

**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 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ROCK

### Facility Information

**Facility Name:** HARBOR HOUSE BELOIT 12 (0013403)

**Address:** 2086 COLONY COURT, BELOIT, WI 53511

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0108613    **End Date:** 05/18/2011    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Survey ID:** 0106817    **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

### Facility Information

**Facility Name:** HARBOR HOUSE BELOIT 8 (0013407)

**Address:** 2096 COLONY COURT, BELOIT, WI 53511

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0108618      **End Date:** 05/18/2011      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

**Survey ID:** 0106819      **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

#### Facility Information

**Facility Name:** PIONEER COURT (110561)

**Address:** 2122 PIONEER DR, BELOIT, WI 53511

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/1997

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

#### Survey History

**Survey ID:** 0109688    **End Date:** 11/10/2011    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #EPP911    Served 12/14/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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**Survey ID:** 0109264    **End Date:** 09/22/2011    **Type:** ABBREVIATED    **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 CNA (NONAMBULATORY)  
COUNTY: ROCK

**Enforcement History (PIONEER COURT)**

**Date: 12/13/2011      SOD #EPP911      Enforcement Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---8..35(1)(a)

FORFEITURE---83.31(4)(a)

FORFEITURE---83.32(3)(h)

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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 (PIONEER COURT)

**Date Complaint Received: 10/05/2011**

**Date Investigation Completed: 11/10/2011**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	EPP911
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	EPP911
ADMISSION, TRANSFER & DISCHARGE	SUBSTANTIATED	EPP911
STAFF ADEQUACY	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:** REM WREN (0008927)  
**Address:** 2008 WREN DR, BELOIT, WI 53511  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/01/2000  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0105166      **End Date:** 11/11/2009      **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 CNA (NONAMBULATORY)

COUNTY: ROCK

### Facility Information

**Facility Name:** SUN VALLEY HOMES LLC EAST I (0010973)

**Address:** 2775 KADLEC DR, BELOIT, WI 53511

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2005

**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:** SUN VALLEY HOMES LLC EAST II (0010972)

**Address:** 2775 KADLEC DR, BELOIT, WI 53511

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2005

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

#### Survey History

**Survey ID:** 0107403    **End Date:** 11/09/2010    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106561    **End Date:** 06/17/2010    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #H67511    Served 07/06/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	11/09/2010	Yes
83.48(6)(a)	INTEGRATED HEAT DETECTOR IN KITCHEN	11/09/2010	Yes
83.48(6)(d)	INTEGRATED HEAT DETECTOR IN FURNACE ROOM	11/09/2010	Yes
83.48(6)(e)	INTEGRATED HEAT DETECTOR IN LAUNDRY ROOM	11/09/2010	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	11/09/2010	Yes

**Survey ID:** 0103306    **End Date:** 01/21/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Enforcement History (SUN VALLEY HOMES LLC EAST II)**

<b>Date: 07/01/2010</b>	<b>SOD #H67511</b>	<b>Enforcement Appealed: No</b>
<u>Sanctions</u>		
COMPLY WITH DEPARTMENT PLAN OF CORRECTION	--Facility Compliant 11/09/2010	
COMPLY WITH REQUIREMENT	--Facility Compliant 11/09/2010	
FORFEITURE---83.35(3)(d)		
FORFEITURE---83.48(6)(a)		
FORFEITURE---83.55(6)(b)		

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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:** SUN VALLEY HOMES LLC TERRACE (0010974)

**Address:** 2771 IVA COURT, BELOIT, WI 53511

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2005

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

#### Survey History

**Survey ID:** 0109454    **End Date:** 10/10/2011    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ZUGS12    Served 11/01/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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**Survey ID:** 0107731    **End Date:** 01/04/2011    **Type:** OTHER    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #ZUGS11    Served 01/14/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	ADMINISTRATOR QUALIFICATIONS	10/10/2011	Yes
83.46(1)(b)	PORTABLE SPACE HEATERS PROHIBITED	10/10/2011	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	10/10/2011	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 (SUN VALLEY HOMES LLC TERRACE)**

**Date: 10/28/2011      SOD #ZUGS12      Enforcement Appealed: No**

Sanctions

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(d)

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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 (SUN VALLEY HOMES LLC TERRACE)

