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: RACINE

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN I (390119)
Address: 1683 PERRY AVE, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 02/01/1989
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102965 **End Date:** 10/30/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #C66T11 Served 11/28/2008

<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		

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

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN II (0008611)
Address: 4212 DURAND AVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 05/01/1987
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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: RACINE

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN III (390120)
Address: 1727 STODDARD CIRCLE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 11/01/1988
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103159 **End Date:** 11/11/2008 **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: RACINE

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN IV (390121)
Address: 1427 OHIO ST, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 11/01/1987
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104471 **End Date:** 07/15/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101696 **End Date:** 04/24/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WJGJ11 Served 05/15/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	07/14/2009	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	07/14/2009	Yes

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

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN V (0008612)
Address: 5238 ADMIRALTY DR, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 12/01/1987
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104438 **End Date:** 07/13/2009 **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: RACINE

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN VI (0008614)
Address: 701 CARLTON DR, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 11/01/1998
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102665 **End Date:** 09/24/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #V7RE12 Served 10/15/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(i)	BATHROOM LOCK		

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

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN VII (390123)
Address: 5405 ERIE ST, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 09/04/1990
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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: RACINE

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN XVIII (0011654)
Address: 2126 SUTTON DR, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 10/30/2006
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103157 **End Date:** 10/06/2008 **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: RACINE

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN XX (0012314)
Address: 6435 KINZIE AVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 08/20/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102362 **End Date:** 08/20/2008 **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: RACINE

Facility Information

Facility Name: AMYS ADULT FAMILY HOME (0011232)
Address: 1703 W 6TH ST, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 11/16/2005
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0107502 **End Date:** 09/23/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #X14W11 Served 11/30/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		

Survey ID: 0103691 **End Date:** 03/26/2009 **Type:** OTHER **Purpose:** VERIFICATION VISIT

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: RACINE

Survey ID: 0102842 End Date: 10/08/2008 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6OBM11 Served 11/07/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	03/26/2009	Yes
88.04(2)(a)	RESPONSIBILITIES		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(3)(b)	FREE OF HAZARDS		
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		
88.05(3)(m)	2 EXITS TO GRADE-BEDROOMS IN BASEMENT		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(d)1	FIRE SAFETY EVACUATION PLAN		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.09(1)(d)	RESIDENT RECORDS REQUIREMENTS		
88.09(2)(a)	SERVICE PROVIDER RECORD		

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

Enforcement History (AMYS ADULT FAMILY HOME)

Date: 11/06/2008 **SOD #6OBM11** **Enforcement Appealed: No**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS --Facility Compliant 03/26/2009 12:00:00AM

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

Facility Information

Facility Name: BEACON OF HOPE ADULT FAMILY HOME (0013226)
Address: 3945 JACOBS CT, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 03/11/2010
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0105909 **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
Adult Family Home
COUNTY: RACINE

Facility Information

Facility Name: BEATRICE HOUSE LLC (0012724)
Address: 3109 KEARNEY AVE, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 07/14/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104385 **End Date:** 07/15/2009 **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: RACINE

Facility Information

Facility Name: BISCAYNE HOUSE (THE) (0013316)
Address: 5301 BISCAYNE AVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 07/28/2010
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0106731 **End Date:** 07/28/2010 **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: RACINE

Facility Information

Facility Name: BRESHA SERENITY HOUSE II (0013105)
Address: 5216 BISCAYNE AVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 12/21/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0105398 **End Date:** 12/21/2009 **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
Adult Family Home
COUNTY: RACINE

Facility Information

Facility Name: BRESHA SERENITY HOUSE (0009950)
Address: 5638 BYRD AVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 02/06/2003
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0107764 **End Date:** 11/15/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9DQN14 Served 01/27/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		

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

Survey ID: 0103582 End Date: 02/02/2009 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9DQN13 Served 03/17/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	11/15/2010	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	11/15/2010	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	11/15/2010	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	11/15/2010	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	11/15/2010	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	11/15/2010	Yes

This is Page 21 of 132 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: RACINE

Enforcement History (BRESHA SERENITY HOUSE)

Date: 03/16/2009 SOD #9DQN13 Enforcement Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

This is Page 22 of 132 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: RACINE

Facility Information

Facility Name: BRI MC ADULT FAMILY HOME (0010466)
Address: 5424 ATHENS AVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 03/16/2004
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0105360 **End Date:** 11/18/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104977 **End Date:** 09/24/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DW5611 Served 10/23/2009

