

## Provider Inspection Summary

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

### Notes

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 47.00 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** AUTUMN WINDS OF OAKLAND LLC (0009237)

**Address:** N3767 AIRPORT RD, CAMBRIDGE, WI 53523

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2001 12:00:00AM

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

#### Survey History

**Survey ID:** 0115170    **End Date:** 03/21/2014    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0114390    **End Date:** 01/13/2014    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #YDCT11    Served 01/30/2014

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|----------------------------|------------------|
| 12.05(1)(a)               | ENTITY SANCTION     | 2/11/14                    | Yes              |

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0112992    End Date: 05/28/2013    Type: ABBREVIATED    Purpose: SURVEY**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #J5F111    Served 06/21/2013**

| <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 |                            |                  |
| 83.37(2)(d)               | DOCUMENTATION OF MEDICATION ADMINISTRATION |                            |                  |
| 83.46(3)                  | PUBLIC WATER SUPPLY OR WELL WATER TEST     |                            |                  |
| 83.55(3)                  | MINIMUM NUMBER OF FIXTURES AND OUTLETS     |                            |                  |

#### Enforcement History (AUTUMN WINDS OF OAKLAND LLC--0009237)

**Date: 01/24/2014    SOD #YDCT11    Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT  
OTHER SANCTION

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

### Facility Information

**Facility Name:** LONDON LODGE I (310455)

**Address:** W9095 LONDON RD, CAMBRIDGE, WI 53523

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/10/1996 12:00:00AM

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

### Survey History

**Survey ID:** 0112028    **End Date:** 01/16/2013    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #OB7K11    Served 01/26/2013

| <u>Deficiencies Cited</u> | <u>Subject Area</u>                | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|------------------------------------|----------------------------|------------------|
| 83.47(2)(d)               | FIRE DRILLS                        |                            |                  |
| 83.59(7)(a)               | EMERGENCY EGRESS LIGHTING PROVIDED |                            |                  |

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** LONDON LODGE II (310717)  
**Address:** W9097 LONDON RD, CAMBRIDGE, WI 53523  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/01/1999 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-8598

### Survey History

**Survey ID:** 0113720    **End Date:** 10/03/2013    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0112702    **End Date:** 05/02/2013    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #KWTX11 Served 05/10/2013

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|----------------------------|------------------|
| 83.39(3)                  | HAND WASHING        | 10/3/13                    | Yes              |

### Complaint History (LONDON LODGE II--310717)

**Date Complaint Received:** 08/08/2013

**Date Investigation Completed:** 10/03/2013

Subject Area(s)

Result

SOD #

NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** BETHESDA LUTHERAN COMMUNITIES HYER (0010707)

**Address:** 411 HYER DR, JEFFERSON, WI 53549

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2005 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

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** EAGLE VIEW MANOR (0014897)

**Address:** 881 COLLINS ROAD, JEFFERSON, WI 53549

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2015 12:00:00AM

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

### Survey History

**Survey ID:** 0116842    **End Date:** 12/29/2014    **Type:** STANDARD    **Purpose:** SURVEY

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

**Survey ID:** 0114614    **End Date:** 02/04/2014    **Type:** INITIAL    **Purpose:** CHOW--LICENSURE

**Results:** PROBATIONARY LICENSE ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (EAGLE VIEW MANOR--0014897)

**Date Complaint Received: 09/10/2015**

**Date Investigation Completed: 10/08/2015**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

ILMC11

**Date Complaint Received: 08/18/2015**

**Date Investigation Completed: 10/08/2015**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 06/30/2015**

**Date Investigation Completed: 10/08/2015**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 06/17/2015**

**Date Investigation Completed: 10/08/2015**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** JEFFERSON MEMORY CARE LLC (0015378)  
**Address:** 414 COUNTY HWY Y, JEFFERSON, WI 53549  
**License Status:** REGULAR  
**Licensed/Certified/Registered 11/12/2014 12:00:00AM**  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-8598

