

**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Community Based Residential Facility  
COUNTY: ROCK

**Notes**

**This report includes Provider Inspection Summaries (Facility Profiles) for Community Based Residential Facilities in Rock County.**

**The report includes only facilities located within the City of Janesville. 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 41 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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: ROCK

### Facility Information

**Facility Name:** BEECHWOOD (0011374)

**Address:** 315 BEECHWOOD DRIVE, JANESVILLE, WI 53548

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/31/2006

**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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ROCK

#### Facility Information

**Facility Name:** CEDAR CREST ASSISTED LIVING (0008495)

**Address:** 1704 S RIVER RD, JANESVILLE, WI 53546

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/30/1999

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

#### Survey History

**Survey ID:** 0109416    **End Date:** 10/03/2011    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #NE7L12    Served 10/26/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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**Survey ID:** 0108129    **End Date:** 02/24/2011    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #NE7L11    Served 03/14/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.035(4n)	REGULATION OF CBRF	10/03/2011	Yes
83.38(1)(g)	HEALTH MONITORING	10/03/2011	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	10/03/2011	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	10/03/2011	Yes

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)  
COUNTY: ROCK

**Enforcement History (CEDAR CREST ASSISTED LIVING)**

**Date: 03/10/2011      SOD #NE7L11      Enforcement Appealed: No**

Sanctions

FORFEITURE---83.38(1)(g)  
FORFEITURE---83.42(1)  
FORFEITURE---83.47(2)(e)

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ROCK

#### Complaint History (CEDAR CREST ASSISTED LIVING)

**Date Complaint Received: 08/30/2011**

**Date Investigation Completed: 10/03/2011**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS  
QUALITY OF LIFE

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ROCK

### Facility Information

**Facility Name:** COZY LIL ACRE INC (0009460)

**Address:** 521 NORTH GRANT ST, JANESVILLE, WI 53548

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/01/2002

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

### Survey History

**Survey ID:** 0104257      **End Date:** 06/24/2009      **Type:** STANDARD      **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: ROCK

#### Facility Information

**Facility Name:** COZY LIL ACRE INC (110468)

**Address:** 2210 MINERAL POINT AVE, JANESVILLE, WI 53545

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/31/1996

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

#### Survey History

**Survey ID:** 0106566    **End Date:** 06/15/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #F0WV11    Served 07/07/2010

<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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: ROCK

#### Complaint History (COZY LIL ACRE INC)

**Date Complaint Received: 05/20/2010**

**Date Investigation Completed: 06/15/2010**

Subject Area(s)

RESIDENT RIGHTS  
PHYSICAL PLANTS & SAFETY HAZARDS  
NUTRITION & FOOD SERVICES  
MEDICATIONS  
ADMINISTRATION

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ROCK

#### Facility Information

**Facility Name:** DUPONT (0011375)

**Address:** 1945 DUPONT DR, JANESVILLE, WI 53546

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2006

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

#### Survey History

**Survey ID:** 0106724    **End Date:** 07/28/2010    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0105805    **End Date:** 02/18/2010    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #48HY11    Served 03/03/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(3)	FIRE INSPECTION	07/28/2010	Yes
83.48(3)(b)	SENSITIVITY TESTING PERFORMED	07/28/2010	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	07/28/2010	Yes
83.59(1)(c)	EXIT DOORS, PASSAGEWAYS 32 INCHES CLEAR	07/28/2010	Yes

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)  
COUNTY: ROCK

**Enforcement History (DUPONT)**

**Date: 03/01/2010      SOD #48HY11      Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 07/28/2010

FORFEITURE---83.47(3)

FORFEITURE---83.48(3)(b)

FORFEITURE---83.48(8)(b)

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Community Based Residential Facility--CLASS AA (AMBULATORY)  
COUNTY: ROCK

**Facility Information**

**Facility Name:** GROUP LIVING HOME INC (110146)  
**Address:** 1941 GERSHWIN DR, JANESVILLE, WI 53545  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/31/1995  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0105146      **End Date:** 11/09/2009      **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ROCK

