

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 is a PDF (Adobe Acrobat) document and includes a total of 56.00 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: BUCKAROOS ADULT FAMILY HOME LLC 2 (0017340)

Address: N6424 S FARMINGTON RD Unit A, HELENVILLE, WI 53137

License Status: REGULAR

Licensed/Certified/Registered 11/09/2018 12:00:00AM

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

Survey History

Survey ID: 0141791 **End Date:** 01/09/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141088 **End Date:** 09/12/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7ABQ12 Served 10/19/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	1/9/23	Yes

Survey ID: 0140190 **End Date:** 04/26/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7ABQ11 Served 07/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	9/12/22	No
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	9/12/22	Yes

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (BUCKAROOS ADULT FAMILY HOME LLC 2--0017340)

Date: 10/19/2022 **SOD #**7ABQ12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NNAO EXTENDED
ORDER TO COMPLY

Date: 07/21/2022 **SOD #**7ABQ11 **Appealed:** No

Sanctions

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

Complaint History (BUCKAROOS ADULT FAMILY HOME LLC 2--0017340)

Date Complaint Received: 12/14/2022

Date Investigation Completed: 01/09/2023

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

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: Buckaroos AFH 2B (0019540)

Address: N6424 S. Farmington Rd, Dplx B, Helenville, WI 53137

License Status: REGULAR

Licensed/Certified/Registered 04/21/2023 12:00:00AM

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

Survey History

Survey ID: 0142890 **End Date:** 04/21/2023 **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: MY PLACE OF IXONIA I (0017444)

Address: N8616A NORTH RD, IXONIA, WI 53036

License Status: REGULAR

Licensed/Certified/Registered 03/22/2019 12:00:00AM

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

Survey History

Survey ID: 0147373 End Date: 08/07/2024 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146195 End Date: 04/03/2024 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LY5K11 Served 04/22/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	8/7/24	Yes
88.06(3)(f)	REVIEW OF ISP	8/7/24	Yes

Survey ID: 0140065 End Date: 06/30/2022 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: 0138974 End Date: 02/17/2022 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QUOK11 Served 04/08/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	6/30/22	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	6/30/22	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	6/30/22	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	6/30/22	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	6/30/22	Yes
88.06(3)(f)	REVIEW OF ISP	6/30/22	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	6/30/22	Yes
88.10(3)(e)	SELF-DIRECTION	6/30/22	Yes

Enforcement History (MY PLACE OF IXONIA I--0017444)

Date: 04/22/2024 SOD #LY5K11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
 ORDER TO COMPLY

Date: 03/15/2022 SOD #QUOK11 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: MY PLACE OF IXONIA II (0017445)

Address: N8616B NORTH RD, IXONIA, WI 53036

License Status: REGULAR

Licensed/Certified/Registered 03/22/2019 12:00:00AM

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

Survey History

Survey ID: 0148124 **End Date:** 11/06/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147381 **End Date:** 08/08/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IJX312 Served 08/20/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	11/6/24	Yes

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0146193 **End Date: 04/03/2024** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IJX311 Served 04/22/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	8/8/24	Yes
88.05(3)(a)	HOME ENVIRONMENT	8/8/24	No
88.06(3)(f)	REVIEW OF ISP	8/8/24	Yes
88.07(2)(a)	SERVICES	8/8/24	Yes

Survey ID: 0140068 **End Date: 06/30/2022** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139039 **End Date: 02/17/2022** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DUIZ11 Served 04/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	6/30/22	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	6/30/22	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	6/30/22	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	6/30/22	Yes
88.07(2)(d)	NURSING CARE 7 HOURS PER WEEK	6/30/22	Yes
88.10(3)(e)	SELF-DIRECTION	6/30/22	Yes

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (MY PLACE OF IXONIA II--0017445)

Date: 08/20/2024 **SOD #**IJX312 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 04/22/2024 **SOD #**IJX311 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 03/23/2022 **SOD #**DUIZ11 **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: MY PLACE OF IXONIA III (0017817)

Address: N8622A NORTH RD, IXONIA, WI 53036

License Status: REGULAR

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

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

Survey History

Survey ID: 0140934 **End Date:** 09/27/2022 **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: MY PLACE OF IXONIA IV (0017818)

