Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Jefferson County. The report includes only facilities located within the City of FORT ATKINSON. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage. The report is a PDF (Adobe Acrobat) document and includes a total of 44.00 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.
### Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>ADRIAN HOUSE (0017299)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>1212 ADRIAN BLVD, FORT ATKINSON, WI 53538</td>
</tr>
<tr>
<td>License Status:</td>
<td>REGULAR</td>
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<tr>
<td>Licensed/Certified/Registered:</td>
<td>12/21/2018 12:00:00AM</td>
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<tr>
<td>Regional Office:</td>
<td>SOUTHERN REGION (MADISON), (608) 264-9888</td>
</tr>
</tbody>
</table>

### Survey History

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<td>12/21/2018</td>
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<tr>
<td>Type:</td>
<td>INITIAL</td>
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<tr>
<td>Purpose:</td>
<td>SURVEY</td>
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</table>

Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: ARBOR HOUSE ADULT FAMILY HOME (0016311)
Address: W5814 HACKBARTH ROAD, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 10/6/2016 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0131443    End Date: 8/22/2019    Type: ABBREVIATED    Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129129    End Date: 8/30/2018    Type: OTHER    Purpose: OTHER
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: ASPEN PLACE AFH (0012144)
Address: 918 GAIL PLACE, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 11/1/2007 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0126109   End Date: 1/29/2018   Type: ABBREVIATED   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Name: BLACK BEAR AFH (0011738)
Address: 222 W BLACKHAWK DR, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 1/30/2007 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0129050  End Date: 12/19/2018  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020

Adult Family Home

Facility Information

Facility Name: BLUE RAVEN (0011737)
Address: 220 W BLACKHAWK DR, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 1/30/2007 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0131748  End Date: 7/30/2019  Type: STANDARD  Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #7JCK11  Served 11/7/2019

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<th>Subject Area</th>
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<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
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<tr>
<td>88.07(2)(a)</td>
<td>SERVICES</td>
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<td>88.07(3)(e)1</td>
<td>MEDICATION- RECORD KEEPING</td>
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Survey ID: 0122497  End Date: 2/9/2017  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (BLUE RAVEN--0011737)

Date: 10/14/2019  SOD #7JCK11  Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
OTHER SANCTION

This is Page 6 of 44 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Facility Information

Facility Name: CARING CORNER (0013606)
Address: 1328 COMMONWEALTH DR, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 3/3/2011 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0131735 End Date: 8/2/2019 Type: STANDARD Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #YVMO11 Served 10/11/2019

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<tr>
<td>88.05(4)(d)2.b</td>
<td>FIRE EVACUATION ANNUAL EVALUATION</td>
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Compliance
Verified Corrected

Enforcement History (CARING CORNER--0013606)

Date: 10/11/2019 SOD #YVMO11 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
OTHER SANCTION

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Facility Information

Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Name: COUNTRY HEARTS (0012940)
Address: W5999 FRIEDEL RD, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 9/10/2009 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0132423 End Date: 11/14/2019 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129945 End Date: 1/28/2019 Type: ABBREVIATED Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #F1CQ11 Served 4/30/2019

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<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
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</thead>
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<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
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<td>11/14/19</td>
<td>Yes</td>
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<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
<td></td>
<td>11/14/19</td>
<td>Yes</td>
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<tr>
<td>88.09(1)(d)</td>
<td>RESIDENT RECORDS REQUIREMENTS</td>
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<td>11/14/19</td>
<td>Yes</td>
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Enforcement History (COUNTRY HEARTS--0012940)

Date: 4/19/2019 SOD #F1CQ11 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Facility Information

Facility Name: COUNTRY LIVING AFH (0010660)
Address: N1504 SCHNEIDER LA, FORT ATKINSON, WI 535382723
License Status: REGULAR
Licensed/Certified/Registered 9/1/2004 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0132407 End Date: 11/7/2019 Type: OTHER Purpose: VERIFICATION VISIT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #SPPT12

<table>
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<th>Subject Area</th>
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<tbody>
<tr>
<td>88.06(3)(f)</td>
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Survey ID: 0129959 End Date: 2/6/2019 Type: STANDARD Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #SPPT11 Served 4/22/2019