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

Survey ID: 0104575 **End Date:** 07/27/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SYK711

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

This is Page 23 of 132 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: RACINE

Survey ID: 0101916 End Date: 05/19/2008 Type: OTHER Purpose: VERIFICATION VISIT

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: RACINE

Enforcement History (BRI MC ADULT FAMILY HOME)

Date: 10/09/2009 **SOD #DW5611** **Enforcement Appealed: No**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 11/11/2009 12:00:00AM
COMPLY WITH REQUIREMENT --Facility Compliant 11/11/2009 12:00:00AM
NO NEW ADMISSIONS --Facility Compliant 11/24/2009 12:00:00AM

Date: 07/30/2009 **SOD #SYK711** **Enforcement Appealed: No**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 11/11/2009 12:00:00AM
COMPLY WITH REQUIREMENT --Facility Compliant 11/11/2009 12:00:00AM

This is Page 25 of 132 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: RACINE

Facility Information

Facility Name: COMMUNITY PATHWAYS LLC VICTORY HOUSE II (0013694)

Address: 3736 DOUGLAS AVE, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 05/05/2011

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

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: RACINE

Facility Information

Facility Name: COMMUNITY PATHWAYS LLC (0012635)
Address: 3908 RUBY AVE, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 12/18/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103119 **End Date:** 12/18/2008 **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: RACINE

Facility Information

Facility Name: COMMUNITY PATHWAYS LLC (0013129)
Address: 3744 DOUGLAS AVE, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 02/08/2010
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0105725 **End Date:** 02/08/2010 **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: RACINE

Facility Information

Facility Name: COMMUNITY PATHWAYS RUBY HOUSE (0012402)
Address: 3906 RUBY AVE, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 06/02/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0101910 **End Date:** 06/04/2008 **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: RACINE

Facility Information

Facility Name: COMPASSIONET & CARE 1 (0013232)
Address: 433 GRAHAM ST, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 05/18/2010
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0106332 **End Date:** 05/18/2010 **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: RACINE

Facility Information

Facility Name: COMPASSIONET AND CARE LLC II (0013655)
Address: 1400 S WISCONSIN AVE, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 03/31/2011
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0108314 **End Date:** 03/31/2011 **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: RACINE

Facility Information

Facility Name: COUNTRY MEADOWS FAMILY CARE LLC (0013311)
Address: 4125 16TH ST, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 06/24/2010
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0106552 **End Date:** 06/24/2010 **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: RACINE

Facility Information

Facility Name: DAVIS PLACE (0013014)
Address: 1009 DAVIS PL, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 10/14/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104996 **End Date:** 10/14/2009 **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: RACINE

Facility Information

Facility Name: DESTINY ADULT FAMILY HOME I (0009607)
Address: 2419 JEAN AVE, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 04/09/2002
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104741 **End Date:** 07/29/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #U4RU11 Served 09/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(b)	PRIVACY		

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Facility Information

Facility Name: DESTINY ADULT FAMILY HOME II (0010067)
Address: 1009 MAYFAIR DR, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 04/21/2003
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0108322 **End Date:** 03/07/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106212 **End Date:** 03/22/2010 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R7FI11 Served 05/10/2010

<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	03/07/2011	Yes
88.06(2)(c)6	PERSONAL FUNDS	03/07/2011	Yes

Survey ID: 0105332 **End Date:** 11/06/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102698 **End Date:** 08/19/2008 **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: RACINE

Survey ID: 0102299 End Date: 07/03/2008 Type: STANDARD Purpose: SURVEY/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: RACINE

Enforcement History (DESTINY ADULT FAMILY HOME II)

Date: 05/05/2010 SOD #R7F111 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: RACINE

Complaint History (DESTINY ADULT FAMILY HOME II)

Date Complaint Received: 02/16/2010

Date Investigation Completed: 03/22/2010

Subject Area(s)

RESIDENT RIGHTS
ABUSE
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/05/2010

Date Investigation Completed: 03/22/2010

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/30/2008

Date Investigation Completed: 11/06/2008

Subject Area(s)

ADMINISTRATION

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/29/2008

Date Investigation Completed: 08/19/2008

Subject Area(s)

RESIDENT RIGHTS
ABUSE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/18/2008

Date Investigation Completed: 07/03/2008

Subject Area(s)