Address: N8622B NORTH RD, IXONIA, WI 53036

License Status: REGULAR

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

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

Survey History

Survey ID: 0141196 **End Date:** 09/27/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #UCGW11 Served 11/01/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	12/16/22	Yes

Enforcement History (MY PLACE OF IXONIA IV--0017818)

Date: 11/01/2022 **SOD #**UCGW11 **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: PINE RIDGE (0017029)

Address: N844 CRAWFISH ROAD, IXONIA, WI 53036

License Status: REGULAR

Licensed/Certified/Registered 05/08/2018 12:00:00AM

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

Survey History

Survey ID: 0144663 **End Date:** 10/04/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #M6L015 Served 10/04/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	12/14/23	Yes

Survey ID: 0143855 **End Date:** 07/25/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #M6L014 Served 08/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	10/4/23	Yes
88.05(3)(a)	HOME ENVIRONMENT	10/4/23	No
88.05(3)(e)2	HEATING SYSTEM INSPECTIONS	10/4/23	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	10/4/23	No

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0142820 **End Date: 04/04/2023** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141687 **End Date: 12/06/2022** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #M6L013 Served 12/23/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	1/23/23	Yes

Survey ID: 0140935 **End Date: 09/01/2022** **Type: OTHER** **Purpose: DESK REVIEW**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7KS913 Served 10/05/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	4/3/23	Yes

Survey ID: 0139340 **End Date: 03/25/2022** **Type: OTHER** **Purpose: DESK REVIEW**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7KS912 Served 04/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	9/1/22	No

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0139011 End Date: 02/04/2022 Type: STANDARD Purpose: SURVEY/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #M6L012 Served 03/18/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(a)	SIGNIFICANT CHANGE IN SERVICES	12/6/22	Yes
88.05(3)(a)	HOME ENVIRONMENT	12/6/22	No

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (PINE RIDGE--0017029)

Date: 10/30/2023 **SOD #**M6L015 **Appealed:** No

Sanctions

Date: 08/07/2023 **SOD #**M6L014 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 12/23/2022 **SOD #**M6L013 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 10/05/2022 **SOD #**7KS913 **Appealed:** No

Sanctions

REVOKE LICENSE
NNAO EXTENDED
ORDER TO COMPLY

Date: 04/25/2022 **SOD #**7KS912 **Appealed:** No

Sanctions

NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 03/15/2022 **SOD #**M6L012 **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: ELLENS PLACE (0014338)

Address: 459 E DODGE ST, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 01/08/2013 12:00:00AM

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

Survey History

Survey ID: 0148115 **End Date:** 11/08/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147126 **End Date:** 06/21/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DYYX11 Served 07/29/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	11/15/24	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	11/15/24	Yes
88.07(3)(e)2	MEDICATION- RECORD OF SIDE EFFECTS	11/15/24	Yes

Survey ID: 0140183 **End Date:** 06/24/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #6MU512 Served 07/20/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	9/3/22	Yes
88.09(1)(a)	RESIDENT RECORDS	9/3/22	

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (ELLENS PLACE--0014338)

Date: 07/29/2024 **SOD #**DYYX11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 07/20/2022 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 03/14/2022 **SOD #**6MU511 **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

Facility Information

Facility Name: M1 AFH LLC (0020108)

Address: 699 W MADISON ST, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 07/18/2024 12:00:00AM

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

Survey History

Survey ID: 0146992 **End Date:** 07/17/2024 **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: ST COLETTA OF WI SETON AFH (0016534)

Address: 810 EAST RACINE STREET, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 03/02/2017 12:00:00AM

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

Survey History

Survey ID: 0147548 **End Date:** 08/30/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139711 **End Date:** 04/29/2022 **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: ST COLETTA OF WI ST ELIZABETH (0014490)

Address: 117 ORCHARD VIEW COURT, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 01/23/2013 12:00:00AM

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

Survey History

Survey ID: 0139714 **End Date:** 04/29/2022 **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: ST COLETTA OF WI ST ROSE (0011426)

Address: 119 ORCHARD VIEW COURT, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 05/09/2006 12:00:00AM

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

Survey History

Survey ID: 0148687 **End Date:** 01/14/2025 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R3R515 Served 02/12/2025

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

Survey ID: 0145390 **End Date:** 11/09/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R3R514 Served 01/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(e)1	MEDICATION- RECORD KEEPING	1/14/25	No

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0139585 **End Date:** 03/31/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R3R513 Served 05/18/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(e)1	MEDICATION- RECORD KEEPING	11/7/23	No

