

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 Iowa County.

The report is a PDF (Adobe Acrobat) document and includes a total of 27.00 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 Family Home

Facility Information

Facility Name: DALOGASA GARDENS (0013939)

Address: 306 DALOGASA DR, ARENA, WI 53503

License Status: REGULAR

Licensed/Certified/Registered 03/06/2012 12:00:00AM

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

Survey History

Survey ID: 0148213 **End Date:** 11/05/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GJNP12 Served 12/05/2024

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

Survey ID: 0147498 **End Date:** 08/02/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GJNP11 Served 09/04/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	11/5/24	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	11/5/24	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	11/5/24	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	11/5/24	Yes
88.06(3)(f)	REVIEW OF ISP	11/5/24	No
88.07(3)(e)1	MEDICATION- RECORD KEEPING	11/5/24	Yes

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0138720 **End Date:** 02/02/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #K7RF11

<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		
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT		

Enforcement History (DALOGASA GARDENS--0013939)

Date: 12/04/2024 **SOD #**GJNP12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 09/04/2024 **SOD #**GJNP11 **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: CORNERSTONE FOUNDATION VICTORIA COURT (199012)

Address: 207 VICTORIA COURT, BARNEVELD, WI 53507

License Status: REGULAR

Licensed/Certified/Registered 04/25/1997 12:00:00AM

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

Survey History

Survey ID: 0147779 **End Date:** 10/02/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146725 **End Date:** 06/03/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #308Y11 Served 06/18/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	10/2/24	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	10/2/24	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	10/2/24	Yes

Enforcement History (CORNERSTONE FOUNDATION VICTORIA COURT--199012)

Date: 06/18/2024 **SOD #**308Y11 **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: HILLTOP (0010696)

Address: 1345 State Rd 23, Mineral Point, WI 53565

License Status: REGULAR

Licensed/Certified/Registered 10/21/2004 12:00:00AM

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

Survey History

Survey ID: 0147717 **End Date:** 09/20/2024 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144707 **End Date:** 09/08/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1CCY11 Served 11/02/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.08	TERMINATION OF PLACEMENT	9/20/24	Yes
88.09(1)(e)	RESIDENT'S RECORD RETENTION	9/20/24	Yes
88.10(3)(m)	FREEDOM FROM ABUSE	9/20/24	Yes

Survey ID: 0144015 **End Date:** 08/04/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #50OW11 Served 08/24/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(b)	AWAKE STAFF FOR CONTINUOUS CARE		

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0142209 **End Date:** 02/08/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141266 **End Date:** 09/27/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1R8V11 Served 11/07/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.03(3)(b)	CRIMINAL RECORDS CHECK	2/8/23	Yes
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	2/8/23	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	2/8/23	Yes
88.06(3)(f)	REVIEW OF ISP	2/8/23	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	2/8/23	Yes
88.10(3)(s)	TELEPHONE CALLS	2/8/23	Yes

Enforcement History (HILLTOP--0010696)

Date: 11/02/2023 **SOD #**1CCY11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 08/24/2023 **SOD #**50OW11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 11/07/2022 **SOD #**1R8V11 **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

Complaint History (HILLTOP--0010696)

Date Complaint Received: 08/24/2023

Date Investigation Completed: 09/08/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

1CCY11

Date Complaint Received: 07/27/2023

Date Investigation Completed: 08/04/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

50OW11

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 09/22/2022

Date Investigation Completed: 09/27/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

1R8V11

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: CORNERSTONE FOUNDATION LORRAINE COURT (199053)

Address: 102 LORRAINE COURT, RIDGEWAY, WI 53582

License Status: REGULAR

Licensed/Certified/Registered 04/30/1998 12:00:00AM

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

Survey History

Survey ID: 0145583 **End Date:** 01/26/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CBL111 Served 02/14/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.04(2)(h)	COMPLY WITH OSHA	1/26/24	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	1/26/24	Yes

Enforcement History (CORNERSTONE FOUNDATION LORRAINE COURT--199053)

Date: 02/14/2024 **SOD #**CBL111 **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: CORNERSTONE FOUNDATION KENZIE STREET CBRF (0013163)