**Date Complaint Received: 09/20/2011**

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

Subject Area(s)

RESTRAINTS  
MEDICATIONS  
ADMINISTRATION

Result

NOT SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED

SOD #

ZUGS12  
NOF

**Date Complaint Received: 11/01/2010**

**Date Investigation Completed: 01/04/2011**

Subject Area(s)

RESIDENT RIGHTS  
STAFF ADEQUACY  
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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ROCK

#### Facility Information

**Facility Name:** SUN VALLEY HOMES LLC WEST (0010970)

**Address:** 2156 HOUSE ST, BELOIT, WI 53511

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2005

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

#### Survey History

**Survey ID:** 0107198    **End Date:** 09/23/2010    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106066    **End Date:** 04/05/2010    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #9EHI11    Served 04/13/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	09/23/2010	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	09/23/2010	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	09/23/2010	Yes
83.38(1)(b)	SUPERVISION	09/23/2010	Yes
83.59(1)(c)	EXIT DOORS, PASSAGEWAYS 32 INCHES CLEAR	09/23/2010	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 (SUN VALLEY HOMES LLC WEST)

**Date:** 04/12/2010

**SOD #**9EHI11

**Enforcement Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH FACILITY PLAN OF CORRECTION

FORFEITURE---50.065(2)(bb)

FORFEITURE---83.35(1)(c)

FORFEITURE---83.35(5)(b)

FORFEITURE---83.38(1)(b)

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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:** SUN VALLEY HOMES NORTH (0011787)

**Address:** 2027 COLONY COURT, BELOIT, WI 53511

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2007

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

#### Survey History

**Survey ID:** 0109470    **End Date:** 10/26/2011    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0108295    **End Date:** 03/22/2011    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #WFTB12    Served 04/11/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	10/26/2011	Yes
83.39(3)	HAND WASHING	10/26/2011	Yes

**Survey ID:** 0105030    **End Date:** 10/20/2009    **Type:** OTHER    **Purpose:** DESK REVIEW

**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

**Survey ID: 0104351    End Date: 07/02/2009    Type: STANDARD    Purpose: SURVEY/COMPLAINT/SELF REPORT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #WFTB11    Served 07/15/2009**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	03/22/2011	Yes
83.27(2)(h)	ADMISSION LIMITATION: INCAPACITATED PERSONS	03/22/2011	Yes
83.32(3)(f)	RIGHTS OF RESIDENTS: FREE OF CHEMICAL RESTRAINTS	03/22/2011	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	03/22/2011	Yes
83.35(3)(b)	MENU DATED AND KEPT ON FILE	03/22/2011	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	03/22/2011	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	03/22/2011	Yes
83.47(2)(d)	FIRE DRILLS	03/22/2011	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 (SUN VALLEY HOMES NORTH)**

**Date: 04/07/2011      SOD #WFTB12      Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
FORFEITURE---83.32(3)(h)

**Date: 07/13/2009      SOD #WFTB11      Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
FORFEITURE---83.27(2)(h)  
FORFEITURE---83.32(3)(f)  
FORFEITURE---83.35(3)(a)  
FORFEITURE---83.35(3)(b)  
FORFEITURE---83.38(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

#### Complaint History (SUN VALLEY HOMES NORTH)

**Date Complaint Received: 02/16/2011**

**Date Investigation Completed: 03/22/2011**

Subject Area(s)

Result

SOD #

SUPERVISION  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY  
QUALITY OF LIFE

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 05/12/2009**

**Date Investigation Completed: 07/02/2009**

Subject Area(s)

Result

SOD #

SUPERVISION  
MEDICATIONS  
STAFF ADEQUACY  
QUALITY OF LIFE

SUBSTANTIATED  
SUBSTANTIATED  
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: WOODS CROSSING AT WOODS POINT (0010939)**

**Address: E401 23RD ST, BROADHEAD, WI 53520**

**License Status: REGULAR**

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

**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:** HARBOR HOUSE CLINTON (0013406)

**Address:** 805 SUE LANE, CLINTON, WI 53525

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0108408    **End Date:** 04/19/2011    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0107624    **End Date:** 12/13/2010    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106820    **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

#### Complaint History (HARBOR HOUSE CLINTON)

**Date Complaint Received: 11/10/2010**

**Date Investigation Completed: 12/13/2010**

Subject Area(s)