Enforcement History (ST COLETTA OF WI ST ROSE--0011426)

Date: 01/26/2024 **SOD #**R3R514 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 05/18/2022 **SOD #**R3R513 **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: ST COLETTA OF WISCONSIN BONAVENTURE HEIGHTS (0017171)

Address: 836 EAST RACINE STREET, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 08/13/2018 12:00:00AM

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

Survey History

Survey ID: 0147558 **End Date:** 08/30/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138925 **End Date:** 03/02/2022 **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: Mark Dr Home (0019627)

Address: 140 Mark Dr, Johnson Creek, WI 53038

License Status: REGULAR

Licensed/Certified/Registered 06/29/2023 12:00:00AM

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

Survey History

Survey ID: 0146060 **End Date:** 03/28/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145296 **End Date:** 11/28/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5D4H11 Served 01/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(b)5	MONITORING HEALTH	3/28/24	Yes

Survey ID: 0143621 **End Date:** 06/29/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (Mark Dr Home--0019627)

Date: 01/17/2024 **SOD #**5D4H11 **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 (Mark Dr Home--0019627)

Date Complaint Received: 10/28/2023

Date Investigation Completed: 11/28/2023

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
5D4H11

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: VICTORIAN SPLENDOR (0010083)
Address: 312 E LAKE ST, LAKE MILLS, WI 53551
License Status: REGULAR
Licensed/Certified/Registered 10/15/2003 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147976 **End Date:** 10/29/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146610 **End Date:** 05/09/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KFTX12 Served 06/04/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	10/29/24	Yes
88.05(3)(l)	BEDROOMS-PRIVACY	10/29/24	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	10/29/24	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	10/29/24	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	10/29/24	Yes
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS	10/29/24	Yes

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0144395 **End Date:** 09/27/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KFTX11 Served 09/29/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	5/9/24	No
88.05(3)(l)	BEDROOMS-PRIVACY	5/9/24	No
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	5/9/24	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	5/9/24	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	5/9/24	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	5/9/24	No
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	5/9/24	Yes

Enforcement History (VICTORIAN SPLENDOR--0010083)

Date: 06/04/2024 **SOD #**KFTX12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 09/29/2023 **SOD #**KFTX11 **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: Bs COMFORTS OF HOME (0015180)

Address: N4313 COUNTY HWY P, SULLIVAN, WI 53178

License Status: REGULAR

Licensed/Certified/Registered 10/29/2014 12:00:00AM

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

Survey History

Survey ID: 0146603 **End Date:** 05/30/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139574 **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: BUCKAROOS ADULT FAMILY HOME (0015078)

Address: 933 SOUTH ST, WATERTOWN, WI 53094

License Status: REGULAR

Licensed/Certified/Registered 06/03/2014 12:00:00AM

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

Survey History

Survey ID: 0144024 **End Date:** 08/22/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142455 **End Date:** 02/22/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #76MN12 Served 03/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(2)(a)2	HEALTH EXAM NOT REQUIRED SHORT RESPITE	8/22/23	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	8/22/23	Yes

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0141535 **End Date:** 09/06/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #76MN11 Served 12/08/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(h)6	SPACE FOR INDIVIDUAL STORAGE	2/22/23	Yes
88.05(3)(o)	HOME NOT BE USED FOR OTHER BUSINESS	2/22/23	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	2/22/23	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	2/22/23	No

Enforcement History (BUCKAROOS ADULT FAMILY HOME--0015078)

Date: 03/14/2023 **SOD #**76MN12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 12/08/2022 **SOD #**76MN11 **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

Facility Information

Facility Name: Buckaroos AFH 3A (0020146)

Address: 1316 Wakoka St, Watertown, WI 53094

License Status: REGULAR

Licensed/Certified/Registered 04/18/2024 12:00:00AM

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

Survey History

Survey ID: 0146425 **End Date:** 04/18/2024 **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: Buckaroos AFH 3B (0020150)

Address: 1318 Wakoka St, Watertown, WI 53094

License Status: REGULAR

Licensed/Certified/Registered 04/18/2024 12:00:00AM

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

Survey History

Survey ID: 0148698 **End Date:** 01/06/2025 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IY5D11 Served 02/05/2025

