

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

COUNTY: WAUSHARA

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Waushara County.

The report is a PDF (Adobe Acrobat) document and includes a total of 26 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Day Care Facility
COUNTY: WAUSHARA

Facility Information

Facility Name: ADULT DAY SERVICES LIVING ENVIRONMENTAL FOUND (0011258)

Address: 220 N OAKRIDGE CT STE B, WAUTOMA, WI 54982

License Status: REGULAR

Licensed/Certified/Registered 11/17/2006

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102569 **End Date:** 09/17/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: OXFORD STREET RESIDENCE (0008925)
Address: 438 S OXFORD ST, WAUTOMA, WI 54982
License Status: REGULAR
Licensed/Certified/Registered 02/08/2000
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0105485 **End Date:** 12/29/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5EDD11 Served 01/14/2010

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

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

Facility Information

Facility Name: PRAIRIE STREET RESIDENCE (0009077)
Address: 511 W PRAIRIE ST, WAUTOMA, WI 54982
License Status: REGULAR
Licensed/Certified/Registered 06/08/2000
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102053 **End Date:** 06/23/2008 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: WOODHAVEN RESIDENCE (0009621)
Address: W6547 WOODHAVEN CIRCLE, WAUTOMA, WI 54982
License Status: REGULAR
Licensed/Certified/Registered 07/15/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104536 **End Date:** 07/22/2009 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: HIDDEN PINES INC (0012249)
Address: N5085 18TH ROAD, WILD ROSE, WI 54984
License Status: REGULAR
Licensed/Certified/Registered 02/21/2008
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUSHARA

Facility Information

Facility Name: PRESTON PLACE CBRF (0010070)

Address: 401 PRESTON LANE, REDGRANITE, WI 54970

License Status: REGULAR

Licensed/Certified/Registered 01/01/2004

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0105025 **End Date:** 10/05/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #IWRV11 Served 10/21/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(6)(e)	INTEGRATED HEAT DETECTOR IN LAUNDRY ROOM		

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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: WAUSHARA

Complaint History (PRESTON PLACE CBRF)

Date Complaint Received: 07/13/2009

Date Investigation Completed: 10/05/2009

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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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: WAUSHARA

Facility Information

Facility Name: ARBOR PINES INC (0012367)

Address: 540 W PRAIRIE STREET, WAUTOMA, WI 54982

License Status: REGULAR

Licensed/Certified/Registered 04/10/2008

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104737 **End Date:** 08/03/2009 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J11V11 Served 09/08/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(2)(b)	PROVIDE COPIES OF RESIDENT RIGHTS		

Survey ID: 0103476 **End Date:** 04/10/2008 **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: WAUSHARA

Enforcement History (ARBOR PINES INC)

Date: 09/02/2009 **SOD #J1IV11** **Enforcement Appealed: No**
Sanctions
FORFEITURE---83.21(2)(b)

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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: WAUSHARA

Facility Information

Facility Name: HEARTLAND HOUSE CBRF (0009861)

Address: 668 W CUMMINGS RD, WAUTOMA, WI 54982

License Status: REGULAR

Licensed/Certified/Registered 12/31/2002

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0106291 **End Date:** 04/27/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104725 **End Date:** 07/22/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XUQC11 Served 09/02/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS		
83.37(1)(f)	LIST OF MEDICATIONS TO ALL PRACTITIONERS		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		

Survey ID: 0103579 **End Date:** 03/10/2009 **Type:** STANDARD **Purpose:** SURVEY/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 CNA (NONAMBULATORY)
COUNTY: WAUSHARA

Enforcement History (HEARTLAND HOUSE CBRF)

Date: 09/01/2009 SOD #XUQC11 Enforcement Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.35(1)(a)

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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: WAUSHARA

Complaint History (HEARTLAND HOUSE CBRF)

Date Complaint Received: 12/02/2009

Date Investigation Completed: 04/27/2010

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/06/2009

Date Investigation Completed: 07/22/2009

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
MEDICATIONS
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

XUQC11

Date Complaint Received: 04/10/2009

Date Investigation Completed: 07/22/2009

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUSHARA

Facility Information

Facility Name: SILVER LAKE HAVEN (0012405)

Address: N2641 17TH LANE, WAUTOMA, WI 54982

License Status: REGULAR

Licensed/Certified/Registered 06/03/2008

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0107718 **End Date:** 12/28/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #LEC711 Served 01/13/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(6)(e)	INTEGRATED HEAT DETECTOR IN LAUNDRY ROOM		
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS		

Survey ID: 0101878 **End Date:** 05/30/2008 **Type:** STANDARD **Purpose:** CHOW--LICENSURE

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: WAUSHARA

Facility Information

Facility Name: SILVER LAKE MANOR CBRF (0012406)

