

Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Dane

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 74.00 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 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Gods Care (0019575)

Address: 652 Damascus Trl, Cottage Grove, WI 53527

License Status: REGULAR

Licensed/Certified/Registered 10/09/2023 12:00:00AM

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

Survey History

Survey ID: 0144596 **End Date:** 10/09/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 2 of 74 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 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Rose of Sharon Family Home (0019891)

Address: 2751 Mourning Dove Dr, Cottage Grove, WI 53527

License Status: REGULAR

Licensed/Certified/Registered 02/06/2024 12:00:00AM

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

Survey History

Survey ID: 0145529 **End Date:** 02/06/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: PLEASANT MEADOWS (0014268)

Address: 418 KLEINE ST, DEERFIELD, WI 53531

License Status: REGULAR

Licensed/Certified/Registered 08/07/2012 12:00:00AM

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

Survey History

Survey ID: 0145856 **End Date:** 03/06/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144536 **End Date:** 08/10/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0NL713 Served 12/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	3/6/24	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	3/6/24	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	3/6/24	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	3/6/24	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	3/6/24	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	3/6/24	Yes
88.09(2)(a)	SERVICE PROVIDER RECORD	3/6/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0143131 **End Date:** 03/09/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0NL712 Served 05/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.03(5)(b)	CHANGE IN HOUSEHOLD MEMBERS	8/10/23	No
88.04(2)(a)	RESPONSIBILITIES	8/10/23	No
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	8/10/23	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	8/10/23	Yes
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	8/10/23	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	8/10/23	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	8/10/23	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	8/10/23	No
88.05(6)(a)	HOUSEHOLD PETS	8/10/23	Yes
88.06(3)(f)	REVIEW OF ISP	8/10/23	Yes
88.09(1)(a)	RESIDENT RECORDS	8/10/23	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	8/10/23	Yes

Survey ID: 0141605 **End Date:** 11/23/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0NL711 Served 12/14/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.06(3)(f)	REVIEW OF ISP	3/6/23	No
88.07(2)(a)	SERVICES	3/6/23	Yes

Survey ID: 0139222 **End Date:** 03/29/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (PLEASANT MEADOWS--0014268)

Date: 12/08/2023 **SOD #**0NL713 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 05/22/2023 **SOD #**0NL712 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 12/14/2022 **SOD #**0NL711 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 02/10/2022 **SOD #**0QHP11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (PLEASANT MEADOWS--0014268)

Date Complaint Received: 11/10/2022

Date Investigation Completed: 11/22/2022

Subject Area(s)

PROGRAM SERVICES
RESIDENT RIGHTS

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

0NL711
0NL711

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: PrimeCare Adult Family Home LLC (0020344)

Address: 6661 Uecker Drive, Deforest, WI 53532

License Status: REGULAR

Licensed/Certified/Registered 08/08/2024 12:00:00AM

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

Survey History

Survey ID: 0147279 **End Date:** 08/08/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Bright Living Adult Home LLC 6 (0019878)

Address: 5467 Quarry Hill Drive, Fitchburg, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 01/23/2024 12:00:00AM

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

Survey History

Survey ID: 0145350 **End Date:** 01/23/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: COMFORT CARE 4 U 3 LLC (0014823)

Address: 2100 WESTCHESTER ROAD, FITCHBURG, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 10/24/2013 12:00:00AM

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

Survey History

Survey ID: 0146464 **End Date:** 05/14/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145752 **End Date:** 01/09/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #44QQ12 Served 02/27/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS	5/14/24	Yes
88.07(2)(b)5	MONITORING HEALTH	5/14/24	Yes
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	5/14/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0145019 **End Date:** 08/21/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KY2N11 Served 10/19/2023

<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	1/9/24	Yes
88.05(3)(n)	CLEAN, SAFE, FUNCTIONAL HOUSEHOLD ITEMS	1/9/24	Yes
88.07(2)(a)	SERVICES	1/9/24	Yes
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	1/9/24	Yes
88.10(3)(q)	MEDICATIONS	1/9/24	Yes

