

## 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 is a PDF (Adobe Acrobat) document and includes a total of 42.00 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:** PLEASANT MEADOWS (0014268)

**Address:** 418 KLEINE ST, DEERFIELD, WI 53531

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/7/2012 12:00:00AM

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

### Survey History

**Survey ID:** 0143131    **End Date:** 3/9/2023    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #0NL712    Served 5/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(b)	CHANGE IN HOUSEHOLD MEMBERS		
88.04(2)(a)	RESPONSIBILITIES		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.05(6)(a)	HOUSEHOLD PETS		
88.06(3)(f)	REVIEW OF ISP		
88.09(1)(a)	RESIDENT RECORDS		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

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**Provider Inspection Summary**

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

Adult Family Home

**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 Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP		
88.07(2)(a)	SERVICES		

**Survey ID: 0139222 End Date: 3/29/2022 Type: OTHER Purpose: VERIFICATION VISIT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID: 0138661 End Date: 10/8/2021 Type: OTHER Purpose: SURVEY/SELF REPORT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #0QHP11 Served 2/10/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(a)	FAIR TREATMENT	3/29/22	Yes

**Survey ID: 0138639 End Date: 8/31/2021 Type: STANDARD Purpose: SURVEY/VV**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Enforcement History (PLEASANT MEADOWS--0014268)**

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

Sanctions  
 ORDER TO COMPLY

**Date: 2/10/2022 SOD #0QHP11 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 (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 5/15/2020 to 5/15/2023

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:** 0140090    **End Date:** 7/8/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139211    **End Date:** 3/16/2022    **Type:** OTHER    **Purpose:** OTHER

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ZI9C11    Served 4/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</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 5/15/2020 to 5/15/2023

Adult Family Home

**Survey ID: 0138111**    **End Date: 12/13/2021**    **Type: OTHER**    **Purpose: COMPLAINT/SELF REPORT/VV**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #SI5M12    Served 1/3/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	7/8/22	Yes
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	7/8/22	Yes
88.05(3)(a)	HOME ENVIRONMENT	7/8/22	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	7/8/22	Yes
88.10(3)(m)	FREEDOM FROM ABUSE	7/8/22	Yes
88.11(1)	REPORTING OF ABUSE AND NEGLECT	7/8/22	Yes
88.11(2)	NOTIFY APPROPRIATE PERSONS OF INCIDENT	7/8/22	Yes

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**Survey ID: 0137550**    **End Date: 10/19/2021**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID: 0137388**    **End Date: 9/13/2021**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #SI5M11    Served 10/4/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.07(2)(b)1	SUPERVISNG & ASSISTING WITH ADLS	12/13/21	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	12/13/21	Yes

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**Provider Inspection Summary**

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

Adult Family Home

**Survey ID: 0137169    End Date: 6/29/2021    Type: OTHER    Purpose: SURVEY/COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #3W1K11    Served 9/7/2021**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	12/13/21	Yes
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	12/13/21	No
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	12/13/21	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	12/13/21	Yes
88.05(3)(g)	WINDOWS AND VENTILATION	12/13/21	No
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	12/13/21	No
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	12/13/21	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	12/13/21	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	12/13/21	Yes
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	12/13/21	Yes
88.06(3)(d)1	DESCRIPTION OF SERVICES	12/13/21	Yes
88.07(2)(a)	SERVICES	12/13/21	Yes
88.07(2)(b)6	NOTIFICATION OF CHANGES	12/13/21	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	12/13/21	Yes
88.10(3)(g)	CLOTHING AND POSSESSIONS	12/13/21	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	12/13/21	Yes
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS	12/13/21	Yes
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	12/13/21	Yes

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### Provider Inspection Summary

