

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Dane

Notes

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

The report includes only facilities located within the City of MADISON. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.

The report is a PDF (Adobe Acrobat) document and includes a total of 148.00 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 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: ABLE HOME LLC (0017882)

Address: 2005 MANLEY ST, MADISON, WI 53704

License Status: REGULAR

Licensed/Certified/Registered 1/18/2020 12:00:00AM

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

Survey History

Survey ID: 0142499 **End Date:** 3/15/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DK2412 Served 3/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(2)(c)	SERVICE AGREEMENT REQUIREMENTS		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

Survey ID: 0141780 **End Date:** 9/21/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DK2411 Served 1/9/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	3/15/23	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	3/15/23	Yes
88.06(1)(a)	PLACEMENT-PREADMISSION	3/15/23	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	3/15/23	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	3/15/23	Yes
88.06(3)(f)	REVIEW OF ISP	3/15/23	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS	3/15/23	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	3/15/23	No
88.07(3)(e)1	MEDICATION- RECORD KEEPING	3/15/23	Yes
88.09(1)(d)9	RESIDENT RECORD-RESIDENT RIGHTS	3/15/23	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	3/15/23	Yes

Enforcement History (ABLE HOME LLC--0017882)

Date: 3/17/2023 **SOD #DK2412** **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 1/9/2023 **SOD #DK2411** **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: Able Home West (0019037)

Address: 8410 Blackwolf Dr., MADISON, WI 53717

License Status: REGULAR

Licensed/Certified/Registered 7/13/2022 12:00:00AM

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

Survey History

Survey ID: 0140144 **End Date:** 7/13/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: Adderbury Home (0019191)

Address: 2120 Adderbury Cir, Madison, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 10/17/2022 12:00:00AM

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

Survey History

Survey ID: 0141108 **End Date:** 10/17/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: ADVANCED FAMILY HOME (0013525)

Address: 1717 SOUTHERN RIDGE TRL, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 12/10/2010 12:00:00AM

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

Survey History

Survey ID: 0142593 **End Date:** 3/28/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141879 **End Date:** 9/23/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QSL411 Served 1/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	3/28/23	Yes
88.05(3)(a)	HOME ENVIRONMENT	3/28/23	Yes
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	3/28/23	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	3/28/23	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	3/28/23	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	3/28/23	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	3/28/23	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	3/28/23	Yes
88.07(3)(e)2	MEDICATION- RECORD OF SIDE EFFECTS	3/28/23	Yes
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	3/28/23	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0135717 **End Date: 2/16/2021** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135014 **End Date: 10/12/2020** **Type: OTHER** **Purpose: COMPLAINT/VV**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (ADVANCED FAMILY HOME--0013525)

Date: 1/18/2023 **SOD #QSL411** **Appealed: No**

Sanctions

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

Complaint History (ADVANCED FAMILY HOME--0013525)

Date Complaint Received: 12/11/2020 **Date Investigation Completed: 2/16/2021**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	

Date Complaint Received: 9/23/2020 **Date Investigation Completed: 10/26/2020**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: Aegis Quality Care (0019144)

Address: 6913 Buckhorn Dr, Madison, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 9/21/2022 12:00:00AM

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

Survey History

Survey ID: 0140886 **End Date:** 9/21/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: AGAPE ADULT FAMILY HOME LLC (0018622)

Address: 721 AZTALAN DRIVE, MADISON, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 11/19/2021 12:00:00AM

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

Survey History

Survey ID: 0139678 **End Date:** 4/28/2022 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138131 **End Date:** 11/19/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: AGAPE FAMILY HOME (0018674)

Address: 6326 ALISON LANE, MADISON, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 6/24/2022 12:00:00AM

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

Survey History

Survey ID: 0140108 **End Date:** 6/24/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: AGATE REM WISCONSIN I INC (0016801)

Address: 4614 AGATE LANE, MADISON, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 10/6/2017 12:00:00AM

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

Survey History

Survey ID: 0142791 **End Date:** 1/25/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KGYV12 Served 4/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(h)	COMPLY WITH OSHA		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.09(2)(c)	LOCATION AND RETENTION PERIOD		

Survey ID: 0140984 **End Date:** 8/5/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KGYV11 Served 10/10/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	1/25/23	No
88.05(3)(a)	HOME ENVIRONMENT	1/25/23	Yes
88.05(3)(b)	FREE OF HAZARDS	1/25/23	Yes

This is Page 11 of 148 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 5/15/2020 to 5/15/2023

Adult Family Home

Enforcement History (AGATE REM WISCONSIN I INC--0016801)

Date: 4/17/2023 **SOD #**KGYV12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 10/10/2022 **SOD #**KGYV11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: ALBANS LIVING LLC (0017910)

Address: 202 SAINT ALBANS AVENUE, MADISON, WI 53714

License Status: REGULAR

Licensed/Certified/Registered 8/10/2020 12:00:00AM

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

Survey History

Survey ID: 0143145 **End Date:** 5/10/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142282 **End Date:** 2/8/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WGRV12 Served 2/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	5/10/23	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0141505 **End Date:** 9/13/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WGRV11 Served 12/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(d)	MAINTAIN BACKGROUND INFORMATION	2/8/23	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	2/8/23	Yes
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	2/8/23	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	2/8/23	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	2/8/23	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	2/8/23	No
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	2/8/23	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	2/8/23	Yes
88.09(1)(d)6	RESIDENT RECORD-SERVICE AGREEMENT	2/8/23	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	2/8/23	Yes

Survey ID: 0134574 **End Date:** 8/10/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (ALBANS LIVING LLC--0017910)

Date: 2/23/2023 **SOD #**WGRV12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 12/6/2022 **SOD #**WGRV11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: ALLIANCE ADULT HOME CARE (0016330)

Address: 6331 ALISON LANE, MADISON, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 12/9/2016 12:00:00AM

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

Survey History

Survey ID: 0142919 **End Date:** 4/5/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OSH412 Served 4/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.07(2)(e)	ANNUAL HEALTH EXAM		

Survey ID: 0141985 **End Date:** 10/19/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OSH411 Served 1/31/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(3)(e)1	HEATING SYSTEM REQUIREMENTS		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS
88.06(2)(a)	ADMISSION-HEALTH EXAM
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE
88.06(2)(c)8	RESIDENT RIGHTS AND GRIEVANCE
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT
88.06(3)(f)	REVIEW OF ISP
88.07(3)(d)	MEDICATION- WRITTEN ORDER
88.07(3)(e)1	MEDICATION- RECORD KEEPING
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT

Survey ID: 0136233 **End Date: 4/30/2021** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135547 **End Date: 1/22/2021** **Type: STANDARD** **Purpose: SURVEY/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HL5U12 Served 2/8/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.06(2)(a)	ADMISSION-HEALTH EXAM	4/29/21	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	4/29/21	Yes
88.10(3)(e)	SELF-DIRECTION	4/29/21	Yes
88.10(3)(q)	MEDICATIONS	4/29/21	Yes

Survey ID: 0135167 **End Date: 10/20/2020** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HLU511 Served 11/13/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.06(2)(c)8	RESIDENT RIGHTS AND GRIEVANCE	1/21/21	Yes
88.09(1)(a)	RESIDENT RECORDS	1/21/21	Yes
88.11(1)	REPORTING OF ABUSE AND NEGLECT	1/21/21	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Enforcement History (ALLIANCE ADULT HOME CARE--0016330)

Date: 4/28/2023 **SOD #** OSH412 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 1/31/2023 **SOD #** OSH411 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 2/7/2021 **SOD #** HL5U12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 11/13/2020 **SOD #** HLU511 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (ALLIANCE ADULT HOME CARE--0016330)