Address: N2641 17TH LANE, WAUTOMA, WI 54982

License Status: REGULAR

Licensed/Certified/Registered 07/01/2008

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0107724 **End Date:** 12/28/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106004 **End Date:** 03/09/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #GXH211 Served 03/31/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(2)(a)	EXPLANATION OF RESIDENT RIGHTS	12/28/2010	Yes
83.47(2)(d)	FIRE DRILLS	12/28/2010	Yes

Survey ID: 0102040 **End Date:** 07/01/2008 **Type:** OTHER **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: WAUSHARA

Complaint History (SILVER LAKE MANOR CBRF)

Date Complaint Received: 09/07/2010

Date Investigation Completed: 12/28/2010

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/21/2009

Date Investigation Completed: 03/09/2010

Subject Area(s)
PROGRAM SERVICES

Result
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 AS (SEMIAMBULATORY)

COUNTY: WAUSHARA

Facility Information

Facility Name: TOWNLINE ROAD RESIDENCE (410059)

Address: 130 S TOWNLINE RD, WAUTOMA, WI 54982

License Status: REGULAR

Licensed/Certified/Registered 10/01/1988

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104240 **End Date:** 05/29/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5W6M11 Served 06/26/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY		
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION		
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE		

Survey ID: 0102056 **End Date:** 06/24/2008 **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 AS (SEMIAMBULATORY)

COUNTY: WAUSHARA

Enforcement History (TOWNLIN ROAD RESIDENCE)

Date: 06/24/2009

SOD #5W6M11

Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

PROVIDE TRAINING

FORFEITURE---83.32(3)(b)

FORFEITURE---83.32(4)(k)

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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: WAUSHARA

Complaint History (TOWNLIN ROAD RESIDENCE)

Date Complaint Received: 04/16/2008

Date Investigation Completed: 06/24/2008

Subject Area(s)
MEDICATIONS

Result
NOT SUBSTANTIATED

SOD #

This is Page 19 of 26 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUSHARA

Facility Information

Facility Name: WAUTOMA HOUSE (THE) (0010450)

Address: 402 E DIVISION ST, WAUTOMA, WI 54982

License Status: REGULAR

Licensed/Certified/Registered 01/28/2004

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0107542 **End Date:** 11/15/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106654 **End Date:** 07/08/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KY9R11 Served 07/26/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(b)	TRAINING IN FIRE SAFETY	11/15/2010	Yes
83.21(1)	TRAINING IN RESIDENT RIGHTS	11/15/2010	Yes
83.21(2)(a)	EXPLANATION OF RESIDENT RIGHTS	11/15/2010	Yes
83.21(3)	CORRECTIONAL CLIENTS	11/15/2010	Yes
83.29(1)(b)	WRITTEN INFORMATION ON SERVICES, CHARGES	11/15/2010	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	11/15/2010	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: WAUSHARA

Enforcement History (WAUTOMA HOUSE (THE))

Date: 07/19/2010 SOD #KY9R11 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION	--Facility Compliant 11/15/2010 12:00:00AM
COMPLY WITH REQUIREMENT	--Facility Compliant 11/15/2010 12:00:00AM
FORFEITURE---83.29(1)(b)	
FORFEITURE---83.37(1)(e)	

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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: WAUSHARA

Facility Information

Facility Name: ROSEMORE VILLAGE (0010927)

Address: 830 HIGH ST, WILD ROSE, WI 54984

License Status: REGULAR

Licensed/Certified/Registered 07/01/2006

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102808 **End Date:** 10/31/2008 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUSHARA

Facility Information

Facility Name: PRESTON PLACE (0010346)
Address: 401 PRESTON LANE, REDGRANITE, WI 54970
License Status: REGULAR
Licensed/Certified/Registered 12/31/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0107544 **End Date:** 11/15/2010 **Type:** ABBREVIATED **Purpose:** SURVEY/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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUSHARA

Facility Information

Facility Name: HEARTLAND HOUSE RCAC (0010337)
Address: 668 W CUMMINGS RD, WAUTOMA, WI 54982
License Status: REGULAR
Licensed/Certified/Registered 01/01/2003
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0105824 **End Date:** 02/17/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102335 **End Date:** 08/13/2008 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUSHARA

Complaint History (HEARTLAND HOUSE RCAC)

Date Complaint Received: 07/23/2008

Date Investigation Completed: 08/13/2008

Subject Area(s)

Result

SOD #

ABUSE
MEDICATIONS
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUSHARA

Facility Information

Facility Name: SILVER LAKE MANOR RCAC (0012407)
Address: N2641 17TH LANE, WAUTOMA, WI 54982
License Status: REGULAR
Licensed/Certified/Registered 06/03/2008
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101879 **End Date:** 05/30/2008 **Type:** STANDARD **Purpose:** CHOW--LICENSURE
Results: LICENSE/CERT/REGISTRATION ISSUED

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