<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		
88.04(2)(a)	RESPONSIBILITIES		
88.04(2)(c)	CHANGE IN TYPE OF INDIVIDUAL SERVED		
88.06(1)(e)	INFORMATION TO DETERMINE SERVICES		
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT		
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		
88.06(3)(d)2	LEVEL OF SUPERVISION		
88.07(1)(a)	RESIDENT CARE-GENERAL REQUIREMENTS		
88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS		
88.07(2)(b)5	MONITORING HEALTH		
88.07(2)(b)6	NOTIFICATION OF CHANGES		

Survey ID: 0146426 **End Date:** 04/18/2024 **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

Complaint History (Buckaroos AFH 3B--0020150)

Date Complaint Received: 09/13/2024

Date Investigation Completed: 10/30/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

IY5D11

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: Buckaroos AFH 4A (0020152)

Address: 1320 Wakoka St, Watertown, WI 53094

License Status: REGULAR

Licensed/Certified/Registered 04/18/2024 12:00:00AM

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

Survey History

Survey ID: 0146427 **End Date:** 04/18/2024 **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: Buckaroos AFH 4B (0020153)

Address: 1322 Wakoka St, Watertown, WI 53094

License Status: REGULAR

Licensed/Certified/Registered 04/18/2024 12:00:00AM

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

Survey History

Survey ID: 0146428 **End Date:** 04/18/2024 **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: CONCORD 1 (0018561)

Address: 481 SOUTH CONCORD AVENUE, WATERTOWN, WI 53094

License Status: REGULAR

Licensed/Certified/Registered 06/15/2021 12:00:00AM

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

Survey History

Survey ID: 0145142 **End Date:** 12/19/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143748 **End Date:** 06/14/2023 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #LCPD11 Served 11/01/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.033	LICENSURE OF CERTAIN ADULT FAMILY HOMES	7/25/23	No
88.03(8)(b)	AGENCY MAY VISIT HOME	7/25/23	No

Enforcement History (CONCORD 1--0018561)

Date: 11/01/2023 **SOD #**LCPD11 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

REVOKE LICENSE
NO NEW ADMISSIONS

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: CONCORD AVE 2 (0018560)

Address: 483 SOUTH CONCORD AVENUE, WATERTOWN, WI 53094

License Status: REGULAR

Licensed/Certified/Registered 06/15/2021 12:00:00AM

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

Survey History

Survey ID: 0145141 **End Date:** 12/19/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143741 **End Date:** 06/14/2023 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #3Z7711 Served 11/01/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.033	LICENSURE OF CERTAIN ADULT FAMILY HOMES	8/16/23	No
88.03(8)(b)	AGENCY MAY VISIT HOME	8/16/23	No

Enforcement History (CONCORD AVE 2--0018560)

Date: 11/01/2023 **SOD #**3Z7711 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

REVOKE LICENSE
NO NEW ADMISSIONS

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: CONCORD HEIGHTS 1 (0018565)

Address: 304 EAST HAVEN DRIVE, WATERTOWN, WI 53094

License Status: REGULAR

Licensed/Certified/Registered 06/15/2021 12:00:00AM

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

Survey History

Survey ID: 0143064 **End Date:** 05/03/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #N5TY11 Served 05/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(g)2	COMMUNICABLE DISEASE	6/30/23	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	6/30/23	Yes

Enforcement History (CONCORD HEIGHTS 1--0018565)

Date: 05/16/2023 **SOD #**N5TY11 **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: CONCORD HEIGHTS 2 (0018566)

Address: 306 EAST HAVEN DRIVE, WATERTOWN, WI 53094

License Status: REGULAR

Licensed/Certified/Registered 06/15/2021 12:00:00AM

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

Survey History

Survey ID: 0144147 **End Date:** 08/28/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143270 **End Date:** 06/02/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PI0T11 Served 06/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(b)5	MONITORING HEALTH	8/28/23	Yes

Survey ID: 0143063 **End Date:** 05/03/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #EV4P11 Served 05/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)2	COMMUNICABLE DISEASE	5/3/23	Yes

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (CONCORD HEIGHTS 2--0018566)

Date: 06/05/2023 **SOD #**PI0T11 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 05/16/2023 **SOD #**EV4P11 **Appealed:** No

Sanctions
ORDER TO COMPLY

Complaint History (CONCORD HEIGHTS 2--0018566)

Date Complaint Received: 05/18/2023 **Date Investigation Completed:** 06/01/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	PI0T11