Date Complaint Received: 10/5/2022 **Date Investigation Completed:** 10/19/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	OSH411
RESIDENT RIGHTS	SUBSTANTIATED	OSH411

Date Complaint Received: 9/15/2020 **Date Investigation Completed:** 10/20/2020

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: BAHR CIRCLE HOME (0016486)

Address: 7 BAHR CIRCLE, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 3/1/2017 12:00:00AM

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

Survey History

Survey ID: 0142829 **End Date:** 1/26/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS
88.07(2)(b)	SERVICES DIRECTED TO GOALS

Survey ID: 0142475 **End Date:** 12/29/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5LF411 Served 3/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		
88.07(2)(b)5	MONITORING HEALTH		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.10(3)(m)	FREEDOM FROM ABUSE		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0141423 **End Date:** 8/23/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #D39G12 Served 11/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	1/26/23	No
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	1/26/23	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	1/26/23	Yes
88.10(6)	COERCION AND RETALIATION PROHIBITED	1/26/23	Yes

Survey ID: 0141215 **End Date:** 6/14/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2HOO12 Served 11/3/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	1/26/23	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	1/26/23	Yes
88.07(2)(a)	SERVICES	1/26/23	Yes
88.10(3)(e)	SELF-DIRECTION	1/26/23	Yes

Survey ID: 0139619 **End Date:** 2/17/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #D39G11 Served 5/23/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(3)(e)1	HEATING SYSTEM REQUIREMENTS	8/23/22	Yes
88.05(3)(n)1	BED-CLEAN, GOOD CONDITION, PROPER SIZE	8/23/22	Yes
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	8/23/22	Yes
88.06(3)(f)	REVIEW OF ISP	8/23/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0138160 **End Date:** 9/10/2021 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2HOO11 Served 1/6/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(e)	SELF-DIRECTION	6/14/23	Yes

Survey ID: 0134012 **End Date:** 5/26/2020 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Enforcement History (BAHR CIRCLE HOME--0016486)

Date: 4/19/2023 **SOD #**D39G13 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 3/16/2023 **SOD #**5LF411 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 11/28/2022 **SOD #**D39G12 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
COMPLY WITH FACILITY PLAN OF CORRECTION
ORDER TO COMPLY

Date: 11/3/2022 **SOD #**2HOO12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 5/23/2022 **SOD #**D39G11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Date: 1/6/2022 **SOD #**2H0011 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

Complaint History (BAHR CIRCLE HOME--0016486)

Date Complaint Received: 11/14/2022

Date Investigation Completed: 12/29/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

5LF411

Date Complaint Received: 8/5/2022

Date Investigation Completed: 8/23/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

D39G12

Date Complaint Received: 5/25/2022

Date Investigation Completed: 6/14/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

2H0012

Date Complaint Received: 1/6/2022

Date Investigation Completed: 2/17/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 5/19/2021

Date Investigation Completed: 9/10/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: BETHSAIDA AUGUSTA (0018921)

Address: 410 AUGUSTA DRIVE, MADISON, WI 53717

License Status: REGULAR

Licensed/Certified/Registered 6/21/2022 12:00:00AM

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

Survey History

Survey ID: 0139944 **End Date:** 6/21/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: BETHSAIDA FAMILY HOME 2 (0011985)

Address: 3033 MAPLE GROVE DR, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 8/8/2007 12:00:00AM

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

Survey History

Survey ID: 0137862 **End Date:** 10/28/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #YP5M11 Served 11/30/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.07(3)(a)	PRESCRIPTION MEDICATIONS	1/25/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: BETHSAIDA FAMILY HOME 3 (0013063)

Address: 110 N HIGH POINT RD, MADISON, WI 53717

License Status: REGULAR

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

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

Survey History

Survey ID: 0139259 **End Date:** 4/6/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: BETHSAIDA FAMILY HOME 4 (0014482)

Address: 2521 SCENIC RIDGE DR, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 2/20/2013 12:00:00AM

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

Survey History

Survey ID: 0142062 **End Date:** 1/25/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #00BF14 Served 2/7/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

Survey ID: 0141182 **End Date:** 9/29/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #00BF13 Served 10/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	1/24/23	Yes
88.04(2)(a)	RESPONSIBILITIES	1/24/23	Yes
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	1/24/23	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	1/24/23	Yes
88.05(3)(a)	HOME ENVIRONMENT	1/24/23	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	1/24/23	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	1/24/23	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	1/24/23	Yes
88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS	1/24/23	Yes
88.07(2)(b)5	MONITORING HEALTH	1/24/23	Yes
88.07(2)(c)	SERVICES DETERMINED BY ALL INVOLVED	1/24/23	Yes
88.07(3)(c)	MEDICATION ASSISTANCE	1/24/23	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	1/24/23	No

Survey ID: 0139567 End Date: 4/19/2022 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139486 End Date: 2/3/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #00BF12 Served 7/18/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	9/28/22	Yes
88.04(2)(b)	AWAKE STAFF FOR CONTINUOUS CARE	9/28/22	Yes
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	9/28/22	No
88.05(3)(n)2	CLEAN BEDDING AND LINENS	9/28/22	Yes

Survey ID: 0135835 End Date: 3/11/2021 Type: ABBREVIATED Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #00BF11 Served 3/22/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	2/3/22	No

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Enforcement History (BETHSAIDA FAMILY HOME 4--0014482)

Date: 2/7/2023 **SOD #**00BF14 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 10/31/2022 **SOD #**00BF13 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NNAO EXTENDED
ORDER TO COMPLY

Date: 5/9/2022 **SOD #**00BF12 **Appealed:** No

Sanctions

NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 3/20/2022 **SOD #**00BF11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (BETHSAIDA FAMILY HOME 4--0014482)

Date Complaint Received: 8/3/2022 **Date Investigation Completed:** 9/29/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	00BF13
PROGRAM SERVICES	SUBSTANTIATED	00BF13

Date Complaint Received: 4/4/2022 **Date Investigation Completed:** 4/19/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: BETHSAIDA MANASSAS (0018528)

Address: 1337 MANASSAS TRAIL, MADISON, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 9/30/2021 12:00:00AM

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

Survey History

Survey ID: 0137702 **End Date:** 9/30/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: BETHSAIDA TRAMORE (0018920)

Address: 925 TRAMORE TRAIL, MADISON, WI 53717

License Status: REGULAR

Licensed/Certified/Registered 6/21/2022 12:00:00AM

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

Survey History

Survey ID: 0139943 **End Date:** 6/21/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: BKAscent Homes (0018456)

Address: 6805 Village Park Drive, Madison, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 4/12/2021 12:00:00AM

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

Survey History

Survey ID: 0136277 **End Date:** 4/5/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: BLUFF POINT ADULT FAMILY HOME (0016159)

Address: 7018 BLUFF POINT DR, MADISON, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 7/1/2016 12:00:00AM

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

Survey History

Survey ID: 0141193 **End Date:** 10/25/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140468 **End Date:** 7/27/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #502312 Served 8/17/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(b)3	TRANSPORTATION TO MEDICAL	10/25/22	Yes

Survey ID: 0139596 **End Date:** 2/14/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #502311 Served 5/19/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	7/27/22	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	7/27/22	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	7/27/22	Yes
88.07(2)(b)1	SUPERVISNG & ASSISTING WITH ADLS	7/27/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Enforcement History (BLUFF POINT ADULT FAMILY HOME--0016159)

Date: 8/17/2022 **SOD #**502312 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 5/19/2022 **SOD #**502311 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (BLUFF POINT ADULT FAMILY HOME--0016159)