Survey ID: 0144238 **End Date:** 07/14/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #44QQ11 Served 09/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	1/9/24	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	1/9/24	Yes
88.05(3)(m)	2 EXITS TO GRADE-BEDROOMS IN BASEMENT	1/9/24	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	1/9/24	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	1/9/24	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	1/9/24	Yes
88.06(3)(f)	REVIEW OF ISP	1/9/24	Yes
88.07(2)(b)5	MONITORING HEALTH	1/9/24	No
88.07(3)(d)	MEDICATION- WRITTEN ORDER	1/9/24	Yes
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	1/9/24	No
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	1/9/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0140090 **End Date:** 07/08/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139211 **End Date:** 03/16/2022 **Type:** OTHER **Purpose:** OTHER

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZI9C11 Served 04/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.033	LICENSURE OF CERTAIN ADULT FAMILY HOMES	7/8/22	Yes
88.03(8)(b)	AGENCY MAY VISIT HOME	7/8/22	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (COMFORT CARE 4 U 3 LLC--0014823)

Date: 02/27/2024 **SOD #**44QQ12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 10/19/2023 **SOD #**KY2N11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 09/19/2023 **SOD #**44QQ11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 04/12/2022 **SOD #**ZI9C11 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

REVOKE LICENSE
NNAO EXTENDED
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (COMFORT CARE 4 U 3 LLC--0014823)

Date Complaint Received: 07/27/2023

Date Investigation Completed: 08/03/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

KY2N11

RESIDENT RIGHTS

SUBSTANTIATED

KY2N11

Date Complaint Received: 06/28/2023

Date Investigation Completed: 07/05/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

44QQ11

RESIDENT RIGHTS

SUBSTANTIATED

44QQ11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Eagle Home Care LLC (0019908)

Address: 2567 Spark Street, Fitchburg, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 03/27/2024 12:00:00AM

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

Survey History

Survey ID: 0146013 **End Date:** 03/26/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Guidance Family Homes (0020515)

Address: 6005 Minong Ln, Fitchburg, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 02/12/2025 12:00:00AM

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

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: LUL CARE LLC (0020299)

Address: 2748 WAYFAIR ST, FITCHBURG, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 12/20/2024 12:00:00AM

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

Survey History

Survey ID: 0148368 **End Date:** 12/19/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Mallak Care LLC (0020418)

Address: 2602 King James Way, Fitchburg, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 02/05/2025 12:00:00AM

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

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: TrustCare LLC (0020052)

Address: 2507 Spark St, Fitchburg, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 06/28/2024 12:00:00AM

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

Survey History

Survey ID: 0146832 **End Date:** 06/27/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Williamsburg Home 2 (0019447)

Address: 5815 Williamsburg Way, Fitchburg, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 04/02/2023 12:00:00AM

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

Survey History

Survey ID: 0142885 **End Date:** 03/30/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Williamsburg Home (0019426)

Address: 5813 Williamsburg Way, Fitchburg, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 04/02/2023 12:00:00AM

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

Survey History

Survey ID: 0142884 **End Date:** 03/30/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Village at Cedar Glade (The) (0020340)

Address: 4981 Marsh Rd, McFarland, WI 53558

License Status: REGULAR

Licensed/Certified/Registered 10/09/2024 12:00:00AM

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

Survey History

Survey ID: 0147803 **End Date:** 10/09/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Advanced Care Empire AFH LLC (0019406)

Address: 307 Fargo TRL, Middleton, WI 53562

License Status: REGULAR

Licensed/Certified/Registered 03/16/2023 12:00:00AM

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

Survey History

Survey ID: 0145380 **End Date:** 03/16/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Aurora 2 (0020313)

Address: 1723 Aurora Street, Middleton, WI 53562

License Status: REGULAR

Licensed/Certified/Registered 11/08/2024 12:00:00AM

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

Survey History

Survey ID: 0148083 **End Date:** 11/08/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Brown Valley Place (0020572)

Address: 5205 Brown Valley Ln, Middleton, WI 53562

License Status: REGULAR

Licensed/Certified/Registered 02/18/2025 12:00:00AM

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

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Century Avenue Group Home (0019914)

Address: 6805 Century Avenue, Middleton, WI 53562

License Status: REGULAR

Licensed/Certified/Registered 04/16/2024 12:00:00AM

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

Survey History

Survey ID: 0146212 **End Date:** 04/16/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ELITE HOUSE LLC (0019943)

