

Provider Inspection Summary

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

Jefferson

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 39.00 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.

Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: Allied Care LLC ADRIAN HOUSE (0017299)

Address: 1212 ADRIAN BLVD, FORT ATKINSON, WI 53538

License Status: REGULAR

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

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

Survey History

Survey ID: 0148233 **End Date:** 11/08/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #IWY111 Served 12/05/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(d)	MAINTAIN BACKGROUND INFORMATION	11/8/24	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	11/8/24	Yes

Survey ID: 0144117 **End Date:** 08/28/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143418 **End Date:** 05/23/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #W2EV13 Served 06/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	8/28/23	Yes

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0142351 **End Date:** 11/17/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #W2EV12 Served 03/03/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	5/23/23	Yes
88.07(1)(a)	RESIDENT CARE-GENERAL REQUIREMENTS	5/23/23	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	5/23/23	No

Survey ID: 0140782 **End Date:** 08/03/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7UK511 Served 09/16/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.07(1)(a)	RESIDENT CARE-GENERAL REQUIREMENTS	11/17/23	Yes

Survey ID: 0139788 **End Date:** 04/26/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #W2EV11 Served 06/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.05(3)(a)	HOME ENVIRONMENT	11/17/22	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	11/10/22	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	11/10/22	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	11/17/22	Yes
88.10(3)(e)	SELF-DIRECTION	11/10/22	Yes
88.10(3)(i)	CHOICE OF PROVIDERS	11/10/22	No

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (Allied Care LLC ADRIAN HOUSE--0017299)

Date: 12/05/2024 **SOD #**IWY111 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 06/20/2023 **SOD #**W2EV13 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 03/03/2023 **SOD #**W2EV12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 09/16/2022 **SOD #**7UK511 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 06/11/2022 **SOD #**W2EV11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (Allied Care LLC ADRIAN HOUSE--0017299)

Date Complaint Received: 10/10/2022 **Date Investigation Completed:** 11/10/2022

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

W2EV12

Date Complaint Received: 07/19/2022 **Date Investigation Completed:** 08/03/2022

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

7UK511

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: Arbor House Adult Family Home (0020630)

Address: W6232 Hoard Rd, Fort Atkinson, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 10/23/2024 12:00:00AM

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

Survey History

Survey ID: 0147917 **End Date:** 10/22/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: ASPEN PLACE AFH (0012144)

Address: 918 GAIL PLACE, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 11/01/2007 12:00:00AM

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

Survey History

Survey ID: 0143782 **End Date:** 07/26/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139836 **End Date:** 05/17/2022 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: BLACK BEAR AFH (0011738)

Address: 222 W BLACKHAWK DR, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 01/30/2007 12:00:00AM

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

Survey History

Survey ID: 0143967 **End Date:** 08/17/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143067 **End Date:** 04/21/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #FKJM12 Served 05/16/2023

Deficiencies Cited
88.07(3)(d)

Subject Area
MEDICATION- WRITTEN ORDER

Compliance
Verified
4/21/23

Corrected
Yes

Survey ID: 0142845 **End Date:** 02/12/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OYZE11 Served 04/20/2023

Deficiencies Cited
88.10(3)(m)

Subject Area
FREEDOM FROM ABUSE

Compliance
Verified
8/17/23

Corrected
Yes

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0141846 **End Date:** 10/05/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FKJM11 Served 01/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP	4/21/23	Yes
88.07(2)(b)	SERVICES DIRECTED TO GOALS	4/21/23	Yes

Enforcement History (BLACK BEAR AFH--0011738)

Date: 05/16/2023 **SOD #**FKJM12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 04/19/2023 **SOD #**OYZE11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 01/13/2023 **SOD #**FKJM11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Complaint History (BLACK BEAR AFH--0011738)

Date Complaint Received: 12/08/2022

Date Investigation Completed: 01/19/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 09/09/2022

Date Investigation Completed: 10/05/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

FKJM11

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Provider Inspection Summary

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

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 01/30/2007 12:00:00AM

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

Survey History

Survey ID: 0140301 **End Date:** 07/11/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #IJ0E11 Served 07/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	9/12/22	Yes

Enforcement History (BLUE RAVEN--0011737)

Date: 07/29/2022 **SOD #**IJ0E11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: CARING CORNER (0013606)

Address: 1328 COMMONWEALTH DR, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 03/03/2011 12:00:00AM

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

Survey History

Survey ID: 0141910 **End Date:** 10/11/2022 **Type:** OTHER **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: CLOVER LANE PLACE AFH (0012191)

Address: 421 CLOVER LANE, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 11/16/2007 12:00:00AM

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

Survey History

Survey ID: 0145761 **End Date:** 02/26/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144600 **End Date:** 10/11/2023 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EKEH11 Served 10/23/2023