Date Complaint Received: 6/1/2022

Date Investigation Completed: 7/27/2022

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
502312

Date Complaint Received: 2/8/2022

Date Investigation Completed: 2/14/2022

Subject Area(s)
LICENSE CAPACITY OR CLASS
PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
502311

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: BRIGHT HOME (0016102)

Address: 7326 NEW WASHBURN WAY, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 5/2/2016 12:00:00AM

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

Survey History

Survey ID: 0137503 **End Date:** 10/7/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: BRIGHTER LIFE LIVING (0011142)

Address: 924 EAST MIFFLIN ST, MADISON, WI 53703

License Status: REGULAR

Licensed/Certified/Registered 12/1/2005 12:00:00AM

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

Survey History

Survey ID: 0141029 **End Date:** 10/10/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: Care Wisconsin Corner OBrien House (0019078)

Address: 22 OBrien Ct, Madison, WI 53714

License Status: REGULAR

Licensed/Certified/Registered 6/17/2022 12:00:00AM

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

Survey History

Survey ID: 0142859 **End Date:** 3/13/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SQ1C11 Served 4/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.07(2)(b)1	SUPERVISNG & ASSISTING WITH ADLS		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(c)	MEDICATION ASSISTANCE		
88.10(3)(b)	PRIVACY		

Survey ID: 0139933 **End Date:** 6/17/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Enforcement History (Care Wisconsin Corner OBrien House--0019078)

Date: 4/20/2023

SOD #SQ1C11

Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: Care Wisconsin Corner Prairie House (0019035)

Address: 2010 Prairie Rd, Madison, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 6/10/2022 12:00:00AM

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

Survey History

Survey ID: 0139839 **End Date:** 6/10/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: CHERISH HOME LLC (0016864)

Address: 5 BOOK CT, MADISON, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 6/1/2018 12:00:00AM

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

Survey History

Survey ID: 0139201 **End Date:** 3/28/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138789 **End Date:** 10/25/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EL7J12 Served 2/23/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	3/28/22	Yes
88.06(3)(f)	REVIEW OF ISP	3/28/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0136590 **End Date:** 6/15/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EL7J11 Served 6/24/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	10/25/21	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	10/25/21	Yes
88.06(2)(c)	SERVICE AGREEMENT REQUIREMENTS	10/25/21	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	10/25/21	No

Enforcement History (CHERISH HOME LLC--0016864)

Date: 2/23/2022 **SOD #**EL7J12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 6/24/2021 **SOD #**EL7J11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: CHHY HOME SWEET HOME (0014315)

Address: 6118 SANDSTONE DR, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 10/3/2012 12:00:00AM

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

Survey History

Survey ID: 0138697 **End Date:** 12/1/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137696 **End Date:** 10/7/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YUIG11 Served 11/9/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	12/1/21	Yes

Survey ID: 0136783 **End Date:** 7/12/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0136213 **End Date:** 4/27/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7F1911 Served 5/14/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	7/12/21	Yes
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	7/12/21	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	7/12/21	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	7/12/21	Yes

Enforcement History (CHHY HOME SWEET HOME--0014315)

Date: 11/8/2021 **SOD #**YUIG11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Date: 5/13/2021 **SOD #**7F1911 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: COMFORT CARE 4 U 2 LLC (0014560)

Address: 1 ST ANDREWS CIRCLE, MADISON, WI 53717

License Status: REGULAR

Licensed/Certified/Registered 4/10/2013 12:00:00AM

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

Survey History

Survey ID: 0143319 **End Date:** 5/4/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FT4W11 Served 6/12/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(m)	2 EXITS TO GRADE-BEDROOMS IN BASEMENT		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.09(1)(d)11	RESIDENT FUNDS		

Survey ID: 0136404 **End Date:** 6/2/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0135914 **End Date:** 3/5/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UM2V11 Served 6/4/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	6/2/21	Yes
88.07(2)(b)5	MONITORING HEALTH	6/2/21	Yes

Enforcement History (COMFORT CARE 4 U 2 LLC--0014560)

Date: 4/5/2021 **SOD #**UM2V11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
OTHER SANCTION

Complaint History (COMFORT CARE 4 U 2 LLC--0014560)

Date Complaint Received: 2/15/2021 **Date Investigation Completed:** 3/5/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	UM2V11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: COMFORT CARE 4 U 4 LLC (0014985)

Address: 213 GLACIER DRIVE, MADISON, WI 53705

License Status: REGULAR

Licensed/Certified/Registered 2/25/2014 12:00:00AM

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

Survey History

Survey ID: 0142681 **End Date:** 1/30/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IUQP12 Served 4/5/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR		

Survey ID: 0141186 **End Date:** 9/27/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IUQP11 Served 11/1/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

88.06(2)(a)	ADMISSION-HEALTH EXAM
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE
88.06(2)(c)3	ALL CHARGES AND SECURITY DEPOSITS
88.06(2)(c)8	RESIDENT RIGHTS AND GRIEVANCE
88.07(2)(b)5	MONITORING HEALTH
88.07(2)(d)	NURSING CARE 7 HOURS PER WEEK
88.07(3)(e)1	MEDICATION- RECORD KEEPING
88.08	TERMINATION OF PLACEMENT

Survey ID: 0138777 **End Date:** 2/1/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #Z3DG11 Served 2/22/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	4/8/22	Yes

Enforcement History (COMFORT CARE 4 U 4 LLC--0014985)

Date: 4/3/2023 **SOD #**IUQP12 **Appealed:** No

Sanctions
 ORDER TO COMPLY

Date: 10/31/2022 **SOD #**IUQP11 **Appealed:** No

Sanctions
 ORDER TO COMPLY

Date: 2/22/2022 **SOD #**Z3DG11 **Appealed:** No

Sanctions
 ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Complaint History (COMFORT CARE 4 U 4 LLC--0014985)

Date Complaint Received: 8/9/2022

Date Investigation Completed: 9/27/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	IUQP11
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	IUQP11
PROGRAM SERVICES	SUBSTANTIATED	IUQP11
RESIDENT RIGHTS	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: COMFORT CARE 4 U 5 LLC (0015671)

Address: 5126 WHITCOMB DRIVE, MADISON, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 6/30/2015 12:00:00AM

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

Survey History

Survey ID: 0142797 **End Date:** 3/21/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141424 **End Date:** 7/14/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #00VQ12 Served 11/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(d)	MEDICATION- WRITTEN ORDER	3/21/23	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0139503 **End Date:** 2/9/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #00VQ11 Served 5/10/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	7/14/22	Yes
88.05(3)(a)	HOME ENVIRONMENT	7/14/22	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	7/14/22	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	7/14/22	Yes
88.06(2)(c)8	RESIDENT RIGHTS AND GRIEVANCE	7/14/22	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	7/14/22	No

Enforcement History (COMFORT CARE 4 U 5 LLC--0015671)

Date: 11/28/2022 **SOD #00VQ12** **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 5/10/2022 **SOD #00VQ11** **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: COMFORT CARE 4 U LLC (0014380)

Address: 6 SCHOENEMANN COURT, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 10/24/2012 12:00:00AM

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

Survey History

Survey ID: 0140447 **End Date:** 7/14/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139348 **End Date:** 2/1/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4LUS11 Served 5/2/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	7/14/22	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	7/14/22	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	7/14/22	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	7/14/22	Yes

Enforcement History (COMFORT CARE 4 U LLC--0014380)

Date: 5/4/2022 **SOD #**4LUS11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: CONCORD ADULT FAMILY HOME (0016062)
Address: 1111 GAMMON LN, MADISON, WI 53719
License Status: REGULAR
Licensed/Certified/Registered 7/21/2016 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142299 **End Date:** 2/8/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #R3TU11 Served 2/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	2/8/23	Yes