<table>
<thead>
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<th>Subject Area</th>
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<th>Corrected</th>
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</thead>
<tbody>
<tr>
<td>88.05(3)(b)</td>
<td>FREE OF HAZARDS</td>
<td>11/17/19</td>
<td>Yes</td>
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<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
<td>11/17/19</td>
<td>No</td>
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<tr>
<td>88.07(3)(c)</td>
<td>MEDICATION ASSISTANCE</td>
<td>11/17/19</td>
<td>Yes</td>
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<tr>
<td>88.07(3)(d)</td>
<td>MEDICATION- WRITTEN ORDER</td>
<td>11/7/19</td>
<td>Yes</td>
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</table>

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## Enforcement History (COUNTRY LIVING AFH--0010660)

<table>
<thead>
<tr>
<th>Date</th>
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<th>Sanctions</th>
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<tbody>
<tr>
<td>4/22/2019</td>
<td>SPPT11</td>
<td>No</td>
<td>COMPLY WITH REQUIREMENT</td>
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</tbody>
</table>

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Facility Information

Facility Name: ELM MOUND ADULT FAMILY HOME (0013331)
Address: 117/119 HEALY LN, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 10/13/2010 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0130416  End Date: 5/31/2019  Type: OTHER  Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129538  End Date: 12/6/2018  Type: STANDARD  Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #VK0F11  Served 3/20/2019

<table>
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<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>Verified</td>
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<tr>
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<td>4/10/19</td>
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<tr>
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<td></td>
<td>Corrected</td>
</tr>
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<td></td>
<td></td>
<td>Yes</td>
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</table>
Facility Information

Facility Name: FAMILY TIES (0015663)
Address: 655 CHEROKEE LANE, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 5/26/2015 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0128471  End Date: 11/1/2018  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

<table>
<thead>
<tr>
<th>Facility Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name: GORNIAK AFH (0013814)</td>
</tr>
<tr>
<td>Address: 1008 W BLACKHAWK DR, FORT ATKINSON, WI 53538</td>
</tr>
<tr>
<td>License Status: REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered 8/11/2011 12:00:00AM</td>
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<tr>
<td>Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888</td>
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<table>
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<tbody>
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<td>End Date: 5/23/2018</td>
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</table>

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Facility Information

Facility Name: GRAY WOLF (0011740)
Address: 212 W BLACKHAWK DR, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 1/9/2007 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

<table>
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<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
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<td>0128067</td>
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<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0127909</td>
<td>8/10/2018</td>
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Statement of Deficiency: #MIPG11 Served 8/29/2018

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<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>88.05(4)(a)</td>
<td>FIRE SAFETY-FIRE EXTINGUISHERS</td>
<td>9/11/18</td>
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Facility Information

Facility Name: HAWKS RIDGE AFH (0012621)
Address: 1123 N MAIN ST, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 12/10/2008 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0130342 End Date: 5/9/2019 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: HEARTS OF HOPE II (0008727)
Address: 703 BADGER CT, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 7/9/1999 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0127463   End Date: 5/16/2018   Type: ABBREVIATED   Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: HELPING HAND ADULT FAMILY HOME (0015563)
Address: 205 LUCILE ST, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 4/1/2015 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

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Results:

- NO STATEMENT OF DEFICIENCY ISSUED

Subject Area:

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### Provider Inspection Summary

**For the period 2/8/2017 to 2/8/2020**

**Adult Family Home**

<table>
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<tr>
<th>Survey ID: 0129367</th>
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<tr>
<td>88.05(3)(e)2.b</td>
<td>INSPECTIONS-GAS FURNACE</td>
</tr>
<tr>
<td>88.05(4)(a)</td>
<td>FIRE SAFETY-FIRE EXTINGUISHERS</td>
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<tr>
<td>88.07(4)(c)</td>
<td>FOOD PREPARED AND STORED SANITARY WAY</td>
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<td>12/17/19</td>
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### Enforcement History (HELPING HAND ADULT FAMILY HOME--0015563)

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<tr>
<td>8/5/2019</td>
<td>EYNU11</td>
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<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
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<tr>
<td>2/21/2019</td>
<td>5Q5P11</td>
<td>No</td>
<td>COMPLY WITH REQUIREMENT</td>
</tr>
<tr>
<td>9/28/2017</td>
<td>R82D11</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
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</tbody>
</table>

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### Facility Information

- **Facility Name:** HIL NIKKI HOME (0013670)
- **Address:** 506 NIKKI LANE, FORT ATKINSON, WI 53538
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 5/9/2011 12:00:00AM
- **Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