Deficiencies Cited
88.10(3)(l)

Subject Area
SAFE PHYSICAL ENVIRONMENT

Compliance
Verified
2/26/24

Corrected
Yes

Survey ID: 0140446 **End Date:** 07/21/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #LGPN11 Served 08/16/2022

Deficiencies Cited
88.05(4)(b)1
88.06(3)(d)5

Subject Area
FIRE SAFETY-SMOKE DETECTORS
SIGNED STATEMENT OF AGREEMENT

Compliance
Verified
9/30/22
9/30/22

Corrected
Yes
Yes

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (CLOVER LANE PLACE AFH--0012191)

Date: 10/23/2023 **SOD #**EKEH11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

Date: 08/16/2022 **SOD #**LGPN11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: COUNTRY HEARTS (0012940)

Address: W5999 FRIEDEL RD, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 09/10/2009 12:00:00AM

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

Survey History

Survey ID: 0140230 **End Date:** 07/14/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: 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: 0141753 **End Date:** 01/03/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: GRAY WOLF (0011740)

Address: 212 W BLACKHAWK DR, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 01/09/2007 12:00:00AM

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

Survey History

Survey ID: 0143522 **End Date:** 06/19/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142353 **End Date:** 02/13/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CTNF11 Served 03/03/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(2)(a)	ADMISSION-HEALTH EXAM	6/19/23	Yes
88.06(3)(f)	REVIEW OF ISP	6/19/23	Yes
88.10(3)(q)	MEDICATIONS	6/19/23	Yes

Enforcement History (GRAY WOLF--0011740)

Date: 03/03/2023 **SOD #**CTNF11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: 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: 0143724 **End Date:** 07/18/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #40EX11 Served 07/21/2023

Deficiencies Cited
88.05(3)(a)

Subject Area
HOME ENVIRONMENT

Compliance
Verified
7/18/23

Corrected
Yes

Enforcement History (HAWKS RIDGE AFH--0012621)

Date: 07/21/2023 **SOD #**40EX11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: HEATHERLYN ASSISTED LIVING (0018150)

Address: 811 ROBERT STREET, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 09/01/2020 12:00:00AM

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

Survey History

Survey ID: 0140924 **End Date:** 09/27/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138695 **End Date:** 02/04/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (HEATHERLYN ASSISTED LIVING--0018150)

Date: 01/24/2022 **SOD #**2VEB11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: HIL NIKKI HOME (0013670)

Address: 506 NIKKI LANE, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 05/09/2011 12:00:00AM

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

Survey History

Survey ID: 0147019 **End Date:** 07/19/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142192 **End Date:** 01/24/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141291 **End Date:** 10/13/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RGWG12 Served 11/09/2022

Deficiencies Cited
88.10(3)(l)

Subject Area
SAFE PHYSICAL ENVIRONMENT

Compliance
Verified
1/24/23

Corrected
Yes

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0140247 **End Date:** 04/21/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RGWG11 Served 07/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	10/13/22	No

Enforcement History (HIL NIKKI HOME--0013670)

Date: 11/09/2022 **SOD #**RGWG12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 07/26/2022 **SOD #**RGWG11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: HIL STONE RIDGE (0009779)

Address: 504 NIKKI LN, FORT ATKINSON, WI 53538

License Status: REGULAR

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

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

Survey History

Survey ID: 0140249 **End Date:** 05/26/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: 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: 0144839 **End Date:** 11/08/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138760 **End Date:** 02/14/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: 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: 0141240 **End Date:** 10/26/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140575 **End Date:** 08/10/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7W9S11 Served 08/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	10/26/22	Yes
88.10(3)(i)	CHOICE OF PROVIDERS	10/26/22	Yes

Enforcement History (LIGHTED PATHWAYS II--0010749)

Date: 08/25/2022 **SOD #**7W9S11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: LOCUST CORNERS ADULT FAMILY HOME (0013699)

Address: 28 SHERMAN AVE EAST, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 05/19/2011 12:00:00AM

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

Survey History

Survey ID: 0143168 **End Date:** 05/12/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #7LFD11 Served 05/24/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	5/12/23	Yes

Enforcement History (LOCUST CORNERS ADULT FAMILY HOME--0013699)

Date: 05/24/2023 **SOD #**7LFD11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: NEW BEGINNINGS (0010663)

Address: 402 RAINTREE DR, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 09/01/2004 12:00:00AM

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

Survey History

Survey ID: 0146052 **End Date:** 03/27/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: ORCHARD VIEW ADULT FAMILY HOME (390225)

Address: W6429 HWY 12, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 10/07/1998 12:00:00AM