STAFF ADEQUACY

Result

NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: DESTINY ADULT FAMILY HOME III (0012075)
Address: 1011 MAYFAIR DR, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 10/03/2007
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0106105 **End Date:** 03/08/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CJ9D11 Served 04/26/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(2)(c)6	PERSONAL FUNDS		

Survey ID: 0102701 **End Date:** 08/28/2008 **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: RACINE

Complaint History (DESTINY ADULT FAMILY HOME III)

Date Complaint Received: 07/29/2008

Date Investigation Completed: 08/28/2008

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: EXCEL TWO (0013125)
Address: 2051 CHARLES ST, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 12/17/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0107110 **End Date:** 08/26/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105369 **End Date:** 12/15/2009 **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: RACINE

Complaint History (EXCEL TWO)

Date Complaint Received: 08/11/2010

Date Investigation Completed: 08/26/2010

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

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

Facility Information

Facility Name: EXCEL (0012795)
Address: 2220 SUMMIT AVE, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 06/25/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0107109 **End Date:** 08/26/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104267 **End Date:** 06/25/2009 **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: RACINE

Complaint History (EXCEL)

Date Complaint Received: 08/11/2010

Date Investigation Completed: 08/26/2010

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

This is Page 44 of 132 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: RACINE

Facility Information

Facility Name: FAITH COMMUNITY ADULT GROUP HOME LLC (0012825)

Address: 2001 CENTER ST, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 07/16/2009

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

Survey History

Survey ID: 0106285 **End Date:** 04/26/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104422 **End Date:** 07/16/2009 **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: RACINE

Facility Information

Facility Name: FAITH FAMILY HOME (0013055)
Address: 1825 FLETT, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered: 12/01/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0108217 **End Date:** 01/18/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #E2YO11 Served 03/30/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT		
88.04(1)(c)	RESPONSIBLE, MATURE AND CHARACTER		

Survey ID: 0107786 **End Date:** 12/09/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #254I11 Served 02/10/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(1)(a)	PLACEMENT-PREADMISSION		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.07(2)(c)	SERVICES DETERMINED BY ALL INVOLVED		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011

Adult Family Home

COUNTY: RACINE

Survey ID: 0105333 **End Date: 12/01/2009** **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: RACINE

Enforcement History (FAITH FAMILY HOME)

Date: 03/24/2011 SOD #E2YO11 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS

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

Complaint History (FAITH FAMILY HOME)

Date Complaint Received: 12/07/2010

Date Investigation Completed: 01/18/2011

Subject Area(s)
ADMINISTRATION

Result
SUBSTANTIATED

SOD #
E2YO11

Date Complaint Received: 11/03/2010

Date Investigation Completed: 12/09/2010

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
254I11

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

Facility Information

Facility Name: GOOD CHOICES ADULT FAMILY HOME (0010901)
Address: 5500 WRIGHT AVE, RACINE, WI 53408
License Status: REGULAR
Licensed/Certified/Registered 05/17/2005
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

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

This is Page 50 of 132 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: RACINE

Facility Information

Facility Name: GRACEFUL AGING INC - THE VILLAGE (0012979)
Address: 1663 VILLAGE DR, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 01/11/2010
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0105517 **End Date:** 01/11/2010 **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
Adult Family Home
COUNTY: RACINE

Facility Information

Facility Name: GRACEFUL AGING INC GRACE POINTE (0012811)
Address: 119 CRAB TREE LN, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 07/01/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104279 **End Date:** 06/29/2009 **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: RACINE

Facility Information

Facility Name: GRACEFUL AGING INC KINZIE HOME (0013261)
Address: 4800 KINZIE AVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 04/21/2010
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0108084 **End Date:** 01/06/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UY3411 Served 03/09/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION		
88.05(3)(b)	FREE OF HAZARDS		
88.06(3)(d)1	DESCRIPTION OF SERVICES		
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT		
88.07(1)(c)	ACTIVITIES AND SERVICES		
88.09(1)(a)	RESIDENT RECORDS		
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS		

Survey ID: 0107101 **End Date:** 08/17/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106189 **End Date:** 04/21/2010 **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: RACINE

Enforcement History (GRACEFUL AGING INC KINZIE HOME)

Date: 03/07/2011 SOD #UY3411 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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

Complaint History (GRACEFUL AGING INC KINZIE HOME)

Date Complaint Received: 10/27/2010

Date Investigation Completed: 01/06/2011

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE
ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