Address: 7101 SOUTH AVE, MIDDLETON, WI 53562

License Status: REGULAR

Licensed/Certified/Registered 06/11/2024 12:00:00AM

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

Survey History

Survey ID: 0146693 **End Date:** 06/11/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HOME WELLNESS LLC (0020335)

Address: 7410 CENTURY PLACE, MIDDLETON, WI 53562

License Status: REGULAR

Licensed/Certified/Registered 09/12/2024 12:00:00AM

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

Survey History

Survey ID: 0147570 **End Date:** 09/11/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: PINELANE ADULT FAMILY HOME (199025)

Address: 10049 BLACKHAWK RD, MIDDLETON, WI 53562

License Status: REGULAR

Licensed/Certified/Registered 09/30/1996 12:00:00AM

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

Survey History

Survey ID: 0141925 **End Date:** 01/19/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141331 **End Date:** 10/12/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WM3Z11 Served 11/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	1/19/23	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	1/19/23	Yes
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	1/19/23	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	1/19/23	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	1/19/23	Yes

Enforcement History (PINELANE ADULT FAMILY HOME--199025)

Date: 11/11/2022 **SOD #**WM3Z11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: RAYMONDS HOME CARE 2 (0018435)

Address: 8415 AIRPORT ROAD, MIDDLETON, WI 53562

License Status: REGULAR

Licensed/Certified/Registered 03/29/2021 12:00:00AM

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

Survey History

Survey ID: 0142862 **End Date:** 03/22/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ZK0I11 Served 04/20/2023

<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	6/4/23	Yes

Enforcement History (RAYMONDS HOME CARE 2--0018435)

Date: 04/20/2023 **SOD #**ZK0I11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: REM INC ELMWOOD (0017223)

Address: 6266 ELMWOOD AVE, MIDDLETON, WI 53562

License Status: REGULAR

Licensed/Certified/Registered 05/08/2019 12:00:00AM

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

Survey History

Survey ID: 0147900 **End Date:** 10/11/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147319 **End Date:** 07/23/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EOK212 Served 08/14/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(b)3	TRANSPORTATION TO MEDICAL	10/11/24	Yes
88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS	10/11/24	Yes
88.07(2)(b)5	MONITORING HEALTH	10/11/24	Yes
88.07(3)(c)	MEDICATION ASSISTANCE	10/11/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0146390 **End Date:** 03/29/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EOK211 Served 05/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.06(3)(f)	REVIEW OF ISP	7/23/24	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	7/23/24	Yes
88.07(3)(c)	MEDICATION ASSISTANCE	7/23/24	Yes
88.09(1)(a)	RESIDENT RECORDS	7/23/24	Yes

Survey ID: 0140986 **End Date:** 10/04/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140191 **End Date:** 03/18/2022 **Type:** STANDARD **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L0X912 Served 07/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.05(3)(e)1	HEATING SYSTEM REQUIREMENTS	10/4/22	Yes
88.09(1)(a)	RESIDENT RECORDS	10/4/22	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (REM INC ELMWOOD--0017223)

Date: 08/14/2024 **SOD #EOK212** **Appealed: No**

Sanctions

ORDER TO COMPLY

Date: 05/13/2024 **SOD #EOK211** **Appealed: No**

Sanctions

ORDER TO COMPLY

Date: 07/21/2022 **SOD #L0X912** **Appealed: No**

Sanctions

ORDER TO COMPLY

Complaint History (REM INC ELMWOOD--0017223)

Date Complaint Received: 07/02/2024

Date Investigation Completed: 07/23/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

EOK212

RESIDENT RIGHTS

SUBSTANTIATED

EOK212

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Good Hand Care AFH 2 (0019548)

Address: 1308 Mathys Rd, Monona, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 06/13/2023 12:00:00AM

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

Survey History

Survey ID: 0147729 **End Date:** 08/28/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TK6V11 Served 10/01/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(b)	AWAKE STAFF FOR CONTINUOUS CARE		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.09(1)(a)	RESIDENT RECORDS		
88.09(1)(e)	RESIDENT'S RECORD RETENTION		

Survey ID: 0143344 **End Date:** 06/13/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (Good Hand Care AFH 2--0019548)

Date: 10/01/2024 **SOD #**TK6V11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: REM SYLVAN LANE (0014400)

Address: 6107 SYLVAN LANE, MONONA, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 06/24/2013 12:00:00AM