- **Survey ID:** 0131200
- **End Date:** 7/30/2019
- **Type:** ABBREVIATED
- **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Adult Family Home

Facility Information

Facility Name: HIL STONE RIDGE (0009779)
Address: 504 NIKKI LN, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 1/1/2002 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0132528 End Date: 10/3/2019 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #Q1Y411

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<th>Compliance Verified</th>
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<tbody>
<tr>
<td>Deficiencies Cited</td>
<td>Subject Area</td>
</tr>
<tr>
<td>88.05(3)(b)</td>
<td>FREE OF HAZARDS</td>
</tr>
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</table>

Survey ID: 0126511 End Date: 1/29/2018 Type: ABBREVIATED Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #6DNL11 Served 4/19/2018

<table>
<thead>
<tr>
<th>Compliance Verified</th>
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<td>Deficiencies Cited</td>
<td>Subject Area</td>
</tr>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
</tr>
<tr>
<td>88.05(4)(d)2.c</td>
<td>SEMI-ANNUAL FIRE DRILLS</td>
</tr>
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</table>

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Facility Information

Facility Name: JAMESWAY HOUSE (390198)
Address: 1264 JAMESWAY, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 11/11/1997 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0127510  End Date: 5/17/2018  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: JASPER HOUSE (0011726)
Address: N1947 STATE US HWY 12, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 12/18/2006 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0132393 End Date: 11/4/2019 Type: STANDARD Purpose: SURVEY/COMPLAINT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #JBB911

<table>
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<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
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<tbody>
<tr>
<td>88.05(4)(d)2.a</td>
<td>FIRE SAFETY EVACUATION PLAN REVIEW</td>
<td></td>
<td></td>
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</tr>
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</table>

Survey ID: 0129899 End Date: 4/3/2019 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129343 End Date: 12/19/2018 Type: OTHER Purpose: COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #WRVK11 Served 2/21/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
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<tbody>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>4/3/19</td>
<td>Yes</td>
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<tr>
<td>88.05(3)(n)2</td>
<td>CLEAN BEDDING AND LINENS</td>
<td>4/3/19</td>
<td>Yes</td>
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</table>

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Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020
Adult Family Home

Survey ID: 0126810  End Date: 2/21/2018  Type: ABBREVIATED  Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (JASPER HOUSE--0011726)

Date: 2/21/2019  SOD #WRVK11  Appealed: No

Sanctions
COMPLY WITH REQUIREMENT
OTHER SANCTION

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Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Adult Family Home

Facility Information

Facility Name: LIGHTED PATHWAYS II (0010749)
Address: 710 BADGER COURT, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 12/14/2004 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0131408 End Date: 7/31/2019 Type: STANDARD Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: LOCUST CORNERS ADULT FAMILY HOME (0013699)
Address: 28 SHERMAN AVE EAST, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 5/19/2011 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0132415 End Date: 1/21/2020 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0132320 End Date: 8/15/2019 Type: ABBREVIATED Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #QKYE11 Served 1/13/2020

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
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<tbody>
<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>2/3/20</td>
<td>Yes</td>
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<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>2/3/20</td>
<td>Yes</td>
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</table>
Facility Information

Facility Name: MARCEY CARE AFH (0016777)
Address: N1546 SHARI LANE, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 7/13/2017 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0132447  End Date: 1/24/2020  Type: OTHER  Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0132374  End Date: 10/17/2019  Type: STANDARD  Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #JC0011  Served 1/14/2020

Survey ID: 0123680  End Date: 7/13/2017  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Facility Information

Facility Name: NEW BEGINNINGS (0010663)
Address: 402 RAIN TREE DR, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 9/1/2004 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0126815 End Date: 2/21/2018 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: ORCHARD VIEW ADULT FAMILY HOME (390225)
Address: W6429 HWY 12, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 10/7/1998 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0131370  End Date: 9/5/2019  Type: OTHER  Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131138  End Date: 8/8/2019  Type: ABBREVIATED  Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #9LGJ11  Served 8/20/2019

| Deficiencies Cited | Subject Area          | Compliance
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>88.09(2)(a)</td>
<td>SERVICE PROVIDER RECORD</td>
<td>Verified 8/8/19</td>
</tr>
</tbody>
</table>
### Facility Information