UY3411

Date Complaint Received: 06/14/2010

Date Investigation Completed: 08/17/2010

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY

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
Adult Family Home
COUNTY: RACINE

Facility Information

Facility Name: GRACEFUL AGING INC MARYLAND HOME (0012607)
Address: 5025 MARYLAND AVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 12/04/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0108197 **End Date:** 01/06/2011 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OE0K11 Served 03/24/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(d)1	DESCRIPTION OF SERVICES		
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT		
88.07(1)(c)	ACTIVITIES AND SERVICES		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.09(1)(a)	RESIDENT RECORDS		

Survey ID: 0103017 **End Date:** 12/04/2008 **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: RACINE

Enforcement History (GRACEFUL AGING INC MARYLAND HOME)

Date: 03/18/2011 SOD #OE0K11 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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

Complaint History (GRACEFUL AGING INC MARYLAND HOME)

Date Complaint Received: 10/27/2010

Date Investigation Completed: 01/06/2011

Subject Area(s)

NUTRITION & FOOD SERVICES
ADMINISTRATION
PROGRAM SERVICES
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: GRACEFUL AGING INC SKYLINE HOME (0013262)
Address: 5224 16TH ST, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 04/21/2010
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0108148 **End Date:** 01/11/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8G8711 Served 03/24/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION		
88.04(2)(a)	RESPONSIBILITIES		
88.05(2)(a)	DIFFICULTY WALKING		
88.05(3)(i)	BATHROOM LOCK		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.06(3)(d)1	DESCRIPTION OF SERVICES		
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT		
88.07(1)(c)	ACTIVITIES AND SERVICES		
88.07(2)(b)6	NOTIFICATION OF CHANGES		
88.07(4)(d)	MEALS IN DINING AREA		
88.07(4)(e)	SPECIAL DIETS		
88.09(1)(a)	RESIDENT RECORDS		
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: RACINE

Survey ID: 0106976 End Date: 08/16/2010 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106191 End Date: 04/21/2010 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: RACINE

Enforcement History (GRACEFUL AGING INC SKYLINE HOME)

Date: 03/15/2011 SOD #8G8711 Enforcement Appealed: No

Sanctions

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

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

Complaint History (GRACEFUL AGING INC SKYLINE HOME)

Date Complaint Received: 11/01/2010

Date Investigation Completed: 01/11/2011

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	8G8711
HOMELIKE ENVIRONMENT & CLEANLINESS	SUBSTANTIATED	8G8711
NUTRITION & FOOD SERVICES	SUBSTANTIATED	8G8711
QUALITY OF LIFE	SUBSTANTIATED	8G8711

Date Complaint Received: 06/14/2010

Date Investigation Completed: 08/16/2010

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

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

Facility Information

Facility Name: GRACEFUL AGING INC SUMMIT HOME (0012812)
Address: 3219 BARBARA DR, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 07/01/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104283 **End Date:** 06/29/2009 **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: RACINE

Facility Information

Facility Name: GRACEFUL AGING INC YOUT HOME (0012386)
Address: 1800 SHOOP AVE, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 06/25/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0106787 **End Date:** 06/17/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #IYNI11 Served 08/19/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(g)	WINDOWS AND VENTILATION		
88.06(3)(f)	REVIEW OF ISP		
88.08	TERMINATION OF PLACEMENT		
88.09(1)(a)	RESIDENT RECORDS		

Survey ID: 0104873 **End Date:** 09/21/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102003 **End Date:** 06/25/2008 **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: RACINE

Complaint History (GRACEFUL AGING INC YOUT HOME)

Date Complaint Received: 03/23/2010

Date Investigation Completed: 06/17/2010

Subject Area(s)

Result

SOD #

MEDICATIONS

SUBSTANTIATED

IYNI11

ADMISSION, TRANSFER & DISCHARGE

SUBSTANTIATED

IYNI11

Date Complaint Received: 08/18/2009

Date Investigation Completed: 09/21/2009

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

HOMELIKE ENVIRONMENT & CLEANLINESS

SUBSTANTIATED

NOT RECORDED

NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED

MEDICATIONS

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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

Facility Information

Facility Name: GRACEFUL AGING THE HIGHWAY (0012977)
Address: 7500 DURAND AVE, RACINE, WI 53177
License Status: REGULAR
Licensed/Certified/Registered 01/11/2010
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0105518 **End Date:** 01/11/2010 **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
Adult Family Home
COUNTY: RACINE