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

Survey History

Survey ID: 0147541 **End Date:** 09/09/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146900 **End Date:** 06/10/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P7XE11 Served 07/10/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	9/9/24	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	9/9/24	Yes
88.10(3)(e)	SELF-DIRECTION	9/9/24	Yes

Survey ID: 0142456 **End Date:** 03/08/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0141457 **End Date:** 08/10/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #93K113 Served 12/07/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	3/8/23	Yes
88.05(3)(a)	HOME ENVIRONMENT	3/8/23	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	3/8/23	Yes
88.10(3)(g)	CLOTHING AND POSSESSIONS	3/8/23	Yes

Survey ID: 0139613 **End Date:** 02/10/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #93K112 Served 05/20/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
441.301(c)(4)(iii)	ENSURES RIGHT TO PRIVACY, RESPECT, FREEDOM	8/10/22	No
88.04(2)(h)	COMPLY WITH OSHA	8/10/22	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	8/10/22	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	8/10/22	Yes
88.05(3)(a)	HOME ENVIRONMENT	8/10/22	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	8/10/22	Yes
88.06(3)(f)	REVIEW OF ISP	8/10/22	Yes
88.07(2)(a)	SERVICES	8/10/22	Yes
88.07(4)(e)	SPECIAL DIETS	8/10/22	Yes
88.10(3)(c)	CONFIDENTIALITY	8/10/22	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (REM SYLVAN LANE--0014400)

Date: 07/10/2024 **SOD #P7XE11** **Appealed: No**

Sanctions

ORDER TO COMPLY

Date: 12/07/2022 **SOD #93K113** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 05/20/2022 **SOD #93K112** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (REM SYLVAN LANE--0014400)

Date Complaint Received: 06/22/2022

Date Investigation Completed: 08/10/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

93K113

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

93K113

PROGRAM SERVICES

SUBSTANTIATED

93K113

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

93K113

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CAMPBELL HOUSE LLC (0017765)

Address: 7197 LOPER RD, SAUK CITY, WI 53583

License Status: REGULAR

Licensed/Certified/Registered 11/01/2019 12:00:00AM

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

Survey History

Survey ID: 0140794 **End Date:** 09/15/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: COUNTRY LIVING AFH (0015242)

Address: 2803 DOOR CREEK RD, STOUGHTON, WI 53589

License Status: REGULAR

Licensed/Certified/Registered 12/05/2014 12:00:00AM

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

Survey History

Survey ID: 0140923 **End Date:** 09/27/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HOLLYS HOUSE ADULT FAMILY HOME (0009948)

Address: 1902 SPRING RD, STOUGHTON, WI 53589

License Status: REGULAR

Licensed/Certified/Registered 01/27/2003 12:00:00AM

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

Survey History

Survey ID: 0144265 **End Date:** 09/12/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ROSEWOOD AFH (0016386)

Address: 2551 HAVEY LN, STOUGHTON, WI 53589

License Status: REGULAR

Licensed/Certified/Registered 03/06/2017 12:00:00AM

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

Survey History

Survey ID: 0146834 **End Date:** 06/21/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145608 **End Date:** 12/07/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2WVN11 Served 02/14/2024

Deficiencies Cited
88.04(5)(b)

Subject Area
TRAINING-8 HOURS ANNUALLY

Compliance
Verified
6/21/24

Corrected
Yes

Survey ID: 0139548 **End Date:** 04/14/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (ROSEWOOD AFH--0016386)

Date: 02/14/2024 **SOD #**2WVN11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 02/10/2022 **SOD #**XSHY11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Smiling Faces Home Health LLC (0019403)

Address: 400 Hoel Ave., Stoughton, WI 53589

License Status: REGULAR

Licensed/Certified/Registered 04/01/2023 12:00:00AM

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

Survey History

Survey ID: 0142643 **End Date:** 03/31/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Advance Adult Home Care LLC (0019986)

Address: 283 Valley Ridge Dr, Sun prairie, WI 53590

License Status: REGULAR

Licensed/Certified/Registered 07/11/2024 12:00:00AM

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

Survey History

Survey ID: 0146955 **End Date:** 07/11/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Bestcare Residence LLC (0019907)

