

Provider Inspection Summary

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

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Lafayette County. The report is a PDF (Adobe Acrobat) document and includes a total of 12.00 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

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

Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: WALNUT ACRES (0010538)

Address: 4224 COUNTY J, BENTON, WI 53803

License Status: REGULAR

Licensed/Certified/Registered 03/24/2004 12:00:00AM

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

Survey History

Survey ID: 0141533 **End Date:** 12/02/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #7FCQ11 Served 12/08/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(8)(b)	AGENCY MAY VISIT HOME	1/13/23	Yes

Enforcement History (WALNUT ACRES--0010538)

Date: 12/08/2022 **SOD #**7FCQ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: QUINN ADULT FAMILY HOME (190098)

Address: 7310 HWY 11 E, GRATIOT, WI 53541

License Status: REGULAR

Licensed/Certified/Registered 10/01/1996 12:00:00AM

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

Survey History

Survey ID: 0142032 **End Date:** 01/31/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: FRANS ADULT FAMILY HOME (0014465)

Address: 6106 STATE RD 78, SOUTH WAYNE, WI 53587

License Status: REGULAR

Licensed/Certified/Registered 04/22/2013 12:00:00AM

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

Survey History

Survey ID: 0143839 **End Date:** 07/26/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142221 **End Date:** 02/02/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3Y6711 Served 02/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	7/26/23	Yes

Enforcement History (FRANS ADULT FAMILY HOME--0014465)

Date: 02/20/2023 **SOD #**3Y6711 **Appealed:** No

Sanctions

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SIENNA CREST DARLINGTON (0009501)
Address: 1619 FAYETTE RD, DARLINGTON, WI 53530
License Status: REGULAR
Licensed/Certified/Registered 05/01/2002 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145273 **End Date:** 12/27/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140311 **End Date:** 06/30/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (SIENNA CREST DARLINGTON--0009501)

Date Complaint Received: 06/03/2022

Date Investigation Completed: 06/30/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: M & M GROUP HOME (110270)

Address: 30068 COUNTY B, PLATTEVILLE, WI 53818

License Status: REGULAR

Licensed/Certified/Registered 11/01/1990 12:00:00AM

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

Survey History

Survey ID: 0146828 **End Date:** 06/19/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145870 **End Date:** 01/25/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZG0Q12 Served 03/18/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	6/19/24	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	6/19/24	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	6/19/24	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	6/19/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	6/19/24	Yes
83.45(3)	TOXIC SUBSTANCES	6/19/24	Yes
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT	6/19/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Survey ID: 0144289 End Date: 08/16/2023 Type: ABBREVIATED Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZG0Q11 Served 09/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	1