

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

**Notes**

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 35 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: RICHLAND

**Facility Information**

**Facility Name:** DELANNA HOUSE (0011189)  
**Address:** 11256 QUAKER VALLEY RD, CAZENOVIA, WI 53924  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/08/2006  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0104710    **End Date:** 08/26/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #3BQD11    Served 08/26/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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***This is Page 2 of 35 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: RICHLAND

**Facility Information**

**Facility Name:** MYSTIC MEADOWS LLC (0011084)  
**Address:** 14150 CTY RD C, HILLSBORO, WI 54634  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/08/2005  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0108816    **End Date:** 06/20/2011    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0107919    **End Date:** 02/07/2011    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0107275    **End Date:** 10/07/2010    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #LL5B11    Served 10/20/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	02/07/2011	Yes
88.04(2)(a)	RESPONSIBILITIES	02/07/2011	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	02/07/2011	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	02/07/2011	Yes
88.06(3)(f)	REVIEW OF ISP	02/07/2011	Yes
88.10(3)(a)	FAIR TREATMENT	02/07/2011	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	02/07/2011	Yes

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

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**Survey ID: 0104394    End Date: 07/16/2009    Type: STANDARD    Purpose: SURVEY**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #QJ1T11    Served 07/22/2009**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	10/04/2010	Yes

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

**Enforcement History (MYSTIC MEADOWS LLC)**

**Date: 10/18/2010      SOD #LL5B11      Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION	--Facility Compliant 02/07/2011
COMPLY WITH FACILITY PLAN OF CORRECTION	--Facility Compliant 02/07/2011
NO NEW ADMISSIONS	--Facility Compliant 02/07/2011

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

**Complaint History (MYSTIC MEADOWS LLC)**

**Date Complaint Received: 08/18/2010**

**Date Investigation Completed: 10/04/2010**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
LICENSED CAPACITY /CLASS OF LICENSE	NOT SUBSTANTIATED	
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	LL5B11
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	LL5B11

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

**Facility Information**

**Facility Name:** WHISPERING HOPE ADULT FAMILY HOME (0013679)

**Address:** 29149 WHISPERING LANE, LONE ROCK, WI 53556

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/11/2011

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0108316      **End Date:** 04/07/2011      **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: RICHLAND

**Facility Information**

**Facility Name:** KANTON HOME (0013742)  
**Address:** 26068 CTY HWY E, MUSCODA, WI 53573  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/26/2011  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0109242    **End Date:** 09/22/2011    **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: RICHLAND

**Facility Information**

**Facility Name:** ALLISON PARK GROUP HOME (0009103)  
**Address:** 1960 ALLISON PARK DR, RICHLAND CENTER, WI 53581  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/14/2000  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0104100    **End Date:** 05/21/2009    **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: RICHLAND

**Facility Information**

**Facility Name:** BUCKHORN HOUSE (0012028)  
**Address:** 23877 BUCKHORN LN, RICHLAND CENTER, WI 53581  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/22/2007  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0107041    **End Date:** 09/09/2010    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104259    **End Date:** 06/23/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103825    **End Date:** 04/10/2009    **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: RICHLAND

**Complaint History (BUCKHORN HOUSE)**

**Date Complaint Received: 12/05/2011**

**Date Investigation Completed: 01/19/2012**

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 08/12/2010**

**Date Investigation Completed: 09/09/2010**

Subject Area(s)  
SUPERVISION  
STAFF ADEQUACY

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 03/13/2009**

**Date Investigation Completed: 04/10/2009**

Subject Area(s)  
MEDICATIONS

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: RICHLAND

**Facility Information**

**Facility Name:** BURTON ADULT FAMILY HOME (0009808)  
**Address:** 895 E BURTON ST, RICHLAND CENTER, WI 53581  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/10/2002  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**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: RICHLAND

**Facility Information**

**Facility Name:** DEER VALLEY (0011216)  
**Address:** 14468 QUARRY DR, RICHLAND CENTER, WI 53581  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/01/2006  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0104746    **End Date:** 08/31/2009    **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: RICHLAND

