

## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

### Notes

**This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Grant County. The report is a PDF (Adobe Acrobat) document and includes a total of 28.00 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 01/30/2022 to 01/29/2025

Adult Day Care Center

### Facility Information

**Facility Name:** Southwest Opportunities Center Adult Day Care (0019978)

**Address:** 1600 Industrial Park Rd., Lancaster, WI 53813

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/21/2023 12:00:00AM

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

### Survey History

No survey activity during the period 1/30/22 to 1/29/25

**This is Page 2 of 28 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 01/30/2022 to 01/29/2025

Adult Family Home

#### Facility Information

**Facility Name:** BOAKHOUSE ADULT FAMILY HOME (0017520)

**Address:** 605 MAIN ST, BLUE RIVER, WI 53518

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/21/2019 12:00:00AM

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

#### Survey History

**Survey ID:** 0148054    **End Date:** 10/31/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0147432    **End Date:** 08/06/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #FUJF11    Served 08/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	10/31/24	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	10/31/24	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	10/31/24	Yes
88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS	10/31/24	Yes
88.07(4)(a)	NUTRITION	10/31/24	Yes

**Survey ID:** 0143402    **End Date:** 05/25/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

#### Facility Information

**Facility Name:** MARIONS PLACE (0016252)

**Address:** 413 N IOWA ST, MUSCODA, WI 53573

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/19/2016 12:00:00AM

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

#### Survey History

**Survey ID:** 0143280    **End Date:** 05/23/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142374    **End Date:** 03/01/2023    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Complaint History (MARIONS PLACE--0016252)

**Date Complaint Received:** 04/29/2023

**Date Investigation Completed:** 05/23/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

#### Facility Information

**Facility Name:** PARKSIDE AFH (0016813)

**Address:** 1120 N WISCONSIN AVE, MUSCODA, WI 53573

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/26/2017 12:00:00AM

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

#### Survey History

**Survey ID:** 0145993    **End Date:** 02/21/2024    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #2WYV11    Served 03/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(b)	AWAKE STAFF FOR CONTINUOUS CARE		
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM		

**Survey ID:** 0143685    **End Date:** 07/10/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142915    **End Date:** 04/04/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #POQZ11    Served 04/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(a)	FAIR TREATMENT	7/10/23	Yes

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Survey ID: 0138924    End Date: 03/03/2022    Type: STANDARD    Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

#### Enforcement History (PARKSIDE AFH--0016813)

Date: 04/28/2023    SOD #POQZ11    Appealed: No

Sanctions

ORDER TO COMPLY

#### Complaint History (PARKSIDE AFH--0016813)

Date Complaint Received: 03/13/2023    Date Investigation Completed: 04/03/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	POQZ11

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** SHADY PINES (0017738)

**Address:** 435 1/2 W WALNUT ST LOWER, MUSCODA, WI 53573

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/15/2019 12:00:00AM

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

### Survey History

**Survey ID:** 0146133    **End Date:** 04/10/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141041    **End Date:** 09/29/2022    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

#### Facility Information

**Facility Name:** ALOHA COMMUNITY PLATTEVILLE (0016380)

**Address:** 7692 BUNKER RIDGE RD, PLATTEVILLE, WI 53818

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/15/2017 12:00:00AM

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

#### Survey History

**Survey ID:** 0147110    **End Date:** 06/19/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #M3U011    Served 07/26/2024

<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)(d)	ANNUAL WELL WATER INSPECTIONS		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.06(3)(f)	REVIEW OF ISP		
88.10(3)(b)	PRIVACY		
88.10(3)(e)	SELF-DIRECTION		

#### Enforcement History (ALOHA COMMUNITY PLATTEVILLE--0016380)

**Date:** 07/26/2024    **SOD #**M3U011    **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** Birch Lane Adult Family Home (0020174)

**Address:** 1515 Sam and Dan Lane, Platteville, WI 53818

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/19/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0148106    **End Date:** 11/12/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146804    **End Date:** 06/19/2024    **Type:** INITIAL    **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** ELLEN ADULT FAMILY HOME LLC (0019024)