Address: 980 Bruce st, Sun Prairie, WI 53590

License Status: REGULAR

Licensed/Certified/Registered 03/22/2024 12:00:00AM

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

Survey History

Survey ID: 0145989 **End Date:** 03/22/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Chipper (0019739)

Address: 1505 Chipper Ln, Sun Prairie, WI 535901209

License Status: REGULAR

Licensed/Certified/Registered 10/13/2023 12:00:00AM

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

Survey History

Survey ID: 0144556 **End Date:** 10/13/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Covington Place LLC (0020190)

Address: 285 Covington Trail, Sun Prairie, WI 53590

License Status: REGULAR

Licensed/Certified/Registered 05/30/2024 12:00:00AM

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

Survey History

Survey ID: 0146599 **End Date:** 05/31/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: FAITHFUL CARE ADULT FAMILY HOME LLC (0018985)

Address: 101 GRANDVIEW DR, SUN PRAIRIE, WI 53590

License Status: REGULAR

Licensed/Certified/Registered 09/19/2022 12:00:00AM

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

Survey History

Survey ID: 0145379 **End Date:** 09/19/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: FE Adult Home Care (0019574)

Address: 860 Robin Dr, Sun Prairie, WI 53590

License Status: REGULAR

Licensed/Certified/Registered 06/15/2023 12:00:00AM

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

Survey History

Survey ID: 0143373 **End Date:** 06/15/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: FOCUS ADULT FAMILY HOME LLC (0018948)

Address: 2105 FRAWLEY DRIVE, SUN PRAIRIE, WI 53590

License Status: REGULAR

Licensed/Certified/Registered 07/29/2022 12:00:00AM

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

Survey History

Survey ID: 0146567 **End Date:** 05/09/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CPXW11 Served 05/31/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	7/15/24	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	7/14/24	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	7/15/24	Yes

Survey ID: 0140421 **End Date:** 07/29/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (FOCUS ADULT FAMILY HOME LLC--0018948)

Date: 05/31/2024 **SOD #**CPXW11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (FOCUS ADULT FAMILY HOME LLC--0018948)

Date Complaint Received: 05/02/2024

Date Investigation Completed: 05/08/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Horizon Homecare LLC (0020022)

Address: 610 N Heatherstone Dr, Sun Prairie, WI 53590

License Status: REGULAR

Licensed/Certified/Registered 05/14/2024 12:00:00AM

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

Survey History

Survey ID: 0146432 **End Date:** 05/14/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Mahlet Home Care LLC (0019805)

Address: 1016 New Haven Cir, Sun Prairie, WI 53590

License Status: REGULAR

Licensed/Certified/Registered 05/07/2024 12:00:00AM

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

Survey History

Survey ID: 0147361 **End Date:** 08/15/2024 **Type:** OTHER **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146402 **End Date:** 05/07/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Precious Minds Adult Family Home II LLC (0019903)

Address: 724 N Bird St, Sun Prairie, WI 53590

License Status: REGULAR

Licensed/Certified/Registered 03/08/2024 12:00:00AM

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

Survey History

Survey ID: 0145871 **End Date:** 03/08/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: PRECIOUS MINDS ADULT FAMILY HOME LLC (0018736)

Address: 716 N BIRD ST, SUN PRAIRIE, WI 53590

License Status: REGULAR

Licensed/Certified/Registered 01/05/2022 12:00:00AM

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

Survey History

Survey ID: 0146753 **End Date:** 06/18/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138837 **End Date:** 02/05/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: STURDY OAKS (0014886)

Address: 926 CAMPFIRE DRIVE, SUN PRAIRIE, WI 53590

License Status: REGULAR

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

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

Survey History

Survey ID: 0143149 **End Date:** 05/15/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142543 **End Date:** 01/03/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6E6M12 Served 03/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	5/15/23	Yes

Survey ID: 0140875 **End Date:** 07/08/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6E6M11 Served 09/30/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	1/3/23	Yes
88.05(3)(a)	HOME ENVIRONMENT	1/3/23	No

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (STURDY OAKS--0014886)

Date: 03/23/2023 **SOD #**6E6M12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 09/30/2022 **SOD #**6E6M11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Sunlight Home Care LLC (0020012)

Address: 268 Tall Grass Trl, Sun Prairie, WI 53590

License Status: REGULAR

Licensed/Certified/Registered 04/15/2024 12:00:00AM

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

Survey History

Survey ID: 0146143 **End Date:** 04/12/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Tamarack Home (0019690)