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

Adult Family Home

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

**Date:** 4/12/2022      **SOD #**ZI9C11      **Appealed:** Yes      **Decision:** STIPULATION

Sanctions  
REVOKE LICENSE  
NNAO EXTENDED  
ORDER TO COMPLY

**Date:** 10/4/2021      **SOD #**SI5M11      **Appealed:** No

Sanctions  
ORDER TO COMPLY

**Date:** 9/2/2021      **SOD #**3W1K11      **Appealed:** No

Sanctions  
COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

**Date:** 1/3/2021      **SOD #**SI5M12      **Appealed:** No

Sanctions  
COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS  
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 3 LLC--0014823)

**Date Complaint Received: 11/12/2021**

**Date Investigation Completed: 11/15/2021**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

SI5M12

**Date Complaint Received: 9/1/2021**

**Date Investigation Completed: 9/13/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 7/22/2021**

**Date Investigation Completed: 9/13/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

HCBS

NOT SUBSTANTIATED

**Date Complaint Received: 6/25/2021**

**Date Investigation Completed: 6/29/2021**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

3W1K11

**Date Complaint Received: 6/14/2021**

**Date Investigation Completed: 9/2/2021**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

3W1K11

RESIDENT RIGHTS

SUBSTANTIATED

3W1K11

PROGRAM SERVICES

SUBSTANTIATED

3W1K11

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** Williamsburg Home 2 (0019447)

**Address:** 5815 Williamsburg Way, Fitchburg, WI 53719

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/2/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0142885      **End Date:** 3/30/2023      **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:** Williamsburg Home (0019426)

**Address:** 5813 Williamsburg Way, Fitchburg, WI 53719

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/2/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0142884    **End Date:** 3/30/2023    **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:** Advanced Care Empire AFH LLC (0019406)

**Address:** 307 Fargo TRL, Middleton, WI 53562

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/16/2023 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:** PINELANE ADULT FAMILY HOME (199025)  
**Address:** 10049 BLACKHAWK RD, MIDDLETON, WI 53562  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 9/30/1996 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0141925    **End Date:** 1/19/2023    **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 5/15/2020 to 5/15/2023

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** 3/29/2021 12:00:00AM

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

#### Survey History

**Survey ID:** 0142862    **End Date:** 3/22/2023    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #ZK0I11    Served 4/20/2023

<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

**Survey ID:** 0136026    **End Date:** 3/29/2021    **Type:** INITIAL    **Purpose:** SURVEY

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

#### Enforcement History (RAYMONDS HOME CARE 2--0018435)

**Date:** 4/20/2023    **SOD #**ZK0I11    **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 ELMWOOD (0017223)

**Address:** 6266 ELMWOOD AVE, MIDDLETON, WI 53562

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/8/2019 12:00:00AM

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

#### Survey History

**Survey ID:** 0140986    **End Date:** 10/4/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140191    **End Date:** 3/18/2022    **Type:** STANDARD    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #L0X912    Served 7/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</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 5/15/2020 to 5/15/2023

Adult Family Home

**Survey ID: 0138061    End Date: 11/29/2021    Type: OTHER    Purpose: SURVEY/COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #L0X911    Served 12/22/2021**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	3/15/22	Yes
88.05(3)(m)	2 EXITS TO GRADE-BEDROOMS IN BASEMENT	3/15/22	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	3/15/22	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	3/15/22	Yes
88.06(3)(f)	REVIEW OF ISP	3/15/22	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	3/15/22	Yes

**Enforcement History (REM INC ELMWOOD--0017223)**

**Date: 7/21/2022    SOD #L0X912    Appealed: No**

Sanctions  
 ORDER TO COMPLY

**Date: 12/22/2021    SOD #L0X911    Appealed:**

Sanctions  
 ORDER TO COMPLY

**Complaint History (REM INC ELMWOOD--0017223)**

**Date Complaint Received: 11/12/2021    Date Investigation Completed: 11/29/2021**

<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:** Good Hand Care AFH 2 (0019548)

**Address:** 1308 Mathys Rd, Monona, WI 53716

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/13/2023 12:00:00AM

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

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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 SYLVAN LANE (0014400)