- **Facility Name:** PARKVIEW AFH (0017824)
- **Address:** 303 MEMORIAL DR, FORT ATKINSON, WI 53538
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 11/1/2019 12:00:00AM
- **Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

- **Survey ID:** 0131767
- **End Date:** 11/1/2019
- **Type:** ABBREVIATED
- **Purpose:** CHOW--DESK REVIEW
- **Results:** LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: PINE CIRCLE AFH (0011043)
Address: 503 NIKKI LANE, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 7/26/2005 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0130486   End Date: 6/7/2019   Type: OTHER   Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130130   End Date: 4/8/2019   Type: OTHER   Purpose: SURVEY/COMPLAINT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #0XH511 Served 5/9/2019

Deficiencies Cited Subject Area Compliance
88.07(2)(b)5 MONITORING HEALTH Verified

Corrected
Yes

Complaint History (PINE CIRCLE AFH--0011043)

Date Complaint Received: 3/8/2019    Date Investigation Completed: 4/3/2019
Subject Area(s) Result SOD #
RESIDENT RIGHTS NOT SUBSTANTIATED

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## Facility Information

Facility Name: RESCARE JEFFERSON (0016924)
Address: 1200 JEFFERSON STREET, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 11/1/2017 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

## Survey History

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<td>0127467</td>
<td>07/16/2018</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0127141</td>
<td>04/03/2018</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0125935</td>
<td>12/28/2017</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
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<td>0124870</td>
<td>10/27/2017</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>LICENSE/CERT/REGISTRATION ISSUED</td>
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Statement of Deficiency: #464Y11

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<tbody>
<tr>
<td>88.07(2)(b)5</td>
<td>MONITORING HEALTH</td>
<td>Verified</td>
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</tbody>
</table>

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### Complaint History (RESCARE JEFFERSON--0016924)

<table>
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<tr>
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<th>Date Investigation Completed: 2/12/2020</th>
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<tr>
<td>Subject Area(s)</td>
<td>Result</td>
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<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>SUBSTANTIATED</td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>STAFF TRAINING AND PROFICIENCY</td>
<td>NOT SUBSTANTIATED</td>
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<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
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<tr>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
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<tr>
<td>RESIDENT RIGHTS</td>
<td>SUBSTANTIATED</td>
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<th>Date Complaint Received: 11/28/2017</th>
<th>Date Investigation Completed: 12/28/2017</th>
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<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
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<tr>
<td>ADMINISTRATION</td>
<td>NOT SUBSTANTIATED</td>
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</tbody>
</table>

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Facility Information

Facility Name: RLZ HOMES INC FORT RESIDENCE 1 (0016296)
Address: 816 FLORENCE STREET, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 12/19/2016 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0131642 End Date: 5/29/2019 Type: STANDARD Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #X75R11

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<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>88.03(3)(b)</td>
<td>CRIMINAL RECORDS CHECK</td>
<td>Verified</td>
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<tr>
<td>88.04(2)(a)</td>
<td>RESPONSIBILITIES</td>
<td>Verified</td>
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<tr>
<td>88.04(2)(d)</td>
<td>COPY OF RULES AVAILABLE</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>Corrected</td>
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<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td>Corrected</td>
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<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.05(4)(a)</td>
<td>FIRE SAFETY-FIRE EXTINGUISHERS</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.05(4)(d)2.a</td>
<td>FIRE SAFETY EVACUATION PLAN REVIEW</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.05(4)(d)2.c</td>
<td>SEMI-ANNUAL FIRE DRILLS</td>
<td>Corrected</td>
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<tr>
<td>88.06(2)(a)</td>
<td>ADMISSION-HEALTH EXAM</td>
<td>Corrected</td>
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<tr>
<td>88.06(2)(b)</td>
<td>SERVICE AGREEMENT EXCEPT RESPITE</td>
<td>Corrected</td>
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<tr>
<td>88.06(3)(a)</td>
<td>INDIVIDUAL SERVICE PLAN &amp; ASSESSMENT</td>
<td>Corrected</td>
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<tr>
<td>88.07(2)(b)5</td>
<td>MONITORING HEALTH</td>
<td>Corrected</td>
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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

88.07(3)(a) PRESCRIPTION MEDICATIONS
88.07(3)(d) MEDICATION- WRITTEN ORDER
88.07(3)(e)1 MEDICATION- RECORD KEEPING
88.07(3)(e)2 MEDICATION- RECORD OF SIDE EFFECTS
88.09(1)(a) RESIDENT RECORDS
88.09(2)(b) LICENSEE RECORD