SUPERVISION  
MEDICATIONS  
ADMINISTRATION  
STAFF TRAINING AND PROFICIENCY  
QUALITY OF LIFE

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:** KELLY HOUSE (110260)

**Address:** 121 S 5TH ST, EVANSVILLE, WI 53536

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/02/1990

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

#### Survey History

**Survey ID:** 0107393    **End Date:** 11/01/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #91BP11    Served 11/12/2010

<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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ROCK

#### Facility Information

**Facility Name:** ST ELIZABETH MANOR (0012686)

**Address:** 111 COMMERCIAL DR, FOOTVILLE, WI 53537

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2010

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

#### Survey History

**Survey ID:** 0109352    **End Date:** 10/11/2011    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0108765    **End Date:** 05/25/2011    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #M2UE11    Served 06/23/2011

<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	10/11/2011	Yes
83.38(1)(g)	HEALTH MONITORING	10/11/2011	Yes
83.41(2)(a)	BEDDING AND LAUNDRY	10/11/2011	Yes

**Survey ID:** 0107367    **End Date:** 11/03/2010    **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 CNA (NONAMBULATORY)

COUNTY: ROCK

**Survey ID: 0107074    End Date: 08/31/2010    Type: OTHER    Purpose: COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #JOFH12    Served 09/21/2010**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(a)	REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN	11/03/2010	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	11/03/2010	Yes
83.27(2)(h)	ADMISSION LIMITATION: INCAPACITATED PERSONS	11/03/2010	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	11/03/2010	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	11/03/2010	Yes
83.38(1)(b)	SUPERVISION	11/03/2010	Yes

**Survey ID: 0106012    End Date: 03/29/2010    Type: STANDARD    Purpose: SURVEY/COMPLAINT/SELF REPORT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #JOFH11    Served 04/01/2010**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.29(2)	ADMISSION AGREEMENT	08/31/2010	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	08/31/2010	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	08/31/2010	Yes

**Survey ID: 0105535    End Date: 01/08/2010    Type: OTHER    Purpose: COMPLAINT/SELF REPORT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #JR4S13    Served 01/22/2010**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(2)	MODIFIED OR SPECIAL DIETS	03/17/2010	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

**Survey ID: 0105077**    **End Date: 10/07/2009**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #JR4S12    Served 10/31/2009

<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	01/08/2010	Yes
83.38(1)(g)	HEALTH MONITORING	01/08/2010	Yes

**Survey ID: 0104711**    **End Date: 08/13/2009**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #JR4S11    Served 08/28/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(c)	PROHIBITIONS AND EXCEPTIONS	10/07/2009	Yes
83.22(3)	TRAINING IN DAILY LIVING ACTIVITIES REQUIRED	10/07/2009	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	10/07/2009	Yes

**Survey ID: 0104561**    **End Date: 07/29/2009**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID: 0103776**    **End Date: 04/06/2009**    **Type: INITIAL**    **Purpose: SURVEY**

**Results:** PROBATIONARY LICENSE ISSUED

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

**Enforcement History (ST ELIZABETH MANOR)**

**Date: 06/15/2011**      **SOD #M2UE11**      **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.35(3)(d)  
FORFEITURE---83.38(1)(g)  
FORFEITURE---83.41(2)(a)2

**Date: 09/17/2010**      **SOD #JOFH12**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION      --Facility Compliant 11/03/2010  
NO NEW ADMISSIONS      --Facility Compliant 11/03/2010  
FORFEITURE---83.12(4)(a)  
FORFEITURE---83.14(2)(a)  
FORFEITURE---83.27(2)(h)  
FORFEITURE---83.35(1)(c)  
FORFEITURE---83.37(1)(i)  
FORFEITURE---83.38(1)(b)

**Date: 03/31/2010**      **SOD #JOFH11**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT      --Facility Compliant 08/31/2010  
FORFEITURE---83.32(3)(h)  
FORFEITURE---83.32(3)(i)

**Date: 01/21/2010**      **SOD #JR4S13**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION      --Facility Compliant 03/17/2010  
COMPLY WITH REQUIREMENT      --Facility Compliant 03/17/2010  
FORFEITURE---83.35(2)

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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