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

Survey History

Survey ID: 0148582 **End Date:** 01/15/2025 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147266 **End Date:** 08/05/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EUFF11 Served 08/08/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	1/15/25	Yes
88.07(2)(b)6	NOTIFICATION OF CHANGES		

Survey ID: 0143157 **End Date:** 05/22/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0141851 **End Date:** 10/04/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #K7EJ12 Served 01/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	5/22/23	Yes
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	5/22/23	Yes
88.06(3)(d)2	LEVEL OF SUPERVISION	5/22/23	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	5/22/23	Yes

Survey ID: 0140394 **End Date:** 07/06/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #K7EJ11 Served 08/09/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.03(3)(b)	CRIMINAL RECORDS CHECK	10/4/22	Yes
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	10/4/22	Yes
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	10/4/22	Yes
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	10/4/22	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	10/4/22	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	10/4/22	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	10/4/22	Yes
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	10/4/22	Yes
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	10/4/22	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	10/4/22	Yes
88.10(3)(m)	FREEDOM FROM ABUSE	10/4/22	Yes

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (ORCHARD VIEW ADULT FAMILY HOME--390225)

Date: 08/08/2024 **SOD #**EUFF11 **Appealed:** No

Sanctions

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

Date: 01/13/2023 **SOD #**K7EJ12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 08/09/2022 **SOD #**K7EJ11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (ORCHARD VIEW ADULT FAMILY HOME--390225)

Date Complaint Received: 05/30/2024

Date Investigation Completed: 08/05/2024

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
EUFF11

Date Complaint Received: 09/09/2022

Date Investigation Completed: 10/04/2022

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
K7EJ12

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: PARKVIEW AFH (0017824)

Address: 303 Memorial Drive, FORT ATKINSON, WI 53538

License Status: REGULAR

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

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

Survey History

Survey ID: 0140074 **End Date:** 06/23/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: PINE CIRCLE AFH (0011043)

Address: 503 NIKKI LANE, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 07/26/2005 12:00:00AM

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

Survey History

Survey ID: 0147944 **End Date:** 10/22/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140215 **End Date:** 06/23/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #QCUR11 Served 07/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	9/8/22	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	9/8/22	Yes

Enforcement History (PINE CIRCLE AFH--0011043)

Date: 07/25/2022 **SOD #**QCUR11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: PINNACLE ASSISTED LIVING SERVICES BLACKHAWK (0018886)

Address: 1008 W BLACKHAWK DR, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 04/27/2022 12:00:00AM

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

Survey History

Survey ID: 0148127 **End Date:** 11/07/2024 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140224 **End Date:** 06/29/2022 **Type:** OTHER **Purpose:** OTHER

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #3ECI11 Served 07/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	9/8/22	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	9/8/22	Yes

Survey ID: 0139851 **End Date:** 04/27/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (PINNACLE ASSISTED LIVING SERVICES BLACKHAWK--0018886)

Date: 07/25/2022 **SOD #**3ECI11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Complaint History (PINNACLE ASSISTED LIVING SERVICES BLACKHAWK--0018886)

Date Complaint Received: 10/21/2024

Date Investigation Completed: 11/07/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: Preferred Care LLC (0020421)

Address: 1611 PREMIER PLACE, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 08/20/2024 12:00:00AM

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

Survey History

Survey ID: 0147387 **End Date:** 08/20/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: Shari Lane (0020352)

Address: N1546 Shari Lane, Fort Atkinson, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 08/27/2024 12:00:00AM

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

Survey History

Survey ID: 0147445 **End Date:** 08/26/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: SILVER FOX (0011739)

Address: 214 W BLACKHAWK DR, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 01/08/2007 12:00:00AM

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

Survey History

Survey ID: 0146053 **End Date:** 03/27/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: SILVER STAR ADULT FAMILY HOME (0014999)

Address: W5991 LEE DRIVE, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 05/01/2014 12:00:00AM

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

Survey History

Survey ID: 0146414 **End Date:** 04/29/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: ST COLETTA OF WI FREDERICK AVENUE (0009198)

Address: 414 FREDERICK AVE, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 02/02/2001 12:00:00AM

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

Survey History

Survey ID: 0139570 **End Date:** 04/21/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: WALNUT ADULT FAMILY HOME (0013415)

Address: 1442 ENDL BLVD, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 12/09/2010 12:00:00AM

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

Survey History

Survey ID: 0142370 **End Date:** 02/24/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141560 **End Date:** 09/15/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SUMI11 Served 12/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(b)	AWAKE STAFF FOR CONTINUOUS CARE	2/24/23	Yes

Enforcement History (WALNUT ADULT FAMILY HOME--0013415)

Date: 12/12/2022 **SOD #**SUMI11 **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 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (WALNUT ADULT FAMILY HOME--0013415)

Date Complaint Received: 07/26/2022

Date Investigation Completed: 09/15/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

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