

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 41.00 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 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: HILLSIDE GARDENS ADULT FAMILY HOME (0013760)

Address: W2140 CTY RD B, CONCORD, WI 53094

License Status: REGULAR

Licensed/Certified/Registered 09/13/2011 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0112829 **End Date:** 05/22/2013 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (HILLSIDE GARDENS ADULT FAMILY HOME--0013760)

Date: 09/26/2012 **SOD #**I3E611 **Appealed:** No

Sanctions

OTHER SANCTION

This is Page 2 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: COUNTRY ACRES AFH (0009863)

Address: N3108 STATE HWY 89, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 10/14/2002 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0113452 **End Date:** 07/17/2013 **Type:** INITIAL **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #532U11 Served 09/07/2013

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(h)	COMPLY WITH OSHA		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR		
88.06(3)(d)1	DESCRIPTION OF SERVICES		

Complaint History (COUNTRY ACRES AFH--0009863)

Date Complaint Received: 05/15/2013

Date Investigation Completed: 07/17/2013

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	532U11
ABUSE	SUBSTANTIATED	532U11
NUTRITION & FOOD SERVICES	SUBSTANTIATED	532U11

This is Page 3 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: ELLENS PLACE (0014338)

Address: 459 E DODGE ST, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 01/08/2013 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0111958 **End Date:** 01/08/2013 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 4 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: HICKORY ADULT FAMILY HOME (0013416)

Address: 312 STIEL ST, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 09/03/2010 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0118202 **End Date:** 06/23/2015 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ERMM11 Served 07/20/2015

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM		
88.07(2)(a)	SERVICES		

Survey ID: 0117024 **End Date:** 01/29/2015 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (HICKORY ADULT FAMILY HOME--0013416)

Date: 07/17/2015 **SOD #**ERMM11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS

This is Page 5 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Complaint History (HICKORY ADULT FAMILY HOME--0013416)

Date Complaint Received: 05/12/2015

Date Investigation Completed: 06/08/2015

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

ERMM11

This is Page 6 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 09/22/2012 to 09/22/2015
Adult Family Home

Facility Information

Facility Name: JUNIPER ADULT FAMILY HOME (0013417)
Address: 314 W STIEL ST, JEFFERSON, WI 53549
License Status: REGULAR
Licensed/Certified/Registered 10/27/2010 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0118444 End Date: 07/31/2015 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TNB912 Served 08/24/2015

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	10/6/15	Yes
88.07(1)(a)	RESIDENT CARE-GENERAL REQUIREMENTS	10/6/15	Yes

Survey ID: 0117333 End Date: 02/06/2015 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TNB911 Served 03/20/2015

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.11(1)	REPORTING OF ABUSE AND NEGLECT	7/27/15	Yes

This is Page 7 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Enforcement History (JUNIPER ADULT FAMILY HOME--0013417)

Date: 08/18/2015 **SOD #** TNB912 **Appealed:**

Sanctions

OTHER SANCTION

Date: 03/13/2015 **SOD #** TNB911 **Appealed:**

Sanctions

OTHER SANCTION

Complaint History (JUNIPER ADULT FAMILY HOME--0013417)

Date Complaint Received: 07/14/2015

Date Investigation Completed: 07/27/2015

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD #

TNB912

Date Complaint Received: 01/21/2015

Date Investigation Completed: 01/29/2015

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD #

TNB911

This is Page 8 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: ST COLETTA OF WI CLOVER 2 (0011401)

Address: 835 CLOVER COURT, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 05/02/2006 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0111988 **End Date:** 01/14/2013 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 9 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: ST COLETTA OF WI CLOVER CT (0009819)

Address: 832 CLOVER CT, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 11/14/2002 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0117112 **End Date:** 02/02/2015 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #H5EV11 Served 02/19/2015

Deficiencies Cited
88.04(2)(f)

Subject Area
CONDITION WHICH REPRESENTS RISK OR
HARM

Compliance
Verified

Corrected

This is Page 10 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: ST COLETTA OF WI KRANZ HOME (0009388)

Address: 210 S KRANZ AVE, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 08/03/2001 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

No survey activity during the period 9/22/12 to 9/22/15

This is Page 11 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: ST COLETTA OF WI ST CLARE (0011728)

Address: N4635 CO RD Y, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 12/19/2006 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0117609 **End Date:** 04/16/2015 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 12 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: ST COLETTA OF WI ST ELIZABETH (0014490)

Address: 117 ORCHARD VIEW COURT, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 01/23/2013 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0112025 **End Date:** 01/23/2013 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 13 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: ST COLETTA OF WI ST ROSE (0011426)

Address: 119 ORCHARD VIEW COURT, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 05/09/2006 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

No survey activity during the period 9/22/12 to 9/22/15

This is Page 14 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: VICTORIAN SPLENDOR (0010083)

Address: 312 E LAKE ST, LAKE MILLS, WI 53551

License Status: REGULAR

Licensed/Certified/Registered 10/15/2003 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

No survey activity during the period 9/22/12 to 9/22/15

This is Page 15 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: BETHESDA LUTHERAN COMMUNITIES VICKSBURG I (0013456)