#### Facility Information

**Facility Name:** HARBOR HOUSE JANESVILLE (0013405)

**Address:** 719 HAWTHORNE DR, JANESVILLE, WI 53545

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/2011

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

#### Survey History

**Survey ID:** 0108828    **End Date:** 05/04/2011    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #GQKL11    Served 07/05/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(b)	DOCUMENTATION OF INVESTIGATIONS OF INJURIES	02/07/2012	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	02/07/2012	Yes
83.47(2)(d)	FIRE DRILLS	02/07/2012	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	02/07/2012	Yes

**Survey ID:** 0106821    **End Date:** 08/02/2010    **Type:** INITIAL    **Purpose:** CHOW--LICENSURE

**Results:** PROBATIONARY LICENSE ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)  
COUNTY: ROCK

**Enforcement History (HARBOR HOUSE JANESVILLE)**

**Date: 05/17/2011      SOD #GQKL11      Enforcement Appealed: No**

Sanctions

FORFEITURE---83.12(3)(b)

FORFEITURE---83.35(3)(c)

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ROCK

#### Complaint History (HARBOR HOUSE JANESVILLE)

**Date Complaint Received: 03/22/2011**

**Date Investigation Completed: 05/04/2011**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
ADMINISTRATION	SUBSTANTIATED	GQKL11
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
QUALITY OF LIFE	NOT SUBSTANTIATED	

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ROCK

### Facility Information

**Facility Name:** HEARTHSIDE (110252)

**Address:** 2203 HANCOCK LANE, JANESVILLE, WI 53545

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/04/1989

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

### Survey History

**Survey ID:** 0108486    **End Date:** 04/28/2011    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0107578    **End Date:** 11/17/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #DE4F12    Served 12/13/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	04/28/2011	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	04/28/2011	Yes
83.58(1)(c)	SELF-CLOSING 1-3/4-INCH SOLID CORE WOOD DOOR	04/28/2011	Yes
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED	04/28/2011	Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ROCK

**Survey ID: 0103209**    **End Date: 01/05/2009**    **Type: STANDARD**    **Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #DE4F11**    Served 01/13/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(e)2.b	INJECTIONS	04/01/2009	Yes
83.33(3)(e)5	MEDICAL RECORD DOCUMENTATION	04/01/2009	Yes
83.33(3)(f)2	REASSESSED QUARTERLY FOR MEDICATION	04/01/2009	Yes
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	04/01/2009	Yes
83.41(4)(c)	PORTABLE SPACE HEATERS PROHIBITED	04/01/2009	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	Yes

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)  
COUNTY: ROCK

**Enforcement History (HEARTHSIDE)**

**Date: 12/08/2010**      **SOD #DE4F12**      **Enforcement Appealed: No**  
Sanctions  
COMPLY WITH REQUIREMENT      --Facility Compliant 04/28/2011  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.35(5)(b)

**Date: 01/09/2009**      **SOD #DE4F11**      **Enforcement Appealed: No**  
Sanctions  
COMPLY WITH DEPARTMENT PLAN OF CORRECTION      --Facility Compliant 04/01/2009  
COMPLY WITH REQUIREMENT      --Facility Compliant 04/01/2009  
FORFEITURE---83.33(3)(e)2.b  
FORFEITURE---83.33(3)(e)5  
FORFEITURE---83.41(10)(b)  
FORFEITURE---83.42(4)(f)

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ROCK

#### Facility Information

**Facility Name:** HUNTINGTON PLACE MEMORY CARE 1 (0013344)

**Address:** 3828 E ROTAMER RD, JANESVILLE, WI 53546

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/2011

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

#### Survey History

**Survey ID:** 0108750    **End Date:** 05/13/2011    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #V2BY11    Served 06/22/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	01/19/2012	Yes
83.39(3)	HAND WASHING	01/19/2012	Yes

**Survey ID:** 0106716    **End Date:** 07/27/2010    **Type:** INITIAL    **Purpose:** CHOW--LICENSURE

**Results:** PROBATIONARY LICENSE ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ROCK

### Enforcement History (HUNTINGTON PLACE MEMORY CARE 1)

**Date: 06/14/2011**

**SOD #V2BY11**

**Enforcement Appealed: No**

Sanctions

FORFEITURE---83.35(3)(c)