**Date: 10/30/2009**

**SOD #JR4S12**

**Enforcement Appealed: No**

Sanctions

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(g)

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**Date: 08/27/2009**

**SOD #JR4S11**

**Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.20(2)(c)

FORFEITURE---83.22(3)

FORFEITURE---83.37(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 (ST ELIZABETH MANOR)

**Date Complaint Received: 08/26/2011**

**Date Investigation Completed: 10/11/2011**

Subject Area(s)

RESIDENT RIGHTS  
NUTRITION & FOOD SERVICES  
STAFF ADEQUACY

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 04/27/2011**

**Date Investigation Completed: 05/25/2011**

Subject Area(s)

NUTRITION & FOOD SERVICES  
PROGRAM SERVICES

Result

SUBSTANTIATED  
SUBSTANTIATED

SOD #

M2EU11  
M2EU11

**Date Complaint Received: 08/16/2010**

**Date Investigation Completed: 08/31/2010**

Subject Area(s)

RESIDENT RIGHTS  
ABUSE  
STAFF TRAINING AND PROFICIENCY  
PROGRAM SERVICES  
QUALITY OF LIFE

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

JOFH12

**Date Complaint Received: 02/01/2010**

**Date Investigation Completed: 03/17/2010**

Subject Area(s)

STAFF ADEQUACY  
QUALITY OF LIFE

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 01/05/2010**

**Date Investigation Completed: 01/08/2010**

Subject Area(s)

RESIDENT RIGHTS  
ADMINISTRATION  
STAFF ADEQUACY

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ROCK

**Date Complaint Received: 12/01/2009**

Subject Area(s)  
RESIDENT RIGHTS  
ADMINISTRATION

**Date Investigation Completed: 01/08/2010**

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

**Date Complaint Received: 09/02/2009**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 10/07/2009**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	JR4S12

**Date Complaint Received: 08/05/2009**

Subject Area(s)  
SUPERVISION  
MEDICATIONS  
STAFF TRAINING AND PROFICIENCY  
STAFF ADEQUACY

**Date Investigation Completed: 08/13/2009**

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
SUBSTANTIATED	JR4S11
SUBSTANTIATED	JR4S11
NOT SUBSTANTIATED	

**Date Complaint Received: 07/24/2009**

Subject Area(s)  
HOMELIKE ENVIRONMENT & CLEANLINESS  
MEDICATIONS  
PROGRAM SERVICES

**Date Investigation Completed: 07/29/2009**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	NOF
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

**Date Complaint Received: 06/22/2009**

Subject Area(s)  
NUTRITION & FOOD SERVICES  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 07/29/2009**

<u>Result</u>	<u>SOD #</u>
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:** HEARTWARMING HOUSE LLC (THE) (0013013)

**Address:** 238 EAST MADISON AVE, MILTON, WI 53563

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2011

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

#### Survey History

**Survey ID:** 0109409    **End Date:** 10/20/2011    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0108103    **End Date:** 03/04/2011    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #ML7811    Served 03/11/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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**Survey ID:** 0106202    **End Date:** 04/30/2010    **Type:** INITIAL    **Purpose:** CHOW--LICENSURE

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ROCK

#### Complaint History (HEARTWARMING HOUSE LLC (THE))

**Date Complaint Received: 10/12/2011**

**Date Investigation Completed: 10/20/2011**

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS  
PROGRAM SERVICES

Result

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:** COLLINWOOD ELDERLY CARE (0008631)

**Address:** 506 NORTH MAIN ST, ORFORDVILLE, WI 53576

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/1999

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

### Survey History

**Survey ID:** 0106346      **End Date:** 05/21/2010      **Type:** OTHER      **Purpose:** SURVEY/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 (COLLINWOOD ELDERLY CARE)

**Date Complaint Received: 04/27/2010**

**Date Investigation Completed: 05/19/2010**

Subject Area(s)  
MEDICATIONS  
ADMINISTRATION  
PROGRAM SERVICES

Result  
SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #  
NOF

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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:** EMERALD HOUSE (110283)  
**Address:** 10304 WAL ROCK COUNTY LINE RD, WHITEWATER, WI 53190  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/27/1990  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0103246    **End Date:** 01/08/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #OLPS11    Served 01/20/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	Yes

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