

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility
COUNTY: WALWORTH

Notes

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

The report includes only facilities located within the City of Whitewater. 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 18 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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: WALWORTH

Facility Information

Facility Name: COUNTRY HOME (0013080)

Address: N8525 HWY H, WHITEWATER, WI 53190

License Status: REGULAR

Licensed/Certified/Registered 01/01/2010

Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0105614 **End Date:** 01/01/2010 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: WALWORTH

Facility Information

Facility Name: FAIR VIEW (0013067)
Address: W5903 HWY 12, WHITEWATER, WI 53190
License Status: REGULAR
Licensed/Certified/Registered 01/01/2010
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0105612 **End Date:** 01/01/2010 **Type:** INITIAL **Purpose:** CHOW--LICENSURE
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

COUNTY: WALWORTH

Facility Information

Facility Name: FAIRHAVEN (310378)

Address: 435 W STARIN RD, WHITEWATER, WI 531901125

License Status: REGULAR

Licensed/Certified/Registered 09/01/1980

Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0104143 **End Date:** 05/20/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PVX411 Served 06/11/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT		
83.35(3)(b)	MENU DATED AND KEPT ON FILE		
83.47(2)(d)	FIRE DRILLS		

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS ANA (NONAMBULATORY)
COUNTY: WALWORTH

Enforcement History (FAIRHAVEN)

Date: 06/10/2009 SOD #PVX411 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.32(3)(n)

FORFEITURE---83.47(2)(d)

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WALWORTH

Facility Information

Facility Name: GLEN SUPPORTED LIVING (THE) (310476)

Address: 1281 W MAIN ST, WHITEWATER, WI 53190

License Status: REGULAR

Licensed/Certified/Registered 09/01/1996

Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0108351 **End Date:** 03/23/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #39SV14 Served 04/15/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		
83.37(3)(a)	MEDICATION STORAGE: ORIGINAL CONTAINERS		
83.39(1)	INFECTION CONTROL PROGRAM		
83.46(1)(f)	COMBUSTIBLES		
83.48(6)(d)	INTEGRATED HEAT DETECTOR IN FURNACE ROOM		
83.48(6)(e)	INTEGRATED HEAT DETECTOR IN LAUNDRY ROOM		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT		

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WALWORTH

Survey ID: 0107788 **End Date: 01/11/2011** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #39SV13 Served 01/24/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(c)	PROHIBITIONS AND EXCEPTIONS	03/17/2011	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	03/17/2011	Yes
83.47(1)(c)	SAFETY REQUIREMENTS: NO SAFE EVACUATION	03/17/2011	Yes

Survey ID: 0107349 **End Date: 10/26/2010** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #39SV12 Served 11/05/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	01/11/2011	Yes
83.39(3)	HAND WASHING	01/11/2011	Yes

Survey ID: 0103890 **End Date: 04/09/2009** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #39SV11 Served 04/30/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS	10/25/2010	Yes
83.46(1)(b)	PORTABLE SPACE HEATERS PROHIBITED	10/25/2010	Yes
83.47(2)(d)	FIRE DRILLS	10/25/2010	Yes

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WALWORTH

Enforcement History (GLEN SUPPORTED LIVING (THE))

Date: 01/20/2011 **SOD #39SV13** **Enforcement Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---83.20(2)(c)

FORFEITURE---83.36(1)(b)

Date: 11/03/2010 **SOD #39SV12** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.25(1)

FORFEITURE---83.39(3)

Date: 04/29/2009 **SOD #39SV11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 10/25/2010 12:00:00AM

COMPLY WITH REQUIREMENT --Facility Compliant 10/25/2010 12:00:00AM

FORFEITURE---83.47(2)(d)

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WALWORTH

Complaint History (GLEN SUPPORTED LIVING (THE))

Date Complaint Received: 11/03/2010

Date Investigation Completed: 01/10/2011

Subject Area(s)

ADMINISTRATION
STAFF ADEQUACY

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

39SV13

Date Complaint Received: 10/18/2010

Date Investigation Completed: 10/26/2010

Subject Area(s)

SUPERVISION
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

39SV12
39SV12

Date Complaint Received: 02/17/2009

Date Investigation Completed: 04/09/2009

Subject Area(s)

NUTRITION & FOOD SERVICES
MEDICATIONS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WALWORTH

Facility Information

Facility Name: HEARTHSTONE (310689)

Address: 426 W NORTH ST, WHITEWATER, WI 53190

License Status: REGULAR

Licensed/Certified/Registered 09/01/1998

Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103505 **End Date:** 02/16/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101421 **End Date:** 04/03/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WALWORTH

Complaint History (HEARTHSTONE)

Date Complaint Received: 04/01/2008

Date Investigation Completed: 04/03/2008

Subject Area(s)

ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: WALWORTH

Facility Information

Facility Name: HIDDEN VIEW (0013069)
Address: N8425 HWY 89, WHITEWATER, WI 53190
License Status: REGULAR
Licensed/Certified/Registered 01/01/2010
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0105999 **End Date:** 01/01/2010 **Type:** INITIAL **Purpose:** CHOW--LICENSURE
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: WALWORTH

Facility Information

Facility Name: JADE HOUSE (310430)
Address: 1541 W WALWORTH AVE, WHITEWATER, WI 53190
License Status: REGULAR
Licensed/Certified/Registered 10/01/1989
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103479 **End Date:** 02/18/2009 **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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: WALWORTH

Facility Information

Facility Name: KETTLE VIEW (0013068)

Address: N8603 DUFFIN RD, WHITEWATER, WI 53190

License Status: REGULAR

Licensed/Certified/Registered 01/01/2010

Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0105566 **End Date:** 01/01/2010 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WALWORTH

Facility Information

Facility Name: OUR HOUSE MEMORY CARE (0013384)

Address: 945 E CHICAGO ST, WHITEWATER, WI 53190

License Status: PROBATIONARY

Licensed/Certified/Registered 09/30/2010

Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107191 **End Date:** 09/13/2010 **Type:** OTHER **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: WALWORTH

Facility Information

Facility Name: RIVER VIEW (0013066)
Address: 740 N FREMONT ST, WHITEWATER, WI 53190
License Status: REGULAR
Licensed/Certified/Registered 01/01/2010
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0105571 **End Date:** 01/01/2010 **Type:** INITIAL **Purpose:** CHOW--LICENSURE
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: WALWORTH

Facility Information

Facility Name: SAPHIRE HOUSE (0011610)
Address: W7332 STATE ROAD 12, WHITEWATER, WI 53190
License Status: REGULAR
Licensed/Certified/Registered 04/01/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103358 **End Date:** 01/27/2009 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: WALWORTH

Complaint History (SAPPHIRE HOUSE)

Date Complaint Received: 12/15/2008

Date Investigation Completed: 02/04/2009

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED

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