### Survey History

**Survey ID:** 0118366    **End Date:** 07/10/2015    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #1G8611    Served 08/12/2015

| <u>Deficiencies Cited</u> | <u>Subject Area</u>                           | <u>Compliance</u> |                  |
|---------------------------|---|-------------------|------------------|
|                           |   | <u>Verified</u>   | <u>Corrected</u> |
| 83.12(3)(a)               | CRIMINAL RECORDS CHECK                        | 9/30/15           | Yes              |
| 83.35(3)(c)               | IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN | 9/30/15           | Yes              |
| 83.37(2)(d)               | DOCUMENTATION OF MEDICATION ADMINISTRATION    | 9/30/15           | Yes              |
| 83.38(1)(g)               | HEALTH MONITORING                             | 9/30/15           | Yes              |

**Survey ID:** 0116587    **End Date:** 11/12/2014    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (JEFFERSON MEMORY CARE LLC--0015378)

**Date:** 08/07/2015      **SOD #**1G8611      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.12(3)(a)

FORFEITURE---83.35(3)(c)

FORFEITURE---83.37(2)(d)

FORFEITURE---83.38(2)(g)

### Complaint History (JEFFERSON MEMORY CARE LLC--0015378)

**Date Complaint Received:** 09/22/2015

**Date Investigation Completed:** 09/30/2015

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 07/31/2015

**Date Investigation Completed:** 09/30/2015

Subject Area(s)  
ADMINISTRATION

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 07/20/2015

**Date Investigation Completed:** 09/30/2015

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** LUEDER HAUS (310460)

**Address:** 1473 ANNEX RD, JEFFERSON, WI 53549

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/1996 12:00:00AM

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

### Survey History

**Survey ID:** 0112946    **End Date:** 05/28/2013    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** SHADY ACRES CBRF (0012558)

**Address:** N5015 HWY Y, JEFFERSON, WI 53549

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/10/2008 12:00:00AM

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

### Survey History

**Survey ID:** 0117388    **End Date:** 02/17/2015    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #LWNT11    Served 03/26/2015

| <u>Deficiencies Cited</u> | <u>Subject Area</u>                 | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|-------------------------------------|----------------------------|------------------|
| 83.32(3)(a)               | RIGHTS OF RESIDENTS: COMMUNICATIONS |                            |                  |

**Survey ID:** 0116173    **End Date:** 08/21/2014    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (SHADY ACRES CBRF--0012558)

**Date:** 03/23/2015    **SOD #LWNT11**    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.32(3)(a)

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Complaint History (SHADY ACRES CBRF--0012558)

**Date Complaint Received: 12/12/2014**

**Date Investigation Completed: 02/16/2015**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

**Date Complaint Received: 07/22/2014**

**Date Investigation Completed: 08/20/2014**

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** ST COLETTA OF WI DOWER CBRF (0013042)

**Address:** 528 S KRANZ AVE, JEFFERSON, WI 53549

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/11/2009 12:00:00AM

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

### Survey History

**Survey ID:** 0116571    **End Date:** 10/14/2014    **Type:** ABBREVIATED    **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** ST COLETTA OF WI JACOBA (0012782)

**Address:** 640 E THEODORE ST, JEFFERSON, WI 53549

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/04/2009 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

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

### Facility Information

**Facility Name:** ST COLETTA OF WI LOURDES (310538)

**Address:** 140 S KRANZ AVE, JEFFERSON, WI 53549

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/30/1986 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

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** ST COLETTA OF WI LUCHENBACH (0012785)

**Address:** 648 E LUCHENBACH LN, JEFFERSON, WI 53549

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/15/2009 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

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** ST COLETTA OF WI PADUA HEIGHTS (0009098)

**Address:** 724 E RACINE ST, JEFFERSON, WI 53549

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/10/2000 12:00:00AM

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

### Survey History

**Survey ID:** 0118333    **End Date:** 07/21/2015    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #Q3RT12    Served 08/06/2015

| <u>Deficiencies Cited</u> | <u>Subject Area</u>   | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|-----------------------|----------------------------|------------------|
| 83.40                     | OXYGEN STORAGE        |                            |                  |
| 83.46(4)(c)               | ELECTRICAL PROTECTION |                            |                  |