**Address:** 310 ELLEN STREET, PLATTEVILLE, WI 53818

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/10/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0141340    **End Date:** 11/10/2022    **Type:** INITIAL    **Purpose:** SURVEY/COMPLAINT

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

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

#### Facility Information

**Facility Name:** HUMMINGBIRD ADULT HOME LLC (0012701)

**Address:** 5355 CLASSIC LN, PLATTEVILLE, WI 53818

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/23/2009 12:00:00AM

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

#### Survey History

**Survey ID:** 0147547    **End Date:** 09/10/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146990    **End Date:** 06/26/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #F57011    Served 07/18/2024

<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	9/10/24	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	9/10/24	Yes
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	9/10/24	Yes

**Survey ID:** 0139898    **End Date:** 05/20/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

#### Enforcement History (HUMMINGBIRD ADULT HOME LLC--0012701)

**Date:** 07/18/2024      **SOD #**F57011      **Appealed:** No

Sanctions

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

**Date:** 03/14/2022      **SOD #**KYDH11      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

#### Complaint History (HUMMINGBIRD ADULT HOME LLC--0012701)

**Date Complaint Received:** 06/10/2024      **Date Investigation Completed:** 06/26/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	F57011

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** MOUNDVIEW ADULT FAMILY HOME UPPER (0018384)

**Address:** 1545 SAM AND DAN LANE, PLATTEVILLE, WI 53818

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2021 12:00:00AM

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

### Survey History

**Survey ID:** 0147314    **End Date:** 08/01/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145197    **End Date:** 12/29/2023    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (MOUNDVIEW ADULT FAMILY HOME UPPER--0018384)

**Date Complaint Received:** 07/31/2024

**Date Investigation Completed:** 08/01/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** MOUNDVIEW ADULT FAMILY HOME (0018298)

**Address:** 1545 SAM AND DAN LANE, PLATTEVILLE, WI 53818

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/08/2021 12:00:00AM

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

### Survey History

**Survey ID:** 0145276    **End Date:** 12/29/2023    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0135596    **End Date:** 01/31/2023    **Type:** INITIAL    **Purpose:** SURVEY

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

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

#### Facility Information

**Facility Name:** VONDRAS COUNTRY LIVING (0016073)

**Address:** 2452 CONDRY RD, PLATTEVILLE, WI 53818

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/26/2016 12:00:00AM

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

#### Survey History

**Survey ID:** 0147125    **End Date:** 06/19/2024    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #L1Q611    Served 07/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	6/19/24	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	6/19/24	Yes

**Survey ID:** 0139840    **End Date:** 05/18/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Enforcement History (VONDRAS COUNTRY LIVING--0016073)

**Date:** 07/26/2024    **SOD #**L1Q611    **Appealed:** No

Sanctions

ORDER TO COMPLY

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** BOSCOBEL VISTA (0013715)  
**Address:** 111 VISTA PLACE, BOSCOBEL, WI 53805  
**License Status:** CLOSED  
**Licensed/Certified/Registered** 06/07/2011 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

#### Survey History

**Survey ID:** 0144766    **End Date:** 11/06/2023    **Type:** OTHER    **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144855    **End Date:** 10/20/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #WF1211    Served 11/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	12/26/23	Yes

**Survey ID:** 0143760    **End Date:** 07/19/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139915    **End Date:** 06/02/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Enforcement History (BOSCOBEL VISTA--0013715)

**Date:** 11/17/2023      **SOD #** WF1211      **Appealed:** No

Sanctions  
ORDER TO COMPLY

#### Complaint History (BOSCOBEL VISTA--0013715)

**Date Complaint Received:** 09/25/2023

**Date Investigation Completed:** 10/20/2023

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
WF1211

**Date Complaint Received:** 05/03/2022

**Date Investigation Completed:** 06/02/2022

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** MORNINGSIDE ASSISTED LIVING (0009040)  
**Address:** 850 CITY LIMITS ST, LANCASTER, WI 53813  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/2001 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

#### Survey History

**Survey ID:** 0146524    **End Date:** 05/16/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144437    **End Date:** 09/28/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Complaint History (MORNINGSIDE ASSISTED LIVING--0009040)

**Date Complaint Received:** 03/22/2024

**Date Investigation Completed:** 04/25/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** HOME WITH A HEART (0017740)