FORFEITURE---83.39(3)

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ROCK

#### Facility Information

**Facility Name:** HUNTINGTON PLACE MEMORY CARE 2 (0013345)

**Address:** 3840 E ROTAMER RD, JANESVILLE, WI 53546

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/2011

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

#### Survey History

**Survey ID:** 0108824    **End Date:** 05/26/2011    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #L35911    Served 07/08/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	01/19/2012	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	01/19/2012	Yes

**Survey ID:** 0106717    **End Date:** 07/27/2010    **Type:** INITIAL    **Purpose:** CHOW--LICENSURE

**Results:** PROBATIONARY LICENSE ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ROCK

### Enforcement History (HUNTINGTON PLACE MEMORY CARE 2)

**Date: 06/29/2011**

**SOD #L35911**

**Enforcement Appealed: No**

Sanctions

FORFEITURE---83.32(3)(n)

FORFEITURE---83.37(1)(i)

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ROCK

### Facility Information

**Facility Name:** HUNTINGTON PLACE MEMORY CARE 3 (0013346)

**Address:** 3902 E ROTAMER RD, JANESVILLE, WI 53546

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/2011

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

### Survey History

**Survey ID:** 0108646      **End Date:** 05/26/2011      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106718      **End Date:** 07/27/2010      **Type:** INITIAL      **Purpose:** CHOW--LICENSURE

**Results:** PROBATIONARY LICENSE ISSUED

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ROCK

#### Facility Information

**Facility Name:** JACKSON HOUSE CRISIS STABILIZATION CENTER (0012514)

**Address:** 1936 N WASHINGTON ST, JANESVILLE, WI 53545

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/23/2008

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

#### Survey History

**Survey ID:** 0109266    **End Date:** 09/20/2011    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0107685    **End Date:** 12/21/2010    **Type:** OTHER    **Purpose:** SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #VG5I11    Served 01/07/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	ADMINISTRATOR QUALIFICATIONS	08/17/2011	Yes

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ROCK

**Survey ID: 0107012    End Date: 09/01/2010    Type: STANDARD    Purpose: SURVEY**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #HYO911    Served 09/08/2010**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	08/17/2011	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	08/17/2011	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	08/17/2011	Yes

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)  
COUNTY: ROCK

**Enforcement History (JACKSON HOUSE CRISIS STABILIZATION CENTER)**

**Date: 01/06/2011      SOD #VG5I11      Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
FORFEITURE---83.12(2)(a)

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: ROCK

### Facility Information

**Facility Name:** KELLOGG (0011378)

**Address:** 1947 DUPONT DR, JANESVILLE, WI 53546

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/31/2006

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

### Survey History

**Survey ID:** 0107876      **End Date:** 01/27/2011      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ROCK

### Facility Information

**Facility Name:** LEE LANE (0011380)

**Address:** 1620 LEE LANE, JANESVILLE, WI 53546

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/31/2006

**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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: ROCK

### Facility Information

**Facility Name:** LSS CROSBY GROUP HOME (110250)

**Address:** 511 S CROSBY AVE, JANESVILLE, WI 53545

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/31/1991

**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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ROCK

#### Facility Information

**Facility Name:** OUR HOUSE ASSISTED CARE (0013378)

**Address:** 2516 GREEN VALLEY DR, JANESVILLE, WI 53546

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2011

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

#### Survey History

**Survey ID:** 0108751    **End Date:** 06/06/2011    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #F4TF11    Served 06/23/2011

	<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
<b>Survey ID:</b> 0107166				
<b>End Date:</b> 09/13/2010				
<b>Type:</b> INITIAL				
<b>Purpose:</b> CHOW--LICENSURE				
<b>Results:</b> PROBATIONARY LICENSE ISSUED				

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ROCK

#### Facility Information

**Facility Name:** OUR HOUSE MEMORY CARE (0013381)

**Address:** 4333 PHEASANT RUN RD, JANESVILLE, WI 53546

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2011

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

#### Survey History

**Survey ID:** 0109353    **End Date:** 09/22/2011    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #00FG11    Served 10/15/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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**Survey ID:** 0109033    **End Date:** 08/08/2011    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0108892    **End Date:** 07/05/2011    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #0TDR11    Served 07/22/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE	08/08/2011	Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ROCK