**Survey ID:** 0115155    **End Date:** 03/06/2014    **Type:** OTHER    **Purpose:** DESK REVIEW

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

**Survey ID:** 0114194    **End Date:** 11/11/2013    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #Q3RT11    Served 01/13/2014

| <u>Deficiencies Cited</u> | <u>Subject Area</u>                   | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------------------------|----------------------------|------------------|
| 50.065(2)(bb)             | DETERMINE FINAL DISPOSITION OF CHARGE | 7/21/15                    | Yes              |

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0112596    End Date: 04/23/2013    Type: ABBREVIATED    Purpose: SURVEY**

**Results: NO STATEMENT OF DEFICIENCY ISSUED**

### Complaint History (ST COLETTA OF WI PADUA HEIGHTS--0009098)

**Date Complaint Received: 03/13/2015**

**Date Investigation Completed: 07/21/2015**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 08/12/2013**

**Date Investigation Completed: 11/11/2013**

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

### Facility Information

**Facility Name:** ST COLETTA OF WI SAN DAMIANO (310540)  
**Address:** 128 S KRANZ AVE, JEFFERSON, WI 53549  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/01/1985 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

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

### Facility Information

**Facility Name:** ST COLETTA OF WI ST AGNES (310542)

**Address:** 900 E RACINE ST, JEFFERSON, WI 53549

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/1995 12:00:00AM

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

### Survey History

**Survey ID:** 0112925    **End Date:** 06/03/2013    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (ST COLETTA OF WI ST AGNES--310542)

**Date:** 09/26/2012    **SOD #**5CX912    **Appealed:** No

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.27(2)(a)

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

### Facility Information

**Facility Name:** ST COLETTA OF WI ST ISIDORE (310548)

**Address:** 124 ORCHARD VIEW COURT, JEFFERSON, WI 53549

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/1988 12:00:00AM

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

### Survey History

**Survey ID:** 0113787    **End Date:** 10/14/2013    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #GXM611    Served 10/21/2013

| <u>Deficiencies Cited</u> | <u>Subject Area</u>                        | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--|----------------------------|------------------|
| 83.46(4)(c)               | ELECTRICAL PROTECTION                      |                            |                  |
| 83.59(1)(a)               | CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS |                            |                  |

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

### Facility Information

**Facility Name:** ST COLETTA OF WI ST JOHN THE BAPTIST (310549)

**Address:** W5078 HWY 18, JEFFERSON, WI 53549

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/31/1993 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

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** ST COLETTA OF WI ST MARTHA (310546)

**Address:** W5092 HWY 18, JEFFERSON, WI 53549

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/31/1981 12:00:00AM

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

### Survey History

**Survey ID:** 0117811    **End Date:** 05/15/2015    **Type:** ABBREVIATED    **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

### Facility Information

**Facility Name:** ST COLETTA OF WI ST MICHAEL (310551)

**Address:** 822 E RACINE ST, JEFFERSON, WI 53549

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/1986 12:00:00AM

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

### Survey History

**Survey ID:** 0112405    **End Date:** 03/18/2013    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** ST COLETTA OF WI TAU (0012786)

**Address:** 621 E SPRING ST, JEFFERSON, WI 53549

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/12/2009 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

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** ST COLETTA OF WI THEODORE (0012784)

**Address:** 621 E THEODORE ST, JEFFERSON, WI 53549

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/04/2009 12:00:00AM

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

### Survey History

**Survey ID:** 0117692    **End Date:** 04/28/2015    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (ST COLETTA OF WI THEODORE--0012784)

**Date Complaint Received:** 12/01/2014

**Date Investigation Completed:** 04/28/2015

Subject Area(s)  
ADMINISTRATION  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** SUNSET RIDGE MEMORY CARE (0015292)