**Address:** 435 W WALNUT ST, MUSCODA, WI 53573

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0146458    **End Date:** 04/10/2024    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #BNVM11 Served 05/20/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	7/4/24	Yes
83.37(1)(b)	MEDICATION LABEL PERMANENTLY ATTACHED	7/4/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	7/4/24	Yes
83.55(4)(a)	BATH AND TOILET AREAS: PRIVACY	7/4/24	Yes

**Survey ID:** 0140518    **End Date:** 08/12/2022    **Type:** OTHER    **Purpose:** SURVEY/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** LYGHTHOUSE LLC (0008993)

**Address:** 1976 OLD LANCASTER RD, PLATTEVILLE, WI 53818

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2000 12:00:00AM

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

#### Survey History

**Survey ID:** 0147370    **End Date:** 07/17/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146063    **End Date:** 02/29/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #PXZB11    Served 04/04/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	7/17/24	Yes
83.25	CONTINUING EDUCATION	7/17/24	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	7/17/24	Yes
83.47(2)(d)	FIRE DRILLS	7/17/24	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	7/17/24	Yes

**Survey ID:** 0144672    **End Date:** 10/19/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

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**Provider Inspection Summary**

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0141586    End Date: 12/01/2022    Type: OTHER    Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID: 0140846    End Date: 07/22/2022    Type: STANDARD    Purpose: SURVEY/COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Enforcement History (LYGHTHOUSE LLC--0008993)**

**Date: 04/04/2024    SOD #PXZB11    Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.20(2)(a)-(d)  
FORFEITURE---83.25

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (LYGHTHOUSE LLC--0008993)

**Date Complaint Received: 07/10/2024**

**Date Investigation Completed: 07/17/2024**

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 01/25/2024**

**Date Investigation Completed: 02/27/2024**

Subject Area(s)  
ADMINISTRATION

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 10/03/2023**

**Date Investigation Completed: 10/19/2023**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 11/07/2022**

**Date Investigation Completed: 12/01/2022**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY  
STAFF TRAINING AND PROFICIENCY

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 05/30/2022**

**Date Investigation Completed: 07/22/2022**

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** OUR HOUSE PLATTEVILLE ASSISTED CARE (0013380)

**Address:** 1735 N WATER ST, PLATTEVILLE, WI 53818

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2011 12:00:00AM

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

### Survey History

**Survey ID:** 0141167    **End Date:** 10/13/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140511    **End Date:** 07/12/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (OUR HOUSE PLATTEVILLE ASSISTED CARE--0013380)

**Date:** 04/25/2022    **SOD #:** J5G011    **Appealed:** Yes    **Decision:** STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.32(3)(d)

FORFEITURE---83.39(1)

### Complaint History (OUR HOUSE PLATTEVILLE ASSISTED CARE--0013380)

**Date Complaint Received:** 09/02/2022    **Date Investigation Completed:** 10/13/2022

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** PARK PLACE ASSISTED LIVING (0012395)  
**Address:** 1015 N ELM ST, PLATTEVILLE, WI 53818  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/21/2008 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0145047    **End Date:** 11/30/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140773    **End Date:** 09/14/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (PARK PLACE ASSISTED LIVING--0012395)

**Date Complaint Received:** 08/03/2022

**Date Investigation Completed:** 09/14/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** PARK PLACE MEMORY CARE (0012396)

**Address:** 1155 N ELM ST, PLATTEVILLE, WI 53818

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2008 12:00:00AM

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

### Survey History

**Survey ID:** 0144979    **End Date:** 11/30/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140497    **End Date:** 07/27/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139144    **End Date:** 03/24/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Complaint History (PARK PLACE MEMORY CARE--0012396)

**Date Complaint Received: 11/07/2023**

**Date Investigation Completed: 11/29/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 07/19/2022**

**Date Investigation Completed: 07/27/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** SIENNA CREST PLATTEVILLE (0012464)

**Address:** 1480 BEARS CT, PLATTEVILLE, WI 53818

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/2008 12:00:00AM

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

### Survey History

No survey activity during the period 1/30/22 to 1/29/25

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