**Facility Information**

**Facility Name:** FILLYAW ADULT FAMILY HOME (0011560)  
**Address:** 511 E BURTON ST, RICHLAND CENTER, WI 53581  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/06/2006  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0109050    **End Date:** 08/08/2011    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0108553    **End Date:** 05/03/2011    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #L5M612    Served 05/18/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	08/08/2011	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	08/08/2011	Yes
88.07(3)(c)	MEDICATION ASSISTANCE	08/08/2011	Yes

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

**Survey ID: 0103856    End Date: 04/08/2009    Type: STANDARD    Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #L5M611    Served 04/23/2009**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(h)	COMPLY WITH OSHA	04/19/2011	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	04/19/2011	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	04/19/2011	No
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	04/19/2011	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	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: RICHLAND

**Enforcement History (FILLYAW ADULT FAMILY HOME)**

**Date: 05/12/2011**      **SOD #L5M612**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

**Date: 04/21/2009**      **SOD #L5M611**      **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: RICHLAND

**Facility Information**

**Facility Name:** FILLYAW HILL AFH (0013439)  
**Address:** 637 E THIRD ST, RICHLAND CENTER, WI 53581  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/20/2010  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0107089    **End Date:** 09/17/2010    **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: RICHLAND

**Facility Information**

**Facility Name:** KNAPP PRESTON AFH (0009970)  
**Address:** 2075 E PRESTON DR, RICHLAND CENTER, WI 53581  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/23/2003  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0104708    **End Date:** 08/24/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #GC2N11    Served 08/28/2009

<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: RICHLAND

**Facility Information**

**Facility Name:** NINOVAN (0013236)  
**Address:** 19394 CHICKEN RIDGE RD, RICHLAND CENTER, WI 53581  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/14/2010  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0106087    **End Date:** 04/14/2010    **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: RICHLAND

**Facility Information**

**Facility Name:** RICHLAND COUNTY CARE LLC (0012167)  
**Address:** 245 S CHURCH ST, RICHLAND CENTER, WI 53581  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/01/2007  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0105321    **End Date:** 11/30/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104894    **End Date:** 09/21/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #4NHD11    Served 10/07/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	11/19/2009	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	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: RICHLAND

**Complaint History (RICHLAND COUNTY CARE LLC)**

**Date Complaint Received: 10/08/2009**

**Date Investigation Completed: 11/30/2009**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES  
QUALITY OF LIFE

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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

**Facility Information**

**Facility Name:** SERENITY HOUSE (0012221)  
**Address:** 28901 DOBBS LANE, RICHLAND CENTER, WI 53581  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/01/2008  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0105873    **End Date:** 03/03/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #I8D011    Served 03/12/2010

<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: RICHLAND

**Facility Information**

**Facility Name:** VALLEY VIEW HOME II (0010895)  
**Address:** 19872 CTY HWY NN, RICHLAND CENTER, WI 53581  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/16/2005  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0106158    **End Date:** 04/14/2010    **Type:** OTHER    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103509    **End Date:** 02/19/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #6SNF11    Served 02/26/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	04/14/2010	Yes

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

**Complaint History (VALLEY VIEW HOME II)**

**Date Complaint Received: 03/22/2010**

**Date Investigation Completed: 04/14/2010**

Subject Area(s)  
RESIDENT RIGHTS  
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: RICHLAND

**Facility Information**

**Facility Name:** VALLEY VIEW HOME (190063)  
**Address:** 28425 COOP WOODS RD, RICHLAND CENTER, WI 53581  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/01/1996  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0107199    **End Date:** 09/22/2010    **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: RICHLAND

**Facility Information**

**Facility Name:** MYSTIC ACRES LLC (0009734)  
**Address:** 12878 CTY RD I, VIOLA, WI 54664  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/23/2002  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0108463    **End Date:** 04/28/2011    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0107917    **End Date:** 02/07/2011    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0107277    **End Date:** 10/07/2010    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #B5M313    Served 10/20/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	02/07/2011	Yes
88.04(2)(a)	RESPONSIBILITIES	02/07/2011	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	02/07/2011	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	02/07/2011	Yes
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	02/07/2011	Yes