Survey ID: 0139947 **End Date:** 6/7/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (CONCORD ADULT FAMILY HOME--0016062)

Date: 2/28/2023 **SOD #**R3TU11 **Appealed:** No

Sanctions
ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Complaint History (CONCORD ADULT FAMILY HOME--0016062)

Date Complaint Received: 2/2/2023

Date Investigation Completed: 2/8/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: DIVINE ADULT FAMILY HOME LLC 2 (0018579)

Address: 3009 MUIR FIELD ROAD, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 8/17/2021 12:00:00AM

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

Survey History

Survey ID: 0143202 **End Date:** 4/11/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0AWA11 Served 5/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.04(2)(g)2	COMMUNICABLE DISEASE		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY		
88.09(1)(a)	RESIDENT RECORDS		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Survey ID: 0137040 **End Date:** 8/16/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: DIVINE ADULT FAMILY HOME LLC (0016091)

Address: 401 N HIGH POINT RD, MADISON, WI 53717

License Status: REGULAR

Licensed/Certified/Registered 8/22/2016 12:00:00AM

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

Survey History

Survey ID: 0143141 **End Date:** 4/13/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #D60611 Served 5/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		
88.06(3)(f)	REVIEW OF ISP		
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY		
88.09(1)(a)	RESIDENT RECORDS		

Survey ID: 0137343 **End Date:** 9/13/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KTTR11 Served 9/13/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.11(2)	NOTIFY APPROPRIATE PERSONS OF INCIDENT	11/17/21	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0136120 End Date: 4/14/2021 Type: STANDARD Purpose: SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (DIVINE ADULT FAMILY HOME LLC--0016091)

Date: 9/29/2021	SOD #KTTR11	Appealed: No
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Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: DIVINE HAVEN LLC (0016297)

Address: 106 CRYSTAL LN, MADISON, WI 53714

License Status: REGULAR

Licensed/Certified/Registered 11/3/2016 12:00:00AM

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

Survey History

Survey ID: 0140202 **End Date:** 5/24/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #7HFQ11 Served 7/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	7/25/22	Yes

Enforcement History (DIVINE HAVEN LLC--0016297)

Date: 7/25/2022 **SOD #**7HFQ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: E HOME (0018209)

Address: 1138 SOUTHRIDGE CT, MADISON, WI 53704

License Status: REGULAR

Licensed/Certified/Registered 7/30/2020 12:00:00AM

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

Survey History

Survey ID: 0141062 **End Date:** 10/11/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134456 **End Date:** 7/30/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: EBENEZER FAMILY HOME (0018896)

Address: 1934 ELLEN AVENUE, MADISON, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 6/21/2022 12:00:00AM

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

Survey History

Survey ID: 0140113 **End Date:** 6/21/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: Emerson Senior Living (0019358)

Address: 402 Rustic Dr, Madison, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 1/5/2023 12:00:00AM

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

Survey History

Survey ID: 0141754 **End Date:** 1/5/2023 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: EMMA HOMES (0019107)

Address: 110 EMMA COURT, MADISON, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 8/17/2022 12:00:00AM

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

Survey History

Survey ID: 0140711 **End Date:** 8/17/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: EMMANUEL FAMILY HOME 2 (0015239)

Address: 2943 TRACEWAY DR, MADISON, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 11/24/2014 12:00:00AM

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

Survey History

Survey ID: 0137546 **End Date:** 10/20/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136987 **End Date:** 8/2/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q2DR11

Deficiencies Cited
88.10(3)(i)

Subject Area
CHOICE OF PROVIDERS

Compliance
Verified

Corrected

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: EMMANUEL FAMILY HOME (0014637)

Address: 2941 TRACEWAY DR, MADISON, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 7/15/2013 12:00:00AM

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

Survey History

Survey ID: 0137645 **End Date:** 10/14/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136789 **End Date:** 6/16/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GB9M11 Served 7/20/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	10/21/21	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	10/21/21	Yes
88.05(3)(a)	HOME ENVIRONMENT	10/21/21	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	10/21/21	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	10/21/21	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	10/21/21	Yes
88.06(3)(f)	REVIEW OF ISP	10/21/21	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Enforcement History (EMMANUEL FAMILY HOME--0014637)

Date: 7/20/2021 **SOD #**GB9M11 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: EYENAANU (0019237)

Address: 2521 McKenna BLVD, Madison, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 3/1/2023 12:00:00AM

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

Survey History

Survey ID: 0142342 **End Date:** 3/1/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: Freedom Group Home LLC (0019410)

Address: 1110 Pontiac Trail, MADISON, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 2/21/2023 12:00:00AM

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

Survey History

Survey ID: 0142401 **End Date:** 2/21/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: Golden Care Madison (0018967)

Address: 6314 Bettys Lane, Madison, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 9/12/2022 12:00:00AM

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

Survey History

Survey ID: 0140786 **End Date:** 9/12/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: GOOD HAND CARE AFH (0017820)

Address: 2921 WIMBLEDON WAY, MADISON, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 4/1/2020 12:00:00AM

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

Survey History

Survey ID: 0140408 **End Date:** 8/9/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #907513 Served 8/10/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	9/24/22	Yes

Survey ID: 0139563 **End Date:** 5/3/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #907512 Served 5/16/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	8/9/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Adult Family Home

Survey ID: 0138460 **End Date:** 1/19/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #907511 Served 1/24/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	5/3/22	No

Enforcement History (GOOD HAND CARE AFH--0017820)

Date: 8/10/2022 **SOD #**907513 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 5/16/2022 **SOD #**907512 **Appealed:** No

Sanctions
NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 1/24/2022 **SOD #**907511 **Appealed:** No

Sanctions
ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: GRACE FAMILY HOME (0014116)

Address: 1001 S THOMPSON DR, MADISON, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 6/1/2012 12:00:00AM

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

Survey History

Survey ID: 0140867 **End Date:** 9/22/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136809 **End Date:** 7/6/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10M711 Served 7/22/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	9/5/21	Yes

Enforcement History (GRACE FAMILY HOME--0014116)

Date: 7/22/2021 **SOD #**10M711 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Complaint History (GRACE FAMILY HOME--0014116)

Date Complaint Received: 9/16/2022

Date Investigation Completed: 9/22/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: GRACIOUS ANGELIC CARE (0018317)

Address: 3411 KESWICK, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 12/11/2020 12:00:00AM

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

Survey History

Survey ID: 0142652 **End Date:** 2/20/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8AOC11 Served 4/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Survey ID: 0135327 **End Date:** 12/11/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Enforcement History (GRACIOUS ANGELIC CARE--0018317)

Date: 4/10/2023

SOD #8AOC11

Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: HAPPY LIVING (0018655)

Address: 1806 RAE LANE, MADISON, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 4/5/2022 12:00:00AM

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

Survey History

Survey ID: 0139282 **End Date:** 4/5/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: HAVEY RD (0017578)

Address: 609 HAVEY RD, MADISON, WI 53704

License Status: REGULAR

Licensed/Certified/Registered 5/30/2019 12:00:00AM

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

Survey History

Survey ID: 0139264 **End Date:** 4/11/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: HOME OF GOOD HOPE WEBER DRIVE (0015068)

Address: 1906 WEBER DR, MADISON, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 5/1/2014 12:00:00AM

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

Survey History

Survey ID: 0139942 **End Date:** 2/21/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: HOME OF GOOD HOPE (0009449)

Address: 2010 LAKE POINT DR, MADISON, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 11/12/2001 12:00:00AM