Facility Information

Facility Name: HEAVENLY ASSISTED LIVING (0010615)
Address: 2115 YOUT ST, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 07/13/2004
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0107920 **End Date:** 11/04/2010 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GWPY12 Served 02/11/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		

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

Enforcement History (HEAVENLY ASSISTED LIVING)

Date: 02/09/2011 SOD #GWPY12 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: RACINE

Facility Information

Facility Name: HOPE AWAY FROM HOME (0011536)
Address: 3411 S 6TH AVE, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 07/27/2006
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103372 **End Date:** 01/26/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #B62J11 Served 02/12/2009

<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		
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		
88.09(2)(a)	SERVICE PROVIDER RECORD		

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

Enforcement History (HOPE AWAY FROM HOME)

Date: 02/09/2009 SOD #B62J11 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: RACINE

Facility Information

Facility Name: K&D ADULT FAMILY HOME LLC (0012674)
Address: 2519 LORAIN AVE, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 07/01/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104347 **End Date:** 07/01/2009 **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: RACINE

Facility Information

Facility Name: K&D ADULT FAMILY HOMES LLC II (0013176)
Address: 3707 10TH AVE, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 02/23/2010
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0105861 **End Date:** 02/23/2010 **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: RACINE

Facility Information

Facility Name: KENWOOD KEYS ADULT FAMILY HOME (0010966)
Address: 2831 KENWOOD DR, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 06/20/2005
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0106027 **End Date:** 03/09/2010 **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: RACINE

Facility Information

Facility Name: KINZIE PLACE (0012747)
Address: 4618 KINZIE AVE, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 04/27/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103887 **End Date:** 04/27/2009 **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: RACINE

Facility Information

Facility Name: KNOLL PLACE (0011487)
Address: 3800 KNOLL PL, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 05/03/2007
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104348 **End Date:** 06/18/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #E49O11 Served 07/30/2009

<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		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

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

Facility Information

Facility Name: LE DOVE AFH III (0013059)
Address: 724 SYDNEY DR, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 02/08/2010
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0105723 **End Date:** 02/10/2010 **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: RACINE

Facility Information

Facility Name: LE DOVE II (0012403)
Address: 722 MONTICELLO DR, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 11/17/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102923 **End Date:** 11/17/2008 **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: RACINE

Facility Information

Facility Name: LE DOVE (0012096)
Address: 724 MONTICELLO DR, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 12/05/2007
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104876 **End Date:** 09/17/2009 **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
Adult Family Home
COUNTY: RACINE

Facility Information

Facility Name: LIBERTY HOUSE 2 (0010992)
Address: 1928 LASALLE ST, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 11/07/2005
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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: RACINE

Facility Information

Facility Name: LIFESTYLE ADULT FAMILY HOME 2 (0013686)
Address: 3628 SOVEREIGN DR, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 04/04/2011
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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: RACINE

Facility Information

Facility Name: LIFESTYLE ADULT FAMILY HOME (0010694)
Address: 3620 SOVEREIGN DR, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 02/08/2010
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0105729 **End Date:** 02/08/2010 **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: RACINE

Facility Information

Facility Name: LOVE OF CARING (0012684)
Address: 922 WISCONSIN AVE, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 01/26/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103290 **End Date:** 01/26/2009 **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: RACINE

Facility Information

Facility Name: MANNA HOUSE (THE) (0012956)
Address: 2400 KINZIE AVE, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 12/17/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0105362 **End Date:** 12/07/2009 **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: RACINE

Facility Information

Facility Name: MARSHAS (0012872)
Address: 2425 BLAINE AVE, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 04/12/2010
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0106300 **End Date:** 04/12/2010 **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: RACINE

Facility Information

Facility Name: MARSHAS (0013653)
Address: 1805 21ST ST, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 02/28/2011
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0108441 **End Date:** 02/28/2011 **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: RACINE

Facility Information

Facility Name: MIDDLETON (0012471)
Address: 6927 MIDDLE RD, RACINE, WI 534021337
License Status: REGULAR
Licensed/Certified/Registered 08/04/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102339 **End Date:** 08/04/2008 **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: RACINE

Facility Information

Facility Name: NEW HOPE SENIOR LIVING LLC (0013177)
Address: 1606 CRABTREE LN, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered: 02/09/2010
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0108297 **End Date:** 03/30/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107949 **End Date:** 02/01/2011 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105731 **End Date:** 02/09/2010 **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: RACINE