**Address:** 816 E REINEL ST, JEFFERSON, WI 53549

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 11/01/2015 12:00:00AM

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

### Survey History

**Survey ID:** 0116440    **End Date:** 10/13/2014    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** SYLVAN CROSSINGS OF JEFFERSON (310666)

**Address:** 279 N JACKSON AVE, JEFFERSON, WI 53549

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/01/1998 12:00:00AM

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

### Survey History

**Survey ID:** 0112465    **End Date:** 03/26/2013    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #JTU511    Served 04/03/2013

| <u>Deficiencies Cited</u> | <u>Subject Area</u>                     | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---|----------------------------|------------------|
| 83.44(1)(c)               | NOT MORE THAN 2 LIVING UNITS OR STORIES |                            |                  |

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** BETHESDA LUTHERAN COMMUNITIES MICHELLE (0010059)

**Address:** 141 MICHELLE DR, JOHNSON CREEK, WI 53038

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2003 12:00:00AM

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

### Survey History

**Survey ID:** 0114904    **End Date:** 07/11/2013    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0112528    **End Date:** 04/03/2013    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (BETHESDA LUTHERAN COMMUNITIES MICHELLE--0010059)

**Date Complaint Received:** 06/27/2013

**Date Investigation Completed:** 07/11/2013

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** BETHESDA LUTHERAN COMMUNITIES MARK (0010058)

**Address:** 140 MARK DR, JOHNSON CREEK, WI 53038

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2003 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

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** SUNSET RIDGE ASSISTED LIVING (0014539)  
**Address:** 1275 REMMEL DRIVE, JOHNSON CREEK, WI 53038  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/01/2014 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-8598

### Survey History

**Survey ID:** 0115865    **End Date:** 07/02/2014    **Type:** STANDARD    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #MNIJ12    Served 08/08/2014

| <u>Deficiencies Cited</u> | <u>Subject Area</u>                | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|------------------------------------|----------------------------|------------------|
| 83.35(3)(f)               | STAFF ACCESS TO ASSESSMENT AND ISP |                            |                  |

**Survey ID:** 0115043    **End Date:** 03/31/2014    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #MNIJ11    Served 04/12/2014

| <u>Deficiencies Cited</u> | <u>Subject Area</u>                          | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--|----------------------------|------------------|
| 83.35(1)(a)               | MEET THE NUTRITIONAL NEEDS                   | 7/1/14                     | Yes              |
| 83.35(3)(d)               | SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES | 7/1/14                     | Yes              |
| 83.37(1)(h)               | SCHEDULED PSYCHOTROPIC MEDICATIONS           | 7/1/14                     | Yes              |

**Survey ID:** 0112797    **End Date:** 05/16/2013    **Type:** OTHER    **Purpose:** CHOW--LICENSURE

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

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (SUNSET RIDGE ASSISTED LIVING--0014539)

**Date Complaint Received: 04/18/2014**

**Date Investigation Completed: 07/01/2014**

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE  
NUTRITION & FOOD SERVICES  
ADMINISTRATION

SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

MNIJ12

**Date Complaint Received: 12/26/2013**

**Date Investigation Completed: 03/31/2014**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

MNIJ11

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** BROOK GARDENS PLACE (0014652)

**Address:** 300 O'NEIL ST, LAKE MILLS, WI 53551

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/2014 12:00:00AM

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

### Survey History

**Survey ID:** 0115482    **End Date:** 05/08/2014    **Type:** STANDARD    **Purpose:** SURVEY

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

---

**Survey ID:** 0113131    **End Date:** 06/26/2013    **Type:** OTHER    **Purpose:** CHOW--DESK REVIEW

**Results:** PROBATIONARY LICENSE ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** LILAC SPRINGS ASSISTED LIVING (0015529)

**Address:** 403 ONEIL STREET, LAKE MILLS, WI 53551

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 04/27/2015 12:00:00AM

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

### Survey History

**Survey ID:** 0117706      **End Date:** 04/27/2015      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** MARGARET RUTH HOME (310407)