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

Survey History

Survey ID: 0143066 **End Date:** 4/18/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FDT413 Served 5/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(1)	SAFE PHYSICAL ENVIRONMENT		

Survey ID: 0141963 **End Date:** 1/10/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #FDT412 Served 1/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(1)	SAFE PHYSICAL ENVIRONMENT	3/16/23	

Survey ID: 0142839 **End Date:** 8/25/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0140018 **End Date: 5/26/2022** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FDT411 Served 7/5/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	1/10/23	Yes
88.05(3)(a)	HOME ENVIRONMENT	1/10/23	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	1/10/23	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	1/10/23	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	1/10/23	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	1/10/23	No

Survey ID: 0139565 **End Date: 5/3/2022** **Type: OTHER** **Purpose: DESK REVIEW**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZLUZ12 Served 5/26/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	4/19/23	Yes

Survey ID: 0138445 **End Date: 1/19/2022** **Type: OTHER** **Purpose: DESK REVIEW**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZLUZ11 Served 1/24/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	5/3/22	No

Survey ID: 0135062 **End Date: 10/29/2020** **Type: ABBREVIATED** **Purpose: SURVEY**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Enforcement History (HOME OF GOOD HOPE--0009449)

Date: 1/30/2023 **SOD #FDT412** **Appealed: No**

Sanctions
ORDER TO COMPLY

Date: 7/5/2022 **SOD #FDT411** **Appealed: No**

Sanctions
ORDER TO COMPLY

Date: 5/26/2022 **SOD #ZLUZ12** **Appealed: No**

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 1/24/2022 **SOD #ZLUZ11** **Appealed: No**

Sanctions
ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: HOPE & A FUTURE III INC (0014946)

Address: 3440 S HIGH POINT ROAD, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 3/19/2014 12:00:00AM

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

Survey History

Survey ID: 0141502 **End Date:** 11/9/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140477 **End Date:** 7/16/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #D56T11 Served 8/18/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	11/9/22	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	11/9/22	Yes

Survey ID: 0139924 **End Date:** 6/9/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0137841 **End Date: 10/23/2021** **Type: STANDARD** **Purpose: DESK REVIEW**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WHJD11 Served 11/29/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	6/9/22	Yes

Survey ID: 0136229 **End Date: 4/29/2021** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135586 **End Date: 1/12/2021** **Type: ABBREVIATED** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #272E11 Served 2/10/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	4/29/21	Yes

Enforcement History (HOPE & A FUTURE III INC--0014946)

Date: 8/18/2022 **SOD #D56T11** **Appealed: No**

Sanctions
ORDER TO COMPLY

Date: 11/29/2021 **SOD #WHJD11** **Appealed: No**

Sanctions
ORDER TO COMPLY
ACCRUING FORFEITURE

Date: 2/10/2021 **SOD #272E11** **Appealed: No**

Sanctions
ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Complaint History (HOPE & A FUTURE III INC--0014946)

Date Complaint Received: 5/27/2022

Date Investigation Completed: 7/16/2022

Subject Area(s)
PROGRAM SERVICES
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 9/4/2020

Date Investigation Completed: 1/12/2021

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: HORIZON CARE NETWORK MAPLE VALLEY (0018707)

Address: 3010 MAPLE VALLEY DRIVE, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 2/23/2022 12:00:00AM

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

Survey History

Survey ID: 0138833 **End Date:** 2/23/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: HOUSE OF HOPE FAMILY HOME LLC (0018629)

Address: 646 SOUTH MIDVALE BOULEVARD, MADISON, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 9/3/2021 12:00:00AM

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

Survey History

Survey ID: 0141465 **End Date:** 11/10/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137586 **End Date:** 9/3/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (HOUSE OF HOPE FAMILY HOME LLC--0018629)

Date Complaint Received: 10/26/2022

Date Investigation Completed: 11/9/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: KHADRA CARE LLC (0017927)

Address: 6234 THORNEBURY DRIVE, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 7/2/2020 12:00:00AM

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

Survey History

Survey ID: 0140419 **End Date:** 8/4/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134382 **End Date:** 7/2/2020 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: LAMBAI ADULT FAMILY HOME (0018448)

Address: 6901 SILVER DAWN DRIVE, MADISON, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 8/3/2021 12:00:00AM

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

Survey History

Survey ID: 0136949 **End Date:** 8/3/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: LANCASTER ADULT FAMILY HOME (0018483)

Address: 1118 GAMMON LANE UNIT 1122, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 7/30/2021 12:00:00AM

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

Survey History

Survey ID: 0136982 **End Date:** 7/30/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: LUS FAMILY HOME (0016512)

Address: 2634 MCKENNA BLVD, MADISON, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 4/1/2017 12:00:00AM

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

Survey History

Survey ID: 0140213 **End Date:** 5/27/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #XU0511 Served 7/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	9/8/22	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	9/8/22	Yes

Enforcement History (LUS FAMILY HOME--0016512)

Date: 7/25/2022 **SOD #**XU0511 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: MADISON CREATIVE CARE LLC II (0018274)

Address: 2906 TURBOT DRIVE, MADISON, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 9/23/2020 12:00:00AM

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

Survey History

Survey ID: 0143053 **End Date:** 4/3/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #11V414 Served 5/15/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES		
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM		
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT		
88.06(3)(d)2	LEVEL OF SUPERVISION		
88.07(2)(b)5	MONITORING HEALTH		
88.07(3)(c)	MEDICATION ASSISTANCE		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.09(1)(a)	RESIDENT RECORDS		
88.09(1)(d)4	RESIDENT RECORD-SERVICE COORDINATOR		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0141849 **End Date:** 10/11/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IIV413 Served 1/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Survey ID: 0140246 **End Date:** 4/5/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IIV412 Served 7/26/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	10/11/22	Yes
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	10/11/22	Yes
88.06(3)(f)	REVIEW OF ISP	10/11/22	No
88.07(3)(d)	MEDICATION- WRITTEN ORDER	10/11/22	No
88.07(3)(e)1	MEDICATION- RECORD KEEPING	10/11/22	Yes
88.10(3)(q)	MEDICATIONS	10/11/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0138364 **End Date: 9/3/2021** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #11V411 Served 1/19/2022

<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	4/5/22	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	4/5/22	No
88.07(2)(a)	SERVICES	4/5/22	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	4/5/22	No
88.10(3)(q)	MEDICATIONS	4/5/22	No

Survey ID: 0134951 **End Date: 9/23/2020** **Type: INITIAL** **Purpose: SURVEY**

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Enforcement History (MADISON CREATIVE CARE LLC II--0018274)

Date: 5/15/2023 **SOD #**11V414 **Appealed:** No

Sanctions

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

Date: 1/17/2023 **SOD #**11V413 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 7/26/2022 **SOD #**11V412 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 1/19/2022 **SOD #**11V411 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Complaint History (MADISON CREATIVE CARE LLC II--0018274)

Date Complaint Received: 3/17/2023

Date Investigation Completed: 3/27/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
11V414
11V414

Date Complaint Received: 8/16/2021

Date Investigation Completed: 9/3/2021

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
11V411

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: MADISON CREATIVE CARE LLC (0017592)

Address: 2908 TURBOT DRIVE, MADISON, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 8/29/2019 12:00:00AM