Complaint History (NEW HOPE SENIOR LIVING LLC)

Date Complaint Received: 02/22/2011

Date Investigation Completed: 03/30/2011

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
LICENSED CAPACITY /CLASS OF LICENSE	NOT SUBSTANTIATED	
MEDICATIONS	SUBSTANTIATED	C39F11
ADMISSION, TRANSFER & DISCHARGE	NOT SUBSTANTIATED	

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

Facility Information

Facility Name: NEW VISION ADULT FAMILY HOME LLC (0011964)
Address: 7931 DANIEL CT, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 05/11/2007
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103842 **End Date:** 03/31/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #V2W111 Served 04/30/2009

<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		
88.05(3)(b)	FREE OF HAZARDS		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

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

Enforcement History (NEW VISION ADULT FAMILY HOME LLC)

Date: 04/17/2009 **SOD #V2WI11** **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: RACINE

Facility Information

Facility Name: NEXUS GROUP LTD CARLISLE HOME (0013363)
Address: 1716 CARLISLE AVE, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 09/24/2010
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0107210 **End Date:** 09/24/2010 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0107150 **End Date:** 09/17/2010 **Type:** OTHER **Purpose:** OTHER

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: RACINE

Facility Information

Facility Name: NEXUS GROUP LTD ROSILAND HOME (0013365)
Address: 2906 ROSILAND AVE, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 09/24/2010
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0107211 **End Date:** 09/24/2010 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0107151 **End Date:** 09/17/2010 **Type:** OTHER **Purpose:** OTHER

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: RACINE

Facility Information

Facility Name: OHIO ST FAMILY HOME (0010007)
Address: 1223 OHIO ST, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 03/01/2004
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0105681 **End Date:** 12/14/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KFCZ12 Served 03/01/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.09(1)(d)	RESIDENT RECORDS REQUIREMENTS		
88.09(2)(a)	SERVICE PROVIDER RECORD		
88.09(2)(b)	LICENSEE RECORD		
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: RACINE

Enforcement History (OHIO ST FAMILY HOME)

Date: 02/12/2010 SOD #KFCZ12 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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

Facility Information

Facility Name: OLIVER ADULT FAMILY HOME (0012467)
Address: 4845 NATURE TRAIL, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 08/21/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0107268 **End Date:** 08/30/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DDEX11 Served 10/20/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		

Survey ID: 0102517 **End Date:** 09/09/2008 **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: RACINE

Enforcement History (OLIVER ADULT FAMILY HOME)

Date: 10/15/2010 SOD #DDEX11 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: RACINE

Facility Information

Facility Name: OUR PLACE (0013654)
Address: 1700 S WISCONSIN AVE, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 05/16/2011
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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: RACINE

Facility Information

Facility Name: OXFORD FAMILY CARE HOME (0013264)
Address: 1507 OXFORD LN, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 08/12/2010
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0107473 **End Date:** 08/12/2010 **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: RACINE

Facility Information

Facility Name: PARADISE HOUSE (0009180)
Address: 3410 STRATFORD AVE, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 01/03/2001
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0105845 **End Date:** 03/02/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105286 **End Date:** 09/29/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DQMU12 Served 12/07/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	03/02/2010	Yes
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	03/02/2010	Yes
88.07(1)(c)	ACTIVITIES AND SERVICES	03/02/2010	Yes
88.07(4)(b)	3 NUTRITIOUS MEALS AND SNACKS	03/02/2010	Yes
88.10(3)(a)	FAIR TREATMENT	03/02/2010	Yes
88.10(3)(e)	SELF-DIRECTION	03/02/2010	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	03/02/2010	Yes

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

Enforcement History (PARADISE HOUSE)

Date: 12/04/2009 SOD #DQMU12 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS

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

Complaint History (PARADISE HOUSE)

Date Complaint Received: 09/10/2009

Date Investigation Completed: 09/29/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
RESIDENT RIGHTS	SUBSTANTIATED	DQMU12
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	SUBSTANTIATED	DQMU12
ADMINISTRATION	NOT SUBSTANTIATED	

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

Facility Information

Facility Name: PARADISE OF ANGELS (0013350)
Address: 1235 CEDAR CREEK ST, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 07/19/2010
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0106710 **End Date:** 07/19/2010 **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: RACINE

Facility Information

Facility Name: PHOENIX HOUSE (390092)
Address: 129 SHEFFIELD DR, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 05/31/1996
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