Address: N7721 VICKSBURG WAY, OCONOMOWOC, WI 53066

License Status: REGULAR

Licensed/Certified/Registered 09/09/2010 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

No survey activity during the period 9/22/12 to 9/22/15

This is Page 16 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: BETHESDA LUTHERAN COMMUNITIES VICKSBURG II (0013457)

Address: N7723 VICKSBURG WAY, OCONOMOWOC, WI 53066

License Status: REGULAR

Licensed/Certified/Registered 09/09/2010 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0113254 **End Date:** 06/13/2013 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #HEPY12 Served 08/01/2013

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(h)	COMPLY WITH OSHA		

Complaint History (BETHESDA LUTHERAN COMMUNITIES VICKSBURG II--0013457)

Date Complaint Received: 03/25/2013

Date Investigation Completed: 06/13/2013

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF ADEQUACY

NOT SUBSTANTIATED

QUALITY OF LIFE

NOT SUBSTANTIATED

This is Page 17 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: RLZ HOMES INC (0014617)

Address: 412 TAFT ST, PALMYRA, WI 53156

License Status: REGULAR

Licensed/Certified/Registered 10/10/2013 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0113731 **End Date:** 10/10/2013 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 18 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: B'S COMFORTS OF HOME (0015180)

Address: N4313 COUNTY HWY P, Sullivan, WI 53078

License Status: REGULAR

Licensed/Certified/Registered 10/29/2014 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0116451 **End Date:** 10/29/2014 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 19 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: BETHESDA LUTHERAN COMMUNITIES 1621 CARLSON (0009060)

Address: 1621 CARLSON PLACE, WATERTOWN, WI 53094

License Status: REGULAR

Licensed/Certified/Registered 08/15/2000 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

No survey activity during the period 9/22/12 to 9/22/15

This is Page 20 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: BETHESDA LUTHERAN COMMUNITIES 1633 CARLSON (0009061)

Address: 1633 CARLSON PLACE, WATERTOWN, WI 53094

License Status: REGULAR

Licensed/Certified/Registered 08/15/2000 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

No survey activity during the period 9/22/12 to 9/22/15

This is Page 21 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: BETHESDA LUTHERAN COMMUNITIES BRIDLEWOOD (0012612)

Address: 508 BRIDLEWOOD LN, WATERTOWN, WI 53094

License Status: REGULAR

Licensed/Certified/Registered 12/01/2008 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

No survey activity during the period 9/22/12 to 9/22/15

This is Page 22 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: BETHESDA LUTHERAN COMMUNITIES CASEY (0013576)

Address: 917 CASEY DR, WATERTOWN, WI 53094

License Status: REGULAR

Licensed/Certified/Registered 12/13/2010 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

No survey activity during the period 9/22/12 to 9/22/15

This is Page 23 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: Bethesda Lutheran Communities Concord Ave 1 (0015301)

Address: 481 S CONCORD AVE, WATERTOWN, WI 53094

License Status: REGULAR

Licensed/Certified/Registered 12/02/2014 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0116656 **End Date:** 11/25/2014 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 24 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: Bethesda Lutheran Communities Concord Ave 2 (0015302)

Address: 483 S Concord Ave, WATERTOWN, WI 53094

License Status: REGULAR

Licensed/Certified/Registered 12/02/2014 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0116657 **End Date:** 11/25/2014 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 25 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: Bethesda Lutheran Communities Concord Heights 1 (0015297)

Address: 304 EAST HAVEN DR, WATERTOWN, WI 53094

License Status: REGULAR

Licensed/Certified/Registered 12/02/2014 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0116652 **End Date:** 11/25/2014 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 26 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: Bethesda Lutheran Communities Concord Heights 2 (0015298)

Address: 306 East Haven Dr, WATERTOWN, WI 53094

License Status: REGULAR

Licensed/Certified/Registered 12/02/2014 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0116653 **End Date:** 11/25/2014 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 27 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 09/22/2012 to 09/22/2015
Adult Family Home

Facility Information

Facility Name: BETHESDA LUTHERAN COMMUNITIES GREEN ASH (0012963)

Address: 109 GREEN ASH LANE, WATERTOWN, WI 53094

License Status: REGULAR

Licensed/Certified/Registered 10/08/2009 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0115531 End Date: 05/20/2014 Type: OTHER Purpose: VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5N0912 Served 06/11/2014

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(a)	SERVICES		

Survey ID: 0114136 End Date: 11/11/2013 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5N0911 Served 01/06/2014

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	5/20/14	Yes
88.06(3)(f)	REVIEW OF ISP	5/20/14	Yes
88.07(2)(b)	SERVICES DIRECTED TO GOALS	5/20/14	Yes
88.07(2)(b)5	MONITORING HEALTH	5/20/14	Yes

This is Page 28 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Enforcement History (BETHESDA LUTHERAN COMMUNITIES GREEN ASH--0012963)

Date: 01/06/2014 **SOD #**5N0911 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
OTHER SANCTION

This is Page 29 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 09/22/2012 to 09/22/2015
Adult Family Home