**Address:** N8007 LAKEVIEW DR, TOWN OF IXONIA, WI 53036

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/1990 12:00:00AM

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

### Survey History

**Survey ID:** 0114885    **End Date:** 03/05/2014    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** BETHESDA LUTHERAN COMMUNITIES MADISON (0010708)

**Address:** 968 E MADISON ST, WATERLOO, WI 53594

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2005 12:00:00AM

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

### Survey History

**Survey ID:** 0111902    **End Date:** 12/13/2012    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #HG4D11

Deficiencies Cited  
83.48(8)(b)

Subject Area  
SPRINKLER SYSTEM INSTALLATION AND  
MAINTENANCE

Compliance  
Verified

Corrected

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** BETHESDA LUTHERAN COMMUNITIES MONROE (0010709)

**Address:** 734 N MONROE ST, WATERLOO, WI 53594

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2005 12:00:00AM

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

### Survey History

**Survey ID:** 0111746    **End Date:** 11/15/2012    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #M3RK11

| <u>Deficiencies Cited</u> | <u>Subject Area</u>        | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|----------------------------|----------------------------|------------------|
| 83.35(1)(a)               | MEET THE NUTRITIONAL NEEDS |                            |                  |
| 83.35(3)(a)               | MENU PLANNING              |                            |                  |

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** BETHESDA LUTHERAN COMMUNITIES CLOVERCREST (0015362)

**Address:** 503 CLOVERCREST COURT, WATERTOWN, WI 53094

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/30/2015 12:00:00AM

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

### Survey History

**Survey ID:** 0116866    **End Date:** 01/05/2015    **Type:** INITIAL    **Purpose:** SURVEY

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

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** BETHESDA LUTHERAN COMMUNITIES EAST HAVEN (0009596)

**Address:** 208 EAST HAVEN, WATERTOWN, WI 53094

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2002 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

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** Bethesda Lutheran Communities Eickstaedt (0015415)

**Address:** 101 EICKSTAEDT LANE, WATERTOWN, WI 53094

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/11/2015 12:00:00AM

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

### Survey History

**Survey ID:** 0117104    **End Date:** 02/11/2015    **Type:** INITIAL    **Purpose:** SURVEY

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

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** Bethesda Lutheran Communities Milford Street (0015423)

**Address:** 557 MILFORD STREET, WATERTOWN, WI 53094

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/21/2015 12:00:00AM

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

### Survey History

**Survey ID:** 0116952    **End Date:** 01/20/2015    **Type:** INITIAL    **Purpose:** SURVEY

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

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** BETHESDA LUTHERAN COMMUNITIES WAKOKA I (0010821)

**Address:** 1316/1318 WAKOKA ST, WATERTOWN, WI 53094

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/2005 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

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** BETHESDA LUTHERAN COMMUNITIES WAKOKA II (0010822)

**Address:** 1320/1322 WAKOKA ST, WATERTOWN, WI 53094

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2006 12:00:00AM

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

### Survey History

**Survey ID:** 0117343    **End Date:** 03/03/2015    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0112020    **End Date:** 01/17/2013    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (BETHESDA LUTHERAN COMMUNITIES WAKOKA II--0010822)

**Date Complaint Received:** 12/17/2014

**Date Investigation Completed:** 03/03/2015

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
3GS411  
3GS411

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name: DOHERTY HOME (0011631)**

**Address: N7855 LITTLE COFFEE RD, WATERTOWN, WI 53094**

**License Status: REGULAR**

**Licensed/Certified/Registered 04/01/2007 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**

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** RIVER VIEW (0013066)

**Address:** 740 N FREMONT ST, WHITEWATER, WI 53190

**License Status:** REGULAR

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

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** STRAWBERRY HILL (0013074)

**Address:** N556 HOWARD RD, WHITEWATER, WI 53190

**License Status:** REGULAR

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

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