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

This is Page 103 of 132 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: RACINE

Facility Information

Facility Name: R & E SAFE HOMES LLC (0012889)
Address: 1433 BLAKE AVE, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered: 11/05/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0105133 **End Date:** 11/02/2009 **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: RACINE

Facility Information

Facility Name: R JOHNSON HERITAGE HOMES (0013736)
Address: 1209 NEWMAN RD, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 05/13/2011
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

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

This is Page 105 of 132 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: RACINE

Facility Information

Facility Name: ST REGIS MANOR AFH (0012976)
Address: 2900 DURAND AVE, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 09/29/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0105068 **End Date:** 07/02/2009 **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: RACINE

Facility Information

Facility Name: SUCCOR HOUSE (0012874)
Address: 1234 HAYES AVE, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 08/21/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104665 **End Date:** 08/21/2009 **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
Adult Family Home
COUNTY: RACINE

Facility Information

Facility Name: TENDER TOUCH LLC (0013548)
Address: 3318 REPUBLIC AVENUE, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 01/13/2011
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0107831 **End Date:** 01/13/2011 **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: RACINE

Facility Information

Facility Name: THE CHARMING HOUSE (0013126)
Address: 5303 BISCAYNE AVE, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 01/25/2010
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0105630 **End Date:** 01/25/2010 **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: RACINE

Facility Information

Facility Name: TIME TO TREASURE AFH LLC (0013398)
Address: 842 PARK AVE, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 09/07/2010
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0107164 **End Date:** 09/07/2010 **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: RACINE

Facility Information

Facility Name: TIME TO TREASURE II AFH (0012136)
Address: 5230 BISCAYNE AVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 10/11/2007
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0107812 **End Date:** 01/06/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105453 **End Date:** 11/19/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #982P11 Served 01/11/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(d)1	DESCRIPTION OF SERVICES	01/06/2011	Yes

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

Facility Information

Facility Name: TIME TO TREASURE III AFH LLC (0012251)
Address: 5232 BISCAYNE AVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered: 02/07/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0107936 **End Date:** 01/06/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XYXK12 Served 02/11/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		

Survey ID: 0105334 **End Date:** 11/10/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #XYXK11 Served 12/14/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(d)1	DESCRIPTION OF SERVICES	01/06/2011	Yes
88.07(2)(a)	SERVICES	01/06/2011	Yes

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

Enforcement History (TIME TO TREASURE III AFH LLC)

Date: 02/10/2011 SOD #XYXK12 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: RACINE

Complaint History (TIME TO TREASURE III AFH LLC)

Date Complaint Received: 11/19/2010

Date Investigation Completed: 01/06/2011

Subject Area(s)
RESIDENT RIGHTS
ADMINISTRATION

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/20/2009

Date Investigation Completed: 11/10/2009

Subject Area(s)
SUPERVISION

Result
SUBSTANTIATED

SOD #
XYXK11

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

Facility Information

Facility Name: TIME TO TREASURE (0010806)
Address: 2209 PROSPECT ST, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 02/24/2005
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0106102 **End Date:** 02/25/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #1PUL11 Served 04/23/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(a)	SERVICES		

Survey ID: 0102793 **End Date:** 10/08/2008 **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: RACINE

Complaint History (TIME TO TREASURE)

Date Complaint Received: 09/24/2008

Date Investigation Completed: 10/08/2008

Subject Area(s)

SUPERVISION
RESIDENT RIGHTS
NUTRITION & FOOD 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
Adult Family Home
COUNTY: RACINE

Facility Information

Facility Name: TOMMYS HOUSE LLC (0012887)
Address: 3101 WINDSOR DR, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 09/28/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0105067 **End Date:** 09/28/2009 **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: RACINE

Facility Information

Facility Name: TORGERSON ADULT FAMILY HOME (0013658)
Address: 4381 S PINE RIDGE CR, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 03/28/2011
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0108262 **End Date:** 03/28/2011 **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: RACINE

Facility Information

Facility Name: TRUE LIFE HOMES I (0010761)
Address: 5532 BYRD AVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 12/21/2004
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0107777 **End Date:** 11/15/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104492 **End Date:** 02/03/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #B0JM11 Served 08/03/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	11/15/2010	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	11/15/2010	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	11/15/2010	Yes
88.06(3)(f)	REVIEW OF ISP	11/15/2010	Yes
88.10(3)(a)	FAIR TREATMENT	11/15/2010	Yes