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

Survey History

Survey ID: 0143188 **End Date:** 5/4/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142149 **End Date:** 10/17/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SPZV13 Served 2/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	5/4/23	Yes
88.05(3)(n)1	BED-CLEAN, GOOD CONDITION, PROPER SIZE	5/4/23	Yes
88.06(3)(f)	REVIEW OF ISP	5/4/23	Yes
88.07(2)(b)5	MONITORING HEALTH	5/4/23	Yes
88.07(3)(c)	MEDICATION ASSISTANCE	5/4/23	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	5/4/23	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0140203 End Date: 4/8/2022 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SPZV12 Served 7/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	10/17/22	No
88.05(3)(a)	HOME ENVIRONMENT	10/17/22	Yes
88.05(3)(n)1	BED-CLEAN, GOOD CONDITION, PROPER SIZE	10/17/22	No
88.06(2)(a)	ADMISSION-HEALTH EXAM	10/17/22	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	10/17/22	Yes
88.06(2)(c)8	RESIDENT RIGHTS AND GRIEVANCE	10/17/22	Yes
88.06(3)(f)	REVIEW OF ISP	10/17/22	No
88.07(3)(d)	MEDICATION- WRITTEN ORDER	10/17/22	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	10/17/22	No
88.10(3)(e)	SELF-DIRECTION	10/17/22	Yes

Survey ID: 0138277 End Date: 9/8/2021 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SPZV11 Served 1/14/2022

<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	4/5/22	Yes
88.05(3)(a)	HOME ENVIRONMENT	4/5/22	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	4/5/22	No
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	4/5/22	No
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	4/5/22	Yes
88.06(3)(f)	REVIEW OF ISP	4/5/22	No
88.07(3)(a)	PRESCRIPTION MEDICATIONS	4/5/22	No
88.07(3)(d)	MEDICATION- WRITTEN ORDER	4/5/22	Yes
88.10(3)(g)	CLOTHING AND POSSESSIONS	4/5/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Enforcement History (MADISON CREATIVE CARE LLC--0017592)

Date: 2/14/2023 **SOD #**SPZV13 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 7/25/2022 **SOD #**SPZV12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 1/14/2022 **SOD #**SPZV11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: Martin AFH (0019303)

Address: 2019 ADDERBURY LN, MADISON, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 1/26/2023 12:00:00AM

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

Survey History

Survey ID: 0143232 **End Date:** 5/8/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YD0E11 Served 6/1/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.09(1)(d)	RESIDENT RECORDS REQUIREMENTS		

Survey ID: 0141957 **End Date:** 1/26/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: Memphis Home (0019003)

Address: 308 Memphis Ave, Madison, WI 53714

License Status: REGULAR

Licensed/Certified/Registered 11/1/2022 12:00:00AM

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

Survey History

Survey ID: 0141194 **End Date:** 11/1/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: MIDWEST ADULT FAMILY HOME LLC (0017966)

Address: 5134 WINTERGREEN DRIVE, MADISON, WI 53704

License Status: REGULAR

Licensed/Certified/Registered 5/29/2020 12:00:00AM

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

Survey History

Survey ID: 0143133 **End Date:** 3/8/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RKIN12 Served 5/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0141197 **End Date:** 8/3/2022 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RKIN11 Served 11/1/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	3/6/23	No
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	3/6/03	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	3/6/23	Yes
88.05(4)(d)1	FIRE SAFETY EVACUATION PLAN	3/6/23	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	3/6/23	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	3/6/23	Yes
88.07(2)(b)5	MONITORING HEALTH	3/6/23	Yes
88.07(2)(b)6	NOTIFICATION OF CHANGES	3/6/23	Yes

Survey ID: 0134651 **End Date:** 8/19/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0133868 **End Date:** 5/29/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (MIDWEST ADULT FAMILY HOME LLC--0017966)

Date: 11/1/2022 **SOD #**RKIN11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Complaint History (MIDWEST ADULT FAMILY HOME LLC--0017966)

Date Complaint Received: 7/27/2022

Date Investigation Completed: 8/3/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

RKIN11

Date Complaint Received: 8/4/2020

Date Investigation Completed: 8/19/2020

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: MIDWEST ADULT FAMILY HOME (0016671)
Address: 5202 PRAIRIE ROSE ROAD, MADISON, WI 53704
License Status: REGULAR
Licensed/Certified/Registered 4/1/2017 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0140530 **End Date:** 8/16/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139098 **End Date:** 2/25/2022 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: ENFORCEMENT ACTION

Statement of Deficiency: #2HRH11 Served 3/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	8/16/22	Yes

Enforcement History (MIDWEST ADULT FAMILY HOME--0016671)

Date: 3/30/2022 **SOD #**2HRH11 **Appealed:** No

Sanctions
ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: MOUNT VERNON QUALITY CARE LLC (0017785)

Address: 11 MOUNT VERNON CT, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 9/5/2019 12:00:00AM

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

Survey History

Survey ID: 0141749 **End Date:** 1/2/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140883 **End Date:** 7/6/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BGEH11 Served 9/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	1/2/23	Yes
88.05(3)(a)	HOME ENVIRONMENT	1/2/23	Yes
88.05(3)(b)	FREE OF HAZARDS	1/2/23	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	1/2/23	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	1/2/23	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	1/2/23	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	1/2/23	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	1/2/23	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	1/2/23	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	1/2/23	Yes
88.09(2)(a)1	NAME AND ADDRESS	1/2/23	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Enforcement History (MOUNT VERNON QUALITY CARE LLC--0017785)

Date: 9/29/2022 **SOD #**BGEH11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: MOUNT VERNON QUALITY CARE (0018564)

Address: 9 MOUNT VERNON CT, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 8/24/2021 12:00:00AM

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

Survey History

Survey ID: 0141951 **End Date:** 1/5/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KYFZ12 Served 2/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(e)1	HEATING SYSTEM REQUIREMENTS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(2)(c)8	RESIDENT RIGHTS AND GRIEVANCE		
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT		
88.06(3)(f)	REVIEW OF ISP		
88.07(2)(b)5	MONITORING HEALTH		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		
88.10(3)(q)	MEDICATIONS		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0141185 **End Date: 7/12/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KYFZ11 Served 10/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		

Survey ID: 0139118 **End Date: 2/28/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #1THR11 Served 3/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	3/31/22	Yes
88.09(1)(a)	RESIDENT RECORDS	3/31/22	Yes

Survey ID: 0137106 **End Date: 8/24/2021** **Type: INITIAL** **Purpose: SURVEY**

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Enforcement History (MOUNT VERNON QUALITY CARE--0018564)

Date: 2/16/2023 **SOD #**KYFZ12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 10/31/2022 **SOD #**KYFZ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 3/31/2022 **SOD #**1THR11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (MOUNT VERNON QUALITY CARE--0018564)

Date Complaint Received: 12/21/2022

Date Investigation Completed: 1/2/2023

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 6/21/2022

Date Investigation Completed: 7/12/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: ODANA ROAD HOUSE (0017358)

Address: 4222 ODANA RD, MADISON, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 7/12/2019 12:00:00AM

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

Survey History

Survey ID: 0140337 **End Date:** 7/25/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139558 **End Date:** 4/15/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2KK911 Served 5/16/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	7/25/22	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	7/25/22	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	7/25/22	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	7/25/22	Yes
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	7/25/22	Yes
88.09(1)(a)	RESIDENT RECORDS	7/25/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Enforcement History (ODANA ROAD HOUSE--0017358)

Date: 5/16/2022 **SOD #**2KK911 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: PAT ADULT FAMILY HOME (0019092)

Address: 2801 WENTWORTH DRIVE, MADISON, WI 537193419

License Status: REGULAR

Licensed/Certified/Registered 12/7/2022 12:00:00AM

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

Survey History

Survey ID: 0141578 **End Date:** 12/7/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: Post Rd Facility (0019301)

Address: 2705 Post Rd, Madison, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 2/15/2023 12:00:00AM

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

Survey History

Survey ID: 0142225 **End Date:** 2/15/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: RANGLES HOMECARE (0018521)