**Address:** 6107 SYLVAN LANE, MONONA, WI 53716

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/24/2013 12:00:00AM

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

#### Survey History

**Survey ID:** 0142456    **End Date:** 3/8/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141457    **End Date:** 8/10/2022    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #93K113    Served 12/7/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance 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

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**Provider Inspection Summary**

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

Adult Family Home

**Survey ID:** 0139613    **End Date:** 2/10/2022    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #93K112    Served 5/20/2022

<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

**Enforcement History (REM SYLVAN LANE--0014400)**

**Date:** 12/7/2022    **SOD #93K113**    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
 ORDER TO COMPLY

**Date:** 5/20/2022    **SOD #93K112**    **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 (REM SYLVAN LANE--0014400)

**Date Complaint Received: 6/22/2022**

**Date Investigation Completed: 8/10/2022**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
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 5/15/2020 to 5/15/2023

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** 11/1/2019 12:00:00AM

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

### Survey History

**Survey ID:** 0140794    **End Date:** 9/15/2022    **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:** COUNTRY LIVING AFH (0015242)

**Address:** 2803 DOOR CREEK RD, STOUGHTON, WI 53589

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0140923      **End Date:** 9/27/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0135175      **End Date:** 7/1/2020      **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

#### Facility Information

**Facility Name:** GREENWOOD HOME (0014423)

**Address:** 400 HOEL AVE, STOUGHTON, WI 53589

**License Status:** REGULAR

**Licensed/Certified/Registered** 1/10/2013 12:00:00AM

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

#### Survey History

**Survey ID:** 0141048    **End Date:** 10/4/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #G8XV12    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	12/21/22	

**Survey ID:** 0136767    **End Date:** 6/24/2021    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #G8XV11    Served 7/16/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	10/4/22	No

#### Enforcement History (GREENWOOD HOME--0014423)

**Date:** 7/16/2021    **SOD #**G8XV11    **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:** HOLLYS HOUSE ADULT FAMILY HOME (0009948)

**Address:** 1902 SPRING RD, STOUGHTON, WI 53589

**License Status:** REGULAR

**Licensed/Certified/Registered** 1/27/2003 12:00:00AM

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

#### Survey History

**Survey ID:** 0137389    **End Date:** 9/21/2021    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0136597    **End Date:** 6/1/2021    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #9P5411    Served 6/25/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(c)	MEDICATION ASSISTANCE	9/21/21	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	9/21/21	Yes

#### Enforcement History (HOLLYS HOUSE ADULT FAMILY HOME--0009948)

**Date:** 6/25/2021    **SOD #**9P5411    **Appealed:** No

Sanctions

ORDER TO COMPLY  
OTHER SANCTION

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** ROSEWOOD AFH (0016386)

**Address:** 2551 HAVEY LN, STOUGHTON, WI 53589

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/6/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0139548    **End Date:** 4/14/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138663    **End Date:** 10/14/2021    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #XSHY11    Served 2/10/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	4/14/22	Yes
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	4/14/22	Yes
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	4/14/22	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	4/14/22	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	4/14/22	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	4/14/22	Yes

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## Provider Inspection Summary

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

Adult Family Home

### Enforcement History (ROSEWOOD AFH--0016386)

**Date:** 2/10/2022      **SOD #**XSHY11      **Appealed:** No

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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## Provider Inspection Summary

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

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** 4/1/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0142643    **End Date:** 3/31/2023    **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:** FAITHFUL CARE ADULT FAMILY HOME LLC (0018985)

**Address:** 101 GRANDVIEW DR, SUN PRAIRIE, WI 53590

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/19/2022 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:** FOCUS ADULT FAMILY HOME LLC (0018948)

**Address:** 2105 FRAWLEY DRIVE, SUN PRAIRIE, WI 53590

**License Status:** REGULAR

**Licensed/Certified/Registered** 7/29/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0140421      **End Date:** 7/29/2022      **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:** PRECIOUS MINDS ADULT FAMILY HOME LLC (0018736)