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: RESCARE CASEY (0016925)

Address: 917 CASEY DRIVE, WATERTOWN, WI 53094

License Status: REGULAR

Licensed/Certified/Registered 11/01/2017 12:00:00AM

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

Survey History

Survey ID: 0144675 **End Date:** 10/26/2023 **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: TOPAZ HOUSE (390110)

Address: N197 COUNTY HWY N, WHITEWATER, WI 531900650

License Status: REGULAR

Licensed/Certified/Registered 03/01/1996 12:00:00AM

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

Survey History

Survey ID: 0143392 **End Date:** 06/01/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139592 **End Date:** 04/27/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: WILLOW WINDS LIVING II (0014031)

Address: N374 TWINKLING STAR RD, WHITEWATER, WI 53190

License Status: REGULAR

Licensed/Certified/Registered 08/15/2012 12:00:00AM

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

Survey History

Survey ID: 0147184 **End Date:** 07/23/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146541 **End Date:** 04/26/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #61CE13 Served 05/29/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	7/23/24	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	7/23/24	Yes
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	7/23/24	Yes

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0145728 **End Date: 01/08/2024** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #61CE12 Served 02/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	4/26/24	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	4/26/24	No
88.05(3)(a)	HOME ENVIRONMENT	4/26/24	Yes
88.05(3)(e)1	HEATING SYSTEM REQUIREMENTS	4/26/24	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	4/26/24	Yes
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	4/26/24	No
88.07(3)(e)1	MEDICATION- RECORD KEEPING	4/26/24	Yes

Survey ID: 0144321 **End Date: 07/31/2023** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #61CE11 Served 09/25/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	1/8/24	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	1/8/24	No
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	1/8/24	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	1/8/24	No
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	1/8/24	Yes
88.06(3)(f)	REVIEW OF ISP	1/8/24	Yes

Survey ID: 0139058 **End Date: 03/18/2022** **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

Enforcement History (WILLOW WINDS LIVING II--0014031)

Date: 05/29/2024 **SOD #**61CE13 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

Date: 02/26/2024 **SOD #**61CE12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 09/25/2023 **SOD #**61CE11 **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

Facility Information

Facility Name: WILLOW WINDS Living III (0014983)

Address: N346 TWINKLING STAR ROAD, WHITEWATER, WI 53190

License Status: REGULAR

Licensed/Certified/Registered 10/01/2014 12:00:00AM

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

Survey History

Survey ID: 0147639 **End Date:** 08/07/2024 **Type:** OTHER **Purpose:** OTHER

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YS7T11 Served 09/23/2024

<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	2/5/25	Yes

Survey ID: 0147183 **End Date:** 07/23/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146460 **End Date:** 05/17/2024 **Type:** OTHER **Purpose:** SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HCDK12 Served 05/20/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	7/23/24	Yes
88.06(3)(f)	REVIEW OF ISP	7/23/24	

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0145547 **End Date:** 01/08/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HCDK11 Served 02/12/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	5/17/24	Yes
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	5/17/24	No
88.05(3)(n)	CLEAN, SAFE, FUNCTIONAL HOUSEHOLD ITEMS	5/17/24	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	5/17/24	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	5/17/24	Yes
88.06(2)(c)7	CONDITIONS OF TRANSFER OR DISCHARGE	5/17/24	Yes
88.06(3)(f)	REVIEW OF ISP	5/17/24	No

Survey ID: 0139263 **End Date:** 04/07/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (WILLOW WINDS Living III--0014983)

Date: 09/23/2024 **SOD #YS7T11** **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 05/20/2024 **SOD #HCDK12** **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 02/12/2024 **SOD #HCDK11** **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: WILLOW WINDS LIVING IV (0016312)

Address: N348 TWINKLING STAR RD, WHITEWATER, WI 53190

License Status: REGULAR

Licensed/Certified/Registered 11/08/2016 12:00:00AM

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

Survey History

Survey ID: 0147626 **End Date:** 08/08/2024 **Type:** OTHER **Purpose:** OTHER

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FE8V11 Served 09/23/2024

<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	2/5/25	Yes

Survey ID: 0146083 **End Date:** 03/29/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WV7115 Served 04/10/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(b)	SERVICES DIRECTED TO GOALS	3/29/24	Yes
88.09(1)(a)	RESIDENT RECORDS	3/29/24	Yes