Address: 898 Tamarack Ln, Sun Prairie, WI 53590

License Status: REGULAR

Licensed/Certified/Registered 10/12/2023 12:00:00AM

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

Survey History

Survey ID: 0147404 **End Date:** 08/15/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144563 **End Date:** 10/12/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Tamarack Home--0019690)

Date Complaint Received: 08/13/2024

Date Investigation Completed: 08/15/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: WALK BY FAITH AFH CHRISTIANS HOME (0018432)

Address: 412 SOUTH BIRD STREET, SUN PRAIRIE, WI 53590

License Status: REGULAR

Licensed/Certified/Registered 03/31/2021 12:00:00AM

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

Survey History

Survey ID: 0147442 **End Date:** 08/27/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146558 **End Date:** 05/23/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OP7B14 Served 05/30/2024

Deficiencies Cited
88.10(3)(e)

Subject Area
SELF-DIRECTION

Compliance
Verified
8/27/24

Corrected
Yes

Survey ID: 0145679 **End Date:** 01/12/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OP7B13 Served 02/22/2024

Deficiencies Cited
88.07(2)(a)

Subject Area
SERVICES

Compliance
Verified
5/23/24

Corrected
Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0144455 **End Date:** 08/08/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OP7B12 Served 10/09/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	1/10/24	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	1/10/24	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	1/10/24	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	1/10/24	Yes
88.07(2)(a)	SERVICES	1/10/24	Yes

Survey ID: 0142907 **End Date:** 04/03/2023 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OP7B11 Served 04/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.03(8)(a)	MONITORING OF HOME	8/3/23	Yes
88.04(2)(a)	RESPONSIBILITIES	8/3/23	No
88.04(2)(b)	AWAKE STAFF FOR CONTINUOUS CARE	8/3/23	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	8/3/23	No
88.06(2)(a)	ADMISSION-HEALTH EXAM	8/3/23	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	8/3/23	No
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	8/3/23	Yes
88.07(2)(a)	SERVICES	8/3/23	No
88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS	8/3/23	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	8/3/23	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	8/3/23	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	8/3/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0140578 End Date: 08/22/2022 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (WALK BY FAITH AFH CHRISTIANS HOME--0018432)

Date: 05/30/2024 SOD #OP7B14 Appealed: No

Sanctions

ORDER TO COMPLY

Date: 02/22/2024 SOD #OP7B13 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 10/09/2023 SOD #OP7B12 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 04/27/2023 SOD #OP7B11 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (WALK BY FAITH AFH CHRISTIANS HOME--0018432)

Date Complaint Received: 03/06/2023

Date Investigation Completed: 03/29/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

OP7B11

Date Complaint Received: 07/26/2022

Date Investigation Completed: 08/22/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: WALK BY FAITH AFH VANIYA'S HOME (0018832)

Address: 718 N BIRD STREET, SUN PRAIRIE, WI 53590

License Status: REGULAR

Licensed/Certified/Registered 05/04/2022 12:00:00AM

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

Survey History

Survey ID: 0146836 **End Date:** 06/14/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #M4UU12 Served 07/01/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(n)2	CLEAN BEDDING AND LINENS	6/14/24	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	6/14/24	Yes

Survey ID: 0146565 **End Date:** 05/23/2024 **Type:** OTHER **Purpose:** OTHER

Results: ENFORCEMENT ACTION

Statement of Deficiency: #B7NF11 Served 05/30/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(8)(a)	MONITORING OF HOME	6/14/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0145923 End Date: 02/24/2024 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #M4UU11 Served 03/19/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	6/14/24	Yes
88.05(3)(n)	CLEAN, SAFE, FUNCTIONAL HOUSEHOLD ITEMS	6/14/24	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	6/14/24	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	6/14/24	Yes
88.07(3)(c)	MEDICATION ASSISTANCE	6/14/24	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	6/14/24	Yes
88.09(1)(b)	RESIDENT RECORDS-CONFIDENTIALITY	6/14/24	Yes
88.10(3)(e)	SELF-DIRECTION	6/14/24	Yes

Survey ID: 0139620 End Date: 05/04/2022 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (WALK BY FAITH AFH VANIYA'S HOME--0018832)