Enforcement History (RLZ HOMES INC FORT RESIDENCE 1--0016296)

Date: 10/2/2019 SOD #X75R11 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
OTHER SANCTION

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Facility Information

Facility Name: SECURED LIVING LLC (0011703)
Address: 404 N MAIN ST, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 3/7/2007 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0129753  End Date: 4/4/2019  Type: OTHER  Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129699  End Date: 1/25/2019  Type: ABBREVIATED  Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #JZ6B11  Served 4/1/2019

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<th>Subject Area</th>
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<tbody>
<tr>
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<td>HOME ENVIRONMENT</td>
<td>1/30/19</td>
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</table>

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: SILVER FOX (0011739)
Address: 214 W BLACKHAWK DR, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 1/8/2007 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0127912 End Date: 8/10/2018 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
**Facility Information**

- **Facility Name**: SILVER STAR ADULT FAMILY HOME (0014999)
- **Address**: W5991 LEE DRIVE, FORT ATKINSON, WI 53538
- **License Status**: REGULAR
- **Licensed/Certified/Registered**: 5/1/2014 12:00:00AM
- **Regional Office**: SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

- **Survey ID**: 0127763
- **End Date**: 7/25/2018
- **Type**: ABBREVIATED
- **Purpose**: SURVEY

**Results**: NO STATEMENT OF DEFICIENCY ISSUED
## Facility Information

Facility Name: SPRUCE LANE AFH (0011642)
Address: 1122 GREENE ST, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 11/6/2006 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

## Survey History

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<tbody>
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<td>5/31/2019</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
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<tr>
<td>0129680</td>
<td>1/22/2019</td>
<td>ABBREVIATED</td>
<td>SURVEY</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
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Statement of Deficiency: #JRZP11 Served 3/29/2019

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<th>Compliance</th>
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<tbody>
<tr>
<td>88.05(4)(b)1</td>
<td>FIRE SAFETY-SMOKE DETECTORS</td>
<td>Verified 5/14/19</td>
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## Facility Information

Facility Name: ST COLETTA OF WI FREDERICK AVENUE (0009198)
Address: 414 FREDERICK AVE, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 2/2/2001 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

## Survey History

Survey ID: 0130548       End Date: 6/4/2019       Type: ABBREVIATED       Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: WALNUT ADULT FAMILY HOME (0013415)
Address: 1442 ENDL BLVD, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 12/9/2010 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

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<th>Type</th>
<th>Purpose</th>
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<td>COMPLAINT</td>
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<td>0124231</td>
<td>9/8/2017</td>
<td>ABBREVIATED</td>
<td>SURVEY</td>
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Complaint History (WALNUT ADULT FAMILY HOME--0013415)

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<th>Date Complaint Received: 3/23/2018</th>
<th>Date Investigation Completed: 4/17/2018</th>
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<td>Subject Area(s) Result</td>
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<td>RESIDENT RIGHTS NOT SUBSTANTIATED</td>
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Facility Information

Facility Name: WELTER ADULT FAMILY HOME (0011075)
Address: 1333 ADRIAN BLVD, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 8/25/2005 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0130345  End Date: 5/9/2019  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125618  End Date: 12/19/2017  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (WELTER ADULT FAMILY HOME--0011075)

Date: 3/17/2017  SOD #30ZW11  Appealed: No
Sanctions
OTHER SANCTION

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Facility Information

Facility Name: WEST GATE RETIREMENT HOME (390117)
Address: 1314 COMMONWEALTH DR, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 5/9/1996 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

<table>
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<td>0130333</td>
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<td>DESK REVIEW</td>
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Statement of Deficiency: #1YY611 Served 5/16/2019

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<th>Deficiencies Cited</th>
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<td>88.06(3)(d)5</td>
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<td>Corrected</td>
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### Facility Information

**Facility Name:** WILLOW WAY ADULT FAMILY HOME (0013698)  
**Address:** 312 ROGERS ST, FORT ATKINSON, WI 53538  
**License Status:** REGULAR  
**Licensed/Certified/Registered:** 5/3/2011 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0127329  
**End Date:** 6/19/2018  
**Type:** ABBREVIATED  
**Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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*This is Page 44 of 44 total pages. If printing this report ensure that your printer is set to print only the desired pages.*

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