Address: 626 BURDETTE CT, MADISON, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 7/9/2021 12:00:00AM

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

Survey History

Survey ID: 0140757 **End Date:** 9/9/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139791 **End Date:** 5/17/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #U6O511 Served 6/8/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	9/9/22	Yes
88.05(3)(g)	WINDOWS AND VENTILATION	9/9/22	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	9/9/22	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	9/9/22	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	9/9/22	Yes
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	9/9/22	Yes
88.09(2)(c)	LOCATION AND RETENTION PERIOD	9/9/22	Yes

Survey ID: 0136984 **End Date:** 7/9/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Enforcement History (RANGLES HOMECARE--0018521)

Date: 6/8/2022 **SOD #**U6O511 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (RANGLES HOMECARE--0018521)

Date Complaint Received: 5/6/2022

Date Investigation Completed: 5/17/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

U6O511

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 4/28/2022

Date Investigation Completed: 5/17/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

U6O511

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: RAYMONDS HOME CARE LLC (0017974)

Address: 6014 RAYMOND ROAD, MADISON, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 4/23/2020 12:00:00AM

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

Survey History

Survey ID: 0140450 **End Date:** 8/11/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: REM BRADFORD (190013)

Address: 22 BRADFORD LN, MADISON, WI 53714

License Status: REGULAR

Licensed/Certified/Registered 10/12/1987 12:00:00AM

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

Survey History

Survey ID: 0142366 **End Date:** 2/8/2023 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XLXY11 Served 3/6/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.07(2)(b)6	NOTIFICATION OF CHANGES		

Survey ID: 0140403 **End Date:** 7/21/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #L2MT13 Served 8/9/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.09(1)(a)	RESIDENT RECORDS	7/21/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0139542 **End Date:** 1/28/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L2MT12 Served 5/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	7/21/22	Yes
88.05(3)(a)	HOME ENVIRONMENT	7/21/22	Yes
88.07(2)(b)	SERVICES DIRECTED TO GOALS	7/21/22	Yes
88.07(2)(b)5	MONITORING HEALTH	7/21/22	Yes

Survey ID: 0137507 **End Date:** 7/27/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L2MT11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	1/28/22	Yes
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	1/28/22	Yes
88.05(3)(a)	HOME ENVIRONMENT	1/28/22	Yes
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	1/28/22	Yes
88.06(3)(f)	REVIEW OF ISP	1/28/22	Yes
88.07(1)(c)	ACTIVITIES AND SERVICES	1/28/22	Yes
88.07(2)(b)5	MONITORING HEALTH	1/28/22	Yes
88.10(3)(a)	FAIR TREATMENT	1/28/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Enforcement History (REM BRADFORD--190013)

Date: 3/6/2023 **SOD #**XLXY11 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 8/9/2022 **SOD #**L2MT13 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 5/13/2022 **SOD #**L2MT12 **Appealed:** No

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 10/18/2021 **SOD #**L2MT11 **Appealed:** No

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (REM BRADFORD--190013)

Date Complaint Received: 1/30/2023 **Date Investigation Completed:** 2/8/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	XLXY11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: REM HARMONY (0013180)

Address: 5333 KEVINS WAY, MADISON, WI 53714

License Status: REGULAR

Licensed/Certified/Registered 2/19/2010 12:00:00AM

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

Survey History

Survey ID: 0142215 **End Date:** 2/6/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Survey ID: 0141040 **End Date:** 9/29/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED
88.05(3)(a) HOME ENVIRONMENT

Survey ID: 0140186 **End Date:** 3/28/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IZEG11 Served 7/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP	9/29/22	Yes
88.10(3)(a)	FAIR TREATMENT	9/29/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0139042 **End Date:** 12/8/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5CS612

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.05(3)(a)	HOME ENVIRONMENT		

Survey ID: 0137247 **End Date:** 8/19/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5C5611 Served 9/20/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	11/9/21	No
88.05(3)(a)	HOME ENVIRONMENT	11/9/21	No

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Enforcement History (REM HARMONY--0013180)

Date: 10/25/2022 **SOD #**IZEG12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 7/21/2022 **SOD #**IZEG11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 3/23/2022 **SOD #**5CS612 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 9/20/2021 **SOD #**5C5611 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (REM HARMONY--0013180)

Date Complaint Received: 1/4/2022

Date Investigation Completed: 3/28/2022

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD #

IZEG11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: REM INC BROAD CREEK (0017220)

Address: 6601 BROAD CREEK BLVD, MADISON, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 4/23/2019 12:00:00AM

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

Survey History

Survey ID: 0140304 **End Date:** 7/18/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: REM INC DRYDEN (0017221)

Address: 2702 DRYDEN DR, MADISON, WI 53704

License Status: REGULAR

Licensed/Certified/Registered 4/30/2019 12:00:00AM

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

Survey History

Survey ID: 0140307 **End Date:** 7/21/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139458 **End Date:** 4/12/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #80XD11 Served 5/5/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	7/21/22	Yes
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	7/21/22	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	7/21/22	Yes
88.06(3)(f)	REVIEW OF ISP	7/21/22	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	7/21/22	Yes
88.09(2)(a)	SERVICE PROVIDER RECORD	7/21/22	Yes
88.10(3)(i)	CHOICE OF PROVIDERS	7/21/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Enforcement History (REM INC DRYDEN--0017221)

Date: 5/5/2022 **SOD #**8OXD11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: REM INC MARIA PLACE (0017219)

Address: 1 MARIA PLACE, MADISON, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 4/22/2019 12:00:00AM

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

Survey History

Survey ID: 0142599 **End Date:** 3/23/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #28AE11 Served 3/29/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		

Survey ID: 0137022 **End Date:** 8/6/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136334 **End Date:** 5/6/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XFOT12 Served 5/27/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP	8/6/21	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0135634 **End Date:** 2/17/2021 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XFOT11 Served 2/17/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)	CHANGES REPORTED TO LICENSING AGENCY	5/6/21	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	5/6/21	Yes
88.06(3)(f)	REVIEW OF ISP	5/6/21	No

Enforcement History (REM INC MARIA PLACE--0017219)

Date: 5/26/2021 **SOD #**XFOT12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 2/17/2021 **SOD #**XFOT11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: REM INC TWIN PINES (0017218)

Address: 821 TWIN PINES, MADISON, WI 53704

License Status: REGULAR

Licensed/Certified/Registered 4/30/2019 12:00:00AM

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: REM KNIGHTSBRIDGE (0018195)

Address: 5217 KNIGHTSBRIDGE ROAD, MADISON, WI 53714

License Status: REGULAR

Licensed/Certified/Registered 10/27/2020 12:00:00AM

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

Survey History

Survey ID: 0142720 **End Date:** 3/2/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XDM111 Served 4/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(4)(d)1	FIRE SAFETY EVACUATION PLAN		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Survey ID: 0135100 **End Date:** 10/27/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Enforcement History (REM KNIGHTSBRIDGE--0018195)

Date: 4/10/2023

SOD #XDM111

Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: REM MILLSTONE (190012)

Address: 41 MILLSTONE RD, MADISON, WI 53717

License Status: REGULAR

Licensed/Certified/Registered 7/1/1994 12:00:00AM

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

Survey History

Survey ID: 0142546 **End Date:** 1/16/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WW9V13 Served 3/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(b)5	MONITORING HEALTH		

Survey ID: 0140581 **End Date:** 8/19/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141218 **End Date:** 7/18/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WW9V12 Served 11/3/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(b)5	MONITORING HEALTH		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0139938 **End Date: 3/17/2022** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HZSW13 Served 6/24/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	8/25/22	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	8/25/22	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	8/25/22	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	8/25/22	Yes