Date: 07/01/2024 **SOD #**M4UU12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 05/30/2024 **SOD #**B7NF11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

Date: 03/19/2024 **SOD #**M4UU11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ABETMENT CARE HOMES (0017859)

Address: 705 LONE OAK LN, VERONA, WI 53593

License Status: REGULAR

Licensed/Certified/Registered 04/14/2020 12:00:00AM

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

Survey History

Survey ID: 0143707 **End Date:** 07/19/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142457 **End Date:** 02/21/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XOIS11 Served 03/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(4)(b)	RENEWAL REQUIREMENTS	7/19/23	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	7/19/23	Yes
88.05(4)(d)1	FIRE SAFETY EVACUATION PLAN	7/19/23	Yes
88.06(3)(f)	REVIEW OF ISP	7/19/23	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	7/19/23	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	7/19/23	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	7/19/23	Yes
88.10(3)(b)	PRIVACY	7/19/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (ABETTMENT CARE HOMES--0017859)

Date: 03/14/2023

SOD #XOIS11

Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: LUS FAMILY HOME 2 (0017377)

Address: 7246 VALLEY VIEW ROAD, VERONA, WI 53593

License Status: REGULAR

Licensed/Certified/Registered 12/21/2018 12:00:00AM

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

Survey History

Survey ID: 0144845 **End Date:** 11/09/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #C45Y11 Served 11/17/2023

Deficiencies Cited
88.05(3)(g)

Subject Area
WINDOWS AND VENTILATION

Compliance
Verified
1/1/24

Corrected
Yes

Enforcement History (LUS FAMILY HOME 2--0017377)

Date: 11/17/2023 **SOD #**C45Y11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SONRISAS ASSISTED LIVING (0008657)

Address: 315 LLANOS ST, VERONA, WI 53593

License Status: REGULAR

Licensed/Certified/Registered 09/07/1999 12:00:00AM

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

Survey History

Survey ID: 0147776 **End Date:** 09/06/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #25HL11 Served 10/07/2024

<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)(f)	RESIDENT INCAPABLE OF SELF EVACUATION		
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		

Survey ID: 0145235 **End Date:** 01/08/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141908 **End Date:** 01/05/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0141049 **End Date:** 08/18/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0UTG11 Served 10/17/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	1/4/23	Yes

Enforcement History (SONRISAS ASSISTED LIVING--0008657)

Date: 10/07/2024 **SOD #**25HL11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 10/17/2022 **SOD #**0UTG11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (SONRISAS ASSISTED LIVING--0008657)

Date Complaint Received: 11/13/2023

Date Investigation Completed: 12/05/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/19/2022

Date Investigation Completed: 10/17/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SONRISAS II (0010801)

Address: 317 LLANOS ST, VERONA, WI 53593

License Status: REGULAR

Licensed/Certified/Registered 12/03/2004 12:00:00AM

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

Survey History

Survey ID: 0141905 **End Date:** 01/05/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: TENDER CARE ADULT FAMILY HOME (0012860)

Address: 8908 ANCIENT OAK LN, VERONA, WI 53593

License Status: REGULAR

Licensed/Certified/Registered 08/25/2009 12:00:00AM

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

Survey History

Survey ID: 0147108 **End Date:** 07/16/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #T6GC11 Served 07/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(e)	ANNUAL HEALTH EXAM	9/9/24	Yes

Survey ID: 0141100 **End Date:** 10/17/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140269 **End Date:** 06/15/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H2K511 Served 07/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	10/17/22	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (TENDER CARE ADULT FAMILY HOME--0012860)

Date: 07/26/2024 **SOD #**T6GC11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 07/27/2022 **SOD #**H2K511 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Foggy Home (0019862)

Address: 2104 Foggy Mountain Pass, Waunakee, WI 53597

License Status: REGULAR

Licensed/Certified/Registered 04/02/2024 12:00:00AM

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

Survey History

Survey ID: 0146057 **End Date:** 04/02/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: OPTIMAL CARE LLC (0018243)

Address: 2592 KILDARE DRIVE, WAUNAKEE, WI 53597

License Status: REGULAR

Licensed/Certified/Registered 09/10/2020 12:00:00AM

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

Survey History

Survey ID: 0140917 **End Date:** 09/20/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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