Address: 201 N KENZIE ST, BARNEVELD, WI 53507

License Status: REGULAR

Licensed/Certified/Registered 04/21/2010 12:00:00AM

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

Survey History

Survey ID: 0146525 **End Date:** 05/16/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140905 **End Date:** 09/30/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140523 **End Date:** 07/12/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (CORNERSTONE FOUNDATION KENZIE STREET CBRF--0013163)

Date: 02/14/2022 **SOD #VTJN13** **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.37(2)(e)

FORFEITURE---83.43(1)

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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 (CORNERSTONE FOUNDATION KENZIE STREET CBRF--0013163)

Date Complaint Received: 08/23/2022

Date Investigation Completed: 09/30/2022

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: CRESTRIDGE ASSISTED LIVING OF DODGEVILLE LLC (111062)

Address: 219 EAST GRACE ST, DODGEVILLE, WI 53533

License Status: REGULAR

Licensed/Certified/Registered 01/31/1999 12:00:00AM

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

Survey History

Survey ID: 0140738 **End Date:** 09/08/2022 **Type:** ABBREVIATED **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SIENNA CREST DODGEVILLE (0009500)

Address: 404 EAST MADISON ST, DODGEVILLE, WI 53533

License Status: REGULAR

Licensed/Certified/Registered 05/01/2002 12:00:00AM

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

Survey History

Survey ID: 0143148 **End Date:** 05/11/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140327 **End Date:** 04/28/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ETUY11 Served 08/01/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	5/11/23	Yes

Enforcement History (SIENNA CREST DODGEVILLE--0009500)

Date: 08/01/2022 **SOD #**ETUY11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.20(2)(a-d)

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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: SUNNYSIDE EAST (0012968)

Address: 207 W PARRY ST, DODGEVILLE, WI 53533

License Status: REGULAR

Licensed/Certified/Registered 11/01/2009 12:00:00AM

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

Survey History

Survey ID: 0148379 **End Date:** 11/29/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147862 **End Date:** 09/20/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #L7E811

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	9/20/24	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	9/20/24	Yes

Survey ID: 0143976 **End Date:** 08/03/2023 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140227 **End Date:** 06/02/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KP3I11 Served 07/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	9/8/22	Yes

Enforcement History (SUNNYSIDE EAST--0012968)

Date: 10/16/2024 **SOD #**L7E811 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 07/25/2022 **SOD #**KP3I11 **Appealed:** No

Sanctions
ORDER TO COMPLY

Complaint History (SUNNYSIDE EAST--0012968)

Date Complaint Received: 07/28/2023

Date Investigation Completed: 08/03/2023

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

Date Complaint Received: 07/19/2023

Date Investigation Completed: 08/03/2023

Subject Area(s)
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
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: SUNNYSIDE WEST (0012225)

Address: 209 W PARRY ST, DODGEVILLE, WI 53533

License Status: REGULAR

Licensed/Certified/Registered 02/04/2008 12:00:00AM

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

Survey History

Survey ID: 0148643 **End Date:** 12/03/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H1GE11 Served 01/31/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.38(1)(g)	HEALTH MONITORING		
83.47(2)(d)	FIRE DRILLS		
83.47(2)(e)	OTHER EVACUATION DRILLS		

Survey ID: 0146684 **End Date:** 06/05/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146704 **End Date:** 05/29/2024 **Type:** OTHER **Purpose:** COMPLAINT/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)

Survey ID: 0146085 **End Date:** 03/04/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VT6B11 Served 04/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.18(2)	EMPLOYEE RECORDS AVAILABLE UPON REQUEST	6/5/24	Yes
83.32(3)(a)	RIGHTS OF RESIDENTS: COMMUNICATIONS	6/5/24	Yes

Survey ID: 0145594 **End Date:** 12/19/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2ONI15 Served 02/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	5/29/24	Yes
83.45(3)	TOXIC SUBSTANCES	5/29/24	Yes

Survey ID: 0144667 **End Date:** 10/20/2023 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144514 **End Date:** 08/04/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2ONI14 Served 10/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	12/19/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	12/19/23	Yes
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE	12/19/23	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	12/19/23	No
83.45(3)	TOXIC SUBSTANCES	12/19/23	No