Survey ID: 0102321 **End Date:** 07/31/2008 **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: RACINE

Complaint History (TRUE LIFE HOMES I)

Date Complaint Received: 06/20/2008

Date Investigation Completed: 07/31/2008

Subject Area(s)

RESIDENT RIGHTS
RESIDENT BEHAVIOR/FACILITY PRACTICE

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

NOT RECORDED

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

Facility Information

Facility Name: TRUE LIFE HOMES II (0011524)
Address: 920 SOUTH ST, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 10/18/2006
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103364 **End Date:** 01/27/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #3KHR11 Served 02/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		

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

Facility Information

Facility Name: TRUE LIFE HOMES III (0012374)
Address: 2620 JEAN AVE, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 06/12/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0107386 **End Date:** 09/23/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #1GHB11 Served 11/09/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		

Survey ID: 0101925 **End Date:** 06/12/2008 **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: RACINE

Complaint History (TRUE LIFE HOMES III)

Date Complaint Received: 03/12/2010

Date Investigation Completed: 09/23/2010

Subject Area(s)
SUPERVISION
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: TRUE LIFE HOMES LLC V (0013227)
Address: 2428 JEAN AVE, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 05/06/2010
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0106250 **End Date:** 05/06/2010 **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: RACINE

Facility Information

Facility Name: TRUE LIFE HOMES LLC (0012442)
Address: 621 THUNDERBIRD DR, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 09/25/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102675 **End Date:** 09/25/2008 **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: RACINE

Facility Information

Facility Name: VISIONS OF LIFE LLC III (0013258)
Address: 3857 LAKEVIEW DR, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 05/27/2010
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0106375 **End Date:** 05/11/2010 **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
Adult Family Home
COUNTY: RACINE

Facility Information

Facility Name: VISIONS OF LIFE LLC (0012076)
Address: 7925 DANIEL CT, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 09/06/2007
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0105149 **End Date:** 09/22/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #98DP11 Served 11/13/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
88.05(2)(a)	DIFFICULTY WALKING		
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		
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: RACINE

Enforcement History (VISIONS OF LIFE LLC)

Date: 11/12/2009 SOD #98DP11 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: RACINE

Facility Information

Facility Name: WEST HAVEN ADULT FAMILY HOME (0012126)
Address: 1141 N INDIANA ST, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered: 10/11/2007
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0107397 **End Date:** 09/20/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PHFE13 Served 11/17/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		

Survey ID: 0105685 **End Date:** 01/25/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PHFE12 Served 02/19/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(d)	MEDICATION- WRITTEN ORDER	09/07/2010	Yes
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	09/07/2010	Yes

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

Survey ID: 0104648 End Date: 07/15/2009 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PHFE11 Served 08/25/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	01/25/2010	Yes
88.04(2)(h)	COMPLY WITH OSHA	01/25/2010	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	01/25/2010	Yes
88.05(3)(a)	HOME ENVIRONMENT	01/25/2010	Yes
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	01/25/2010	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	01/25/2010	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	01/25/2010	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	01/25/2010	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	01/25/2010	Yes
88.07(2)(b)5	MONITORING HEALTH	01/25/2010	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(3)(e)1	MEDICATION- RECORD KEEPING	01/25/2010	Yes
88.09(1)(d)6	RESIDENT RECORD-SERVICE AGREEMENT	01/25/2010	Yes
88.10(3)(g)	CLOTHING AND POSSESSIONS	01/25/2010	Yes

This is Page 130 of 132 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Enforcement History (WEST HAVEN ADULT FAMILY HOME)

Date: 11/11/2010 **SOD #PHFE13** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Date: 02/12/2010 **SOD #PHFE12** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Date: 08/19/2009 **SOD #PHFE11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

--Facility Compliant 02/11/2010 12:00:00AM

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

Complaint History (WEST HAVEN ADULT FAMILY HOME)

Date Complaint Received: 07/06/2010

Date Investigation Completed: 09/20/2010

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED

Date Complaint Received: 06/24/2009

Date Investigation Completed: 07/15/2009

Subject Area(s)

Result

SOD #

PHYSICAL PLANTS & SAFETY HAZARDS

SUBSTANTIATED

PHFE11

HOMELIKE ENVIRONMENT & CLEANLINESS

SUBSTANTIATED

PHFE11

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