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

**License Status:** REGULAR

**Licensed/Certified/Registered** 1/5/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0138837      **End Date:** 2/5/2022      **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: STURDY OAKS (0014886)

Address: 926 CAMPFIRE DRIVE, SUN PRAIRIE, WI 53590

License Status: REGULAR

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

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

#### Survey History

Survey ID: 0143149 End Date: 5/15/2023 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142543 End Date: 1/3/2023 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6E6M12 Served 3/23/2023

<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: 7/8/2022 Type: ABBREVIATED Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6E6M11 Served 9/30/2022

<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 5/15/2020 to 5/15/2023

Adult Family Home

### Enforcement History (STURDY OAKS--0014886)

**Date:** 3/23/2023      **SOD #**6E6M12      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

**Date:** 9/30/2022      **SOD #**6E6M11      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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## Provider Inspection Summary

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

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** 3/31/2021 12:00:00AM

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

### Survey History

**Survey ID:** 0142907    **End Date:** 4/3/2023    **Type:** OTHER    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #OP7B11    Served 4/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(8)(a)	MONITORING OF HOME		
88.04(2)(a)	RESPONSIBILITIES		
88.04(2)(b)	AWAKE STAFF FOR CONTINUOUS CARE		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT		
88.07(2)(a)	SERVICES		
88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

**Survey ID:** 0140578    **End Date:** 8/22/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**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: 0136083    End Date: 3/31/2021    Type: INITIAL    Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Date: 4/27/2023    SOD #OP7B11    Appealed: No

Sanctions

ORDER TO COMPLY

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

Date Complaint Received: 3/6/2023    Date Investigation Completed: 3/29/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	OP7B11

Date Complaint Received: 7/26/2022    Date Investigation Completed: 8/22/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	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:** WALK BY FAITH AFH VANIYA'S HOME (0018832)

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

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0139620      **End Date:** 5/4/2022      **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:** ABETMENT CARE HOMES (0017859)

**Address:** 705 LONE OAK LN, VERONA, WI 53593

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/14/2020 12:00:00AM

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

#### Survey History

**Survey ID:** 0142457    **End Date:** 2/21/2023    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #XOIS11    Served 3/14/2023

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

#### Enforcement History (ABETMENT CARE HOMES--0017859)

**Date:** 3/14/2023    **SOD #XOIS11**    **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:** 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:** 0137143      **End Date:** 8/20/2021      **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:** SONRISAS ASSISTED LIVING (0008657)

**Address:** 315 LLANOS ST, VERONA, WI 53593

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/7/1999 12:00:00AM

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

#### Survey History

**Survey ID:** 0141908    **End Date:** 1/5/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141049    **End Date:** 8/18/2022    **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

**Survey ID:** 0134915    **End Date:** 9/24/2020    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Enforcement History (SONRISAS ASSISTED LIVING--0008657)

**Date:** 10/17/2022    **SOD #**0UTG11    **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 (SONRISAS ASSISTED LIVING--0008657)

**Date Complaint Received:** 7/19/2022

**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 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** SONRISAS II (0010801)

**Address:** 317 LLANOS ST, VERONA, WI 53593

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/3/2004 12:00:00AM

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

### Survey History

**Survey ID:** 0141905    **End Date:** 1/5/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0134914    **End Date:** 9/24/2020    **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

#### Facility Information

**Facility Name:** TENDER CARE ADULT FAMILY HOME (0012860)

**Address:** 8908 ANCIENT OAK LN, VERONA, WI 53593

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/25/2009 12:00:00AM

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

#### Survey History

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

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140269    **End Date:** 6/15/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #H2K511    Served 7/27/2022

<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

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

**Date:** 7/27/2022    **SOD #**H2K511    **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:** OPTIMAL CARE LLC (0018243)

**Address:** 2592 KILDARE DRIVE, WAUNAKEE, WI 53597

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/10/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0140917    **End Date:** 9/20/2022    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0134849    **End Date:** 9/10/2020    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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