Survey ID: 0142642 **End Date:** 03/16/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2ONI13 Served 04/04/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	8/4/23	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	8/4/23	No

Survey ID: 0139634 **End Date:** 04/26/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139857 End Date: 02/17/2022 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2ONI12 Served 06/16/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	3/16/23	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	3/16/23	Yes

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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 (SUNNYSIDE WEST--0012225)

Date: 04/09/2024 **SOD #**VT6B11 **Appealed:** No

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(a)

Date: 02/13/2024 **SOD #**2ONI15 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.44(2)(c)

Date: 10/16/2023 **SOD #**2ONI14 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(d)
FORFEITURE---83.44(2)(c)

Date: 04/04/2023 **SOD #**2ONI13 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a-d)
FORFEITURE---83.44(2)(c)

Date: 06/20/2022 **SOD #**2ONI12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.14(2)(j)
FORFEITURE---83.35(1)(c)

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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 (SUNNYSIDE WEST--0012225)

Date Complaint Received: 11/20/2024

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 11/29/2024

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/24/2024

Subject Area(s)
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 05/29/2024

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/30/2024

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 02/23/2024

Result
SUBSTANTIATED

SOD #
VT6B11

Date Complaint Received: 10/19/2023

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 10/20/2023

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/28/2023

Subject Area(s)
RESIDENT RIGHTS
PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

Date Investigation Completed: 08/04/2023

Result
NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

2ONI14
2ONI14

Date Complaint Received: 07/19/2023

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 08/03/2023

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)

Date Complaint Received: 02/15/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Date Investigation Completed: 04/26/2022

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/03/2022

Subject Area(s)

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 02/17/2022

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

2ONI12
2ONI12

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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 MINERAL POINT (0008694)

Address: 210 COPPER ST, MINERAL POINT, WI 53565

License Status: REGULAR

Licensed/Certified/Registered 01/31/2000 12:00:00AM

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

Survey History

Survey ID: 0140732 **End Date:** 09/08/2022 **Type:** ABBREVIATED **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SPRING HOUSE (110435)

Address: 404 PINE ST, MINERAL POINT, WI 53565

License Status: REGULAR

Licensed/Certified/Registered 09/15/1995 12:00:00AM

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

Survey History

Survey ID: 0144982 **End Date:** 11/29/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144014 **End Date:** 08/02/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GS4V11 Served 08/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	11/29/23	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	11/29/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	11/29/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	11/29/23	Yes
83.45(3)	TOXIC SUBSTANCES	11/29/23	Yes

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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: 0143773 **End Date:** 06/26/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WKNR13 Served 07/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	11/29/23	Yes

Survey ID: 0142493 **End Date:** 03/13/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WKNR12 Served 03/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	6/26/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	6/26/23	No

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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: 0141731 End Date: 09/20/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WKNR11 Served 01/04/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/13/23	Yes
83.35(4)	RESIDENT SATISFACTION EVALUATION	3/13/23	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	3/13/23	No
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	3/13/23	Yes
83.38(1)(g)	HEALTH MONITORING	3/13/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	3/13/23	No
83.47(2)(d)	FIRE DRILLS	3/13/23	Yes
83.47(3)	FIRE INSPECTION	3/13/23	Yes
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	3/13/23	Yes

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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 (SPRING HOUSE--110435)

Date: 08/23/2023 **SOD #GS4V11** **Appealed: No**

Sanctions

ORDER TO COMPLY

Date: 07/27/2023 **SOD #WKNR13** **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.43(1)

Date: 03/17/2023 **SOD #WKNR12** **Appealed: No**

Sanctions

ORDER TO COMPLY

Date: 01/04/2023 **SOD #WKNR11** **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(g)

Complaint History (SPRING HOUSE--110435)

Date Complaint Received: 07/05/2023 **Date Investigation Completed: 08/01/2023**

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD #

GS4V11

Date Complaint Received: 09/14/2022 **Date Investigation Completed: 09/20/2022**

Subject Area(s)

PROGRAM SERVICES

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: STONEFIELD APARTMENT HOMES (0013621)
Address: 407 E MADISON ST, DODGEVILLE, WI 53533
License Status: REGULAR
Licensed/Certified/Registered 02/20/2011 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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