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

**Survey ID: 0104312    End Date: 06/17/2009    Type: ABBREVIATED    Purpose: SURVEY/COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #B5M312    Served 07/07/2009**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	10/04/2010	No
88.10(3)(a)	FAIR TREATMENT	10/04/2010	Yes

**Survey ID: 0103564    End Date: 03/06/2009    Type: OTHER    Purpose: SELF REPORT**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #B5M311    Served 03/09/2009**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	06/17/2009	Yes
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	06/17/2009	Yes

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

**Enforcement History (MYSTIC ACRES LLC)**

**Date: 10/18/2010**      **SOD #B5M313**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION    --Facility Compliant 02/07/2011  
COMPLY WITH REQUIREMENT                            --Facility Compliant 02/07/2011  
NO NEW ADMISSIONS                                    --Facility Compliant 02/07/2011

**Date: 07/03/2009**      **SOD #B5M312**      **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: RICHLAND

**Complaint History (MYSTIC ACRES LLC)**

**Date Complaint Received: 08/18/2010**

**Date Investigation Completed: 10/04/2010**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
LICENSED CAPACITY /CLASS OF LICENSE	NOT SUBSTANTIATED	
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	B5M313
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	B5M313

**Date Complaint Received: 06/10/2009**

**Date Investigation Completed: 06/17/2009**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	B5M312
STAFF ADEQUACY	SUBSTANTIATED	B5M312

**Date Complaint Received: 05/26/2009**

**Date Investigation Completed: 06/17/2009**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	B5M312

**Date Complaint Received: 05/22/2009**

**Date Investigation Completed: 06/17/2009**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	B5M312
STAFF ADEQUACY	SUBSTANTIATED	B5M312
QUALITY OF LIFE	SUBSTANTIATED	B5M312

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

**Facility Information**

**Facility Name:** MYSTIC CREEK LLC (0010884)  
**Address:** 12489 STATE HWY 56, VIOLA, WI 54664  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/01/2005  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0108817    **End Date:** 06/20/2011    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0107974    **End Date:** 02/09/2011    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0107274    **End Date:** 10/07/2010    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #0GVX11    Served 10/19/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	02/07/2011	Yes
88.04(2)(a)	RESPONSIBILITIES	02/07/2011	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	02/07/2011	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	02/07/2011	Yes
88.05(3)(a)	HOME ENVIRONMENT	02/07/2011	Yes

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

**Survey ID: 0104481    End Date: 07/24/2009    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: RICHLAND

**Enforcement History (MYSTIC CREEK LLC)**

**Date: 10/18/2010      SOD #0GVX11      Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 02/07/2011  
COMPLY WITH REQUIREMENT --Facility Compliant 02/07/2011

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

**Complaint History (MYSTIC CREEK LLC)**

**Date Complaint Received: 11/22/2010**

**Date Investigation Completed: 02/07/2011**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 08/18/2010**

**Date Investigation Completed: 10/04/2010**

Subject Area(s)

Result

SOD #

LICENSED CAPACITY /CLASS OF LICENSE  
HOMELIKE ENVIRONMENT & CLEANLINESS  
ADMINISTRATION  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED

0GVX11  
  
0GVX11

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

**Facility Information**

**Facility Name:** TIMBER TRAILS (0011115)  
**Address:** 18627 HIGH POINT RD, VIOLA, WI 54664  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/19/2005  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0104207    **End Date:** 06/17/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #CW2J12    Served 06/22/2009

<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: RICHLAND

**Facility Information**

**Facility Name:** WIND RIDGE HOME (190080)  
**Address:** 14803 JEWELL RD, VIOLA, WI 546648716  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/12/1996  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0106936    **End Date:** 08/26/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #EUBR11    Served 08/28/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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