**Survey ID: 0107180**      **End Date: 09/13/2010**      **Type: INITIAL**      **Purpose: CHOW--LICENSURE**

**Results: PROBATIONARY LICENSE ISSUED**

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ROCK

#### Complaint History (OUR HOUSE MEMORY CARE)

**Date Complaint Received: 08/06/2011**

**Date Investigation Completed: 09/15/2011**

Subject Area(s)

RESIDENT RIGHTS  
RESIDENT BEHAVIOR/FACILITY PRACTICE  
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/25/2011**

**Date Investigation Completed: 09/15/2011**

Subject Area(s)

SUPERVISION  
PHYSICAL PLANTS & SAFETY HAZARDS

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/20/2011**

**Date Investigation Completed: 09/15/2011**

Subject Area(s)

SUPERVISION  
PHYSICAL PLANTS & SAFETY HAZARDS  
ADMINISTRATION  
QUALITY OF LIFE

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/07/2011**

**Date Investigation Completed: 08/08/2011**

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS

Result

NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ROCK

### Facility Information

**Facility Name:** REM CANTERBURY (110449)

**Address:** 3605/3607 CANTERBURY LA, JANESVILLE, WI 53546

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/30/1995

**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  
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)  
COUNTY: ROCK

**Facility Information**

**Facility Name:** REM JONATHON (110458)  
**Address:** 223 225 JONATHON DR, JANESVILLE, WI 53548  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/01/1996  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0108491    **End Date:** 05/03/2011    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)  
COUNTY: ROCK

**Complaint History (REM JONATHON)**

**Date Complaint Received: 04/14/2011**

**Date Investigation Completed: 05/03/2011**

Subject Area(s)

Result

SOD #

PHYSICAL PLANTS & SAFETY HAZARDS

NOT SUBSTANTIATED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Community Based Residential Facility--CLASS AA (AMBULATORY)  
COUNTY: ROCK

**Facility Information**

**Facility Name:** RIVER COMMONS ALCOCARE INC (0011861)  
**Address:** 786 SOUTH MAIN STREET, JANESVILLE, WI 53545  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/01/2008  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0107241    **End Date:** 10/07/2010    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #3BUQ11    Served 10/13/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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**Survey ID:** 0106993    **End Date:** 09/01/2010    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Community Based Residential Facility--CLASS AA (AMBULATORY)  
COUNTY: ROCK

**Survey ID: 0105947    End Date: 03/10/2010    Type: STANDARD    Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #LU9211    Served 03/23/2010**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	09/01/2010	Yes
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	09/01/2010	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	09/01/2010	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	09/01/2010	Yes
83.48(4)(b)	SMOKE DETECTOR AT HALLWAY SIDE OF STAIRWAYS	09/01/2010	Yes

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Community Based Residential Facility--CLASS AA (AMBULATORY)  
COUNTY: ROCK

**Enforcement History (RIVER COMMONS ALCO CARE INC)**

**Date: 03/22/2010      SOD #LU9211      Enforcement Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

COMPLY WITH FACILITY PLAN OF CORRECTION

FORFEITURE---83.25

FORFEITURE---83.48(1)(b)

FORFEITURE---83.48(3)(a)

FORFEITURE---83.48(6)(a)

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ROCK

### Facility Information

**Facility Name:** ROCK VALLEY COMMUNITY PROGRAMS INC (111054)

**Address:** 203 WEST SUNNY LANE RD, JANESVILLE, WI 53546

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/30/1998

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

### Survey History

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: ROCK

### Facility Information

**Facility Name:** SHERMAN HOME (THE) (110107)

**Address:** 1321 SHERMAN AVE, JANESVILLE, WI 53545

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/28/1988

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

### Survey History

**Survey ID:** 0103407      **End Date:** 02/11/2009      **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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: ROCK

### Facility Information

**Facility Name: WRIGHT HOME (110210)**

**Address: 637 N WRIGHT RD, JANESVILLE, WI 53546**

**License Status: REGULAR**

**Licensed/Certified/Registered 11/30/1991**

**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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