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0145212 **End Date: 01/05/2024** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WV7114 Served 01/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	3/29/24	Yes

Survey ID: 0144559 **End Date: 08/24/2023** **Type: OTHER** **Purpose: COMPLAINT/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WV7113 Served 10/17/2023

<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	1/3/24	Yes
88.04(2)(b)	AWAKE STAFF FOR CONTINUOUS CARE	1/3/24	Yes
88.05(3)(a)	HOME ENVIRONMENT	1/3/24	No
88.05(3)(b)	FREE OF HAZARDS	1/3/24	Yes
88.05(3)(n)2	CLEAN BEDDING AND LINENS	1/3/24	Yes
88.06(3)(d)2	LEVEL OF SUPERVISION	1/3/24	Yes

Survey ID: 0143580 **End Date: 06/15/2023** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WV7112 Served 07/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	8/24/23	Yes
88.05(3)(b)	FREE OF HAZARDS	8/24/23	No
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	8/24/23	No
88.06(3)(f)	REVIEW OF ISP	8/24/23	Yes

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0142841 **End Date:** 01/26/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WV7111 Served 04/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS	6/14/23	No
88.06(3)(f)	REVIEW OF ISP	6/14/23	No
88.10(3)(a)	FAIR TREATMENT	6/14/23	Yes

Survey ID: 0141306 **End Date:** 10/27/2022 **Type:** OTHER **Purpose:** 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

Enforcement History (WILLOW WINDS LIVING IV--0016312)

Date: 09/23/2024 **SOD #**FE8V11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 04/10/2024 **SOD #**WV7115 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 01/09/2024 **SOD #**WV7114 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 10/17/2023 **SOD #**WV7113 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 07/06/2023 **SOD #**WV7112 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 04/19/2023 **SOD #**WV7111 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 03/04/2022 **SOD #**UDQY13 **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 (WILLOW WINDS LIVING IV--0016312)

Date Complaint Received: 08/02/2023

Date Investigation Completed: 08/22/2023

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
WV7113

Date Complaint Received: 10/10/2022

Date Investigation Completed: 10/27/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: WILLOW WINDS LIVING (0013560)

Address: N372 TWINKLING STAR RD, WHITEWATER, WI 53190

License Status: REGULAR

Licensed/Certified/Registered 01/13/2011 12:00:00AM

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

Survey History

Survey ID: 0147640 **End Date:** 08/08/2024 **Type:** OTHER **Purpose:** OTHER

Results: ENFORCEMENT ACTION

Statement of Deficiency: #52T911 Served 09/24/2024

<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	2/5/25	Yes

Survey ID: 0147181 **End Date:** 07/23/2024 **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: 0146462 End Date: 05/17/2024 Type: OTHER Purpose: SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BQ1Q13 Served 05/20/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	7/23/24	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	7/23/24	Yes
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	7/23/24	Yes

Survey ID: 0145744 End Date: 01/08/2024 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BQ1Q12 Served 02/27/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	5/17/24	No
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	5/17/24	Yes
88.05(3)(a)	HOME ENVIRONMENT	5/17/24	Yes
88.05(3)(b)	FREE OF HAZARDS	5/17/24	Yes
88.05(3)(e)1	HEATING SYSTEM REQUIREMENTS	5/17/24	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	5/17/24	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	5/17/24	Yes

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0144545 **End Date:** 08/07/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BQ1Q11 Served 10/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	1/3/24	Yes
88.04(2)(b)	AWAKE STAFF FOR CONTINUOUS CARE	1/3/24	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	1/3/24	No
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	1/3/24	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	1/3/24	Yes
88.05(3)(a)	HOME ENVIRONMENT	1/3/24	Yes
88.05(3)(b)	FREE OF HAZARDS	1/3/24	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	1/3/24	Yes
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	1/3/24	Yes

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (WILLOW WINDS LIVING--0013560)

Date: 09/24/2024 **SOD #**52T911 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 05/20/2024 **SOD #**BQ1Q13 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 02/27/2024 **SOD #**BQ1Q12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 10/17/2023 **SOD #**BQ1Q11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (WILLOW WINDS LIVING--0013560)

Date Complaint Received: 07/31/2024

Date Investigation Completed: 08/08/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 07/10/2023

Date Investigation Completed: 07/25/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

BQ1Q11

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