Survey ID: 0139431 **End Date: 2/2/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WW9V11 Served 5/2/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.07(2)(b)5	MONITORING HEALTH	7/18/22	No

Survey ID: 0138037 **End Date: 11/23/2021** **Type: OTHER** **Purpose: SURVEY/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HZSW12 Served 12/21/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	3/17/22	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	3/17/22	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	3/17/22	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	3/17/22	No

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Enforcement History (REM MILLSTONE--190012)

Date: 3/23/2023 **SOD #**WW9V13 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 11/3/2022 **SOD #**WW9V12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 6/24/2022 **SOD #**HZSW13 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

Date: 5/2/2022 **SOD #**WW9V11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 12/21/2021 **SOD #**HZSW12 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Complaint History (REM MILLSTONE--190012)

Date Complaint Received: 5/18/2022

Date Investigation Completed: 7/18/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

WW9V12

Date Complaint Received: 1/14/2022

Date Investigation Completed: 2/2/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: REM WISCONSIN INC CRESTLINE (0017298)
Address: 2506 CRESTLINE DR, MADISON, WI 53704
License Status: REGULAR
Licensed/Certified/Registered 4/30/2019 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143132 **End Date:** 3/7/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7F6813 Served 5/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP		
88.09(1)(a)	RESIDENT RECORDS		

Survey ID: 0141680 **End Date:** 11/23/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7F6812 Served 12/22/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	3/7/23	Yes
88.06(3)(f)	REVIEW OF ISP	3/7/23	No
88.09(1)(a)	RESIDENT RECORDS	3/7/23	No

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0140613 End Date: 6/1/2022 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7F6811 Served 8/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)2	COMMUNICABLE DISEASE	11/23/22	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	11/23/22	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	11/23/22	Yes
88.05(3)(a)	HOME ENVIRONMENT	11/23/22	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	11/23/22	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	11/23/22	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	11/23/22	Yes
88.06(3)(f)	REVIEW OF ISP	11/23/22	No
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	11/23/22	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	11/23/22	Yes

Enforcement History (REM WISCONSIN INC CRESTLINE--0017298)

Date: 12/22/2022 SOD #7F6812 Appealed: No

Sanctions
 ORDER TO COMPLY

Date: 8/31/2022 SOD #7F6811 Appealed: No

Sanctions
 COMPLY WITH DEPARTMENT PLAN OF CORRECTION
 ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: RIVA HOME HEALTH LLC (0018829)

Address: 6106 RIVA RD, MADISON, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 4/15/2022 12:00:00AM

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

Survey History

Survey ID: 0141387 **End Date:** 11/9/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139402 **End Date:** 4/15/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (RIVA HOME HEALTH LLC--0018829)

Date Complaint Received: 10/21/2022

Date Investigation Completed: 11/8/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: Saab Home Care LLC (0019412)

Address: 5906 Meadowood Drive, Madison, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 2/16/2023 12:00:00AM

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

Survey History

Survey ID: 0142254 **End Date:** 2/16/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Adult Family Home

Facility Information

Facility Name: SAWMILL HOUSE (0018162)
Address: 7202 SAWMILL ROAD, MADISON, WI 53719
License Status: REGULAR
Licensed/Certified/Registered 7/1/2020 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0141233 **End Date:** 10/4/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #UBIL11 Served 11/3/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	10/4/22	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	10/4/22	Yes

Survey ID: 0134196 **End Date:** 6/29/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (SAWMILL HOUSE--0018162)

Date: 11/3/2022 **SOD #**UBIL11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: SCHROEDER HOME (0019053)

Address: 5825 SCHROEDER RD, MADISON, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 6/8/2022 12:00:00AM

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

Survey History

Survey ID: 0139842 **End Date:** 6/8/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: SHALOM FAMILY HOME (0018382)

Address: 3310 HEATHERDELL LANE, MADISON, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 1/6/2021 12:00:00AM

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

Survey History

Survey ID: 0135394 **End Date:** 1/6/2021 **Type:** ABBREVIATED **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: Strathmore Home (0019202)

Address: 6202 Strathmore Ln, Madison, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 10/27/2022 12:00:00AM

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

Survey History

Survey ID: 0141358 **End Date:** 10/27/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: Sycamore Home (0019438)

Address: 3905 Sycamore Ave, Madison, WI 53714

License Status: REGULAR

Licensed/Certified/Registered 5/3/2023 12:00:00AM

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

Survey History

Survey ID: 0143008 **End Date:** 5/3/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: TOTAL CARE (0016098)

Address: 3022 EDENSWAY, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 6/8/2016 12:00:00AM

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

Survey History

Survey ID: 0141928 **End Date:** 1/9/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141054 **End Date:** 9/22/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HH9L11 Served 10/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	1/9/23	Yes
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	1/9/23	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	1/9/23	Yes

Enforcement History (TOTAL CARE--0016098)

Date: 10/17/2022 **SOD #**HH9L11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: Trinity Adult Family Home LLC (0019470)

Address: 2813 Wimbledon Way, Madison, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 5/2/2023 12:00:00AM

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

Survey History

Survey ID: 0142960 **End Date:** 5/2/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: TRINITY ADULT FAMILY HOME (0016165)

Address: 2925 WIMBLEDON WAY, MADISON, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 5/8/2017 12:00:00AM

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

Survey History

Survey ID: 0142300 **End Date:** 2/21/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141275 **End Date:** 6/16/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0FXV11 Served 11/9/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	2/21/23	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	2/21/23	Yes
88.06(1)(e)	INFORMATION TO DETERMINE SERVICES	2/21/23	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	2/21/23	Yes
88.09(1)(d)8	RESIDENT RECORD-ISP	2/21/23	Yes

Enforcement History (TRINITY ADULT FAMILY HOME--0016165)

Date: 11/9/2022 **SOD #**0FXV11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: UNIVERSE ADULT FAMILY HOME LLC (0015384)

Address: 4006 MANDRAKE RD, MADISON, WI 53704

License Status: REGULAR

Licensed/Certified/Registered 1/27/2015 12:00:00AM

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

Survey History

Survey ID: 0136910 **End Date:** 8/4/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: Westover Home (0019236)

Address: 12 Westover Ct, Madison, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 2/16/2023 12:00:00AM

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

Survey History

Survey ID: 0142253 **End Date:** 2/17/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: YASMIN'S LOVING CARE (0013935)

Address: 5213 ACADEMY DR, MADISON, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 3/19/2012 12:00:00AM

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

Survey History

Survey ID: 0143014 **End Date:** 2/24/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CXZQ12 Served 5/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.10(3)(q)	MEDICATIONS		

Survey ID: 0141468 **End Date:** 7/27/2022 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CXZQ11 Served 12/7/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	2/24/23	Yes
88.05(2)(a)	DIFFICULTY WALKING	2/24/23	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	2/24/23	No
88.08	TERMINATION OF PLACEMENT	2/24/23	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Enforcement History (YASMINS LOVING CARE--0013935)

Date: 5/10/2023 **SOD #**CXZQ12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 12/7/2022 **SOD #**CXZQ11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

Complaint History (YASMINS LOVING CARE--0013935)

Date Complaint Received: 7/1/2022

Date Investigation Completed: 7/27/2022

Subject Area(s)
ADMINISTRATION

Result
SUBSTANTIATED

SOD #
CXZQ11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: YOYO QUALITY CARE LLC (0018821)

Address: 5509 KRONCKE DR, MADISON, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 4/18/2022 12:00:00AM

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

Survey History

Survey ID: 0139420 **End Date:** 4/18/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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