Facility Information

Facility Name: BUCKAROOS ADULT FAMILY HOME (0015078)

Address: 933 SOUTH ST, WATERTOWN, WI

License Status: REGULAR

Licensed/Certified/Registered 06/03/2014 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0118026 End Date: 05/08/2015 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MKEP11 Served 06/27/2015

Deficiencies Cited	Subject Area	Compliance	
		Verified	Corrected
50.065(2)(d)	MAINTAIN BACKGROUND INFORMATION	9/24/15	No
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	9/24/15	Yes
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	9/24/15	Yes
88.07(1)(a)	RESIDENT CARE-GENERAL REQUIREMENTS	9/24/15	Yes

Survey ID: 0115791 End Date: 06/03/2014 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 30 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Enforcement History (BUCKAROOS ADULT FAMILY HOME--0015078)

Date: 06/23/2015 **SOD #**MKEP11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH FACILITY PLAN OF CORRECTION
NO NEW ADMISSIONS

Complaint History (BUCKAROOS ADULT FAMILY HOME--0015078)

Date Complaint Received: 03/04/2015

Date Investigation Completed: 04/01/2015

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

This is Page 31 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: HIL WOODBRIDGE HOME (0011558)

Address: 722 WOODBRIDGE TRAIL, WATERTOWN, WI 53094

License Status: REGULAR

Licensed/Certified/Registered 08/24/2006 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0113617 **End Date:** 08/29/2013 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 32 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: MANOR FAMILY HOME (THE) (0013888)

Address: 512 S 5TH ST, WATERTOWN, WI 53094

License Status: REGULAR

Licensed/Certified/Registered 11/15/2011 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

No survey activity during the period 9/22/12 to 9/22/15

This is Page 33 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: MERTINS HOME CARE INC (0014072)

Address: 682 MILFORD ST, WATERTOWN, WI 53094

License Status: REGULAR

Licensed/Certified/Registered 07/01/2012 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

No survey activity during the period 9/22/12 to 9/22/15

This is Page 34 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: HOUSE OF CARE (0011062)

Address: W3460 VANNOY DR, WHITEWATER, WI 53190

License Status: REGULAR

Licensed/Certified/Registered 11/14/2005 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0115179 **End Date:** 03/21/2014 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0114344 **End Date:** 01/16/2014 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JQI311 Served 03/03/2014

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.05(1)(a)	ENTITY SANCTION	4/11/14	Yes

Enforcement History (HOUSE OF CARE--0011062)

Date: 01/24/2014 **SOD #**JQI311 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT

OTHER SANCTION

This is Page 35 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: HOWARD HILL (0014484)

Address: N416 HOWARD RD, WHITEWATER, WI 53190

License Status: REGULAR

Licensed/Certified/Registered 01/30/2013 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0112088 **End Date:** 01/30/2013 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 36 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: JESSICAS HOME (0014276)

Address: 1218 PENINSULA LN, WHITEWATER, WI 53190

License Status: REGULAR

Licensed/Certified/Registered 08/27/2012 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

No survey activity during the period 9/22/12 to 9/22/15

This is Page 37 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: WILLOW WINDS III (0014983)

Address: N346 TWINKLING STAR ROAD, WHITEWATER, WI 53190

License Status: REGULAR

Licensed/Certified/Registered 10/01/2014 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0116186 **End Date:** 09/16/2014 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 38 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: WILLOW WINDS LIVING II (0014031)

Address: N374 TWINKLING STAR RD, WHITEWATER, WI 53190

License Status: REGULAR

Licensed/Certified/Registered 08/15/2012 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0115565 **End Date:** 06/10/2014 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0115150 **End Date:** 03/05/2014 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #72YH11 Served 04/23/2014

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(2)(b)2	PROGRAM STATEMENT	6/10/14	Yes
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	6/10/14	Yes
88.05(3)(m)	2 EXITS TO GRADE-BEDROOMS IN BASEMENT	6/10/14	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	6/10/14	Yes
88.10(3)(q)	MEDICATIONS	6/10/14	Yes

This is Page 39 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Enforcement History (WILLOW WINDS LIVING II--0014031)

Date: 04/21/2014 **SOD #**72YH11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH FACILITY PLAN OF CORRECTION
NO NEW ADMISSIONS

Complaint History (WILLOW WINDS LIVING II--0014031)

Date Complaint Received: 02/03/2014

Date Investigation Completed: 03/05/2014

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
MEDICATIONS	SUBSTANTIATED	72YH11
ADMINISTRATION	SUBSTANTIATED	72YH11
RESIDENT RIGHTS	SUBSTANTIATED	72YH11
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	72YH11
MEDICATIONS	SUBSTANTIATED	72YH11
ADMINISTRATION	SUBSTANTIATED	72YH11
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

This is Page 40 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: WILLOW WINDS LIVING (0013560)

Address: N372 TWINKLING STAR RD, WHITEWATER, WI 53190

License Status: REGULAR

Licensed/Certified/Registered 01/13/2011 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0116328 **End Date:** 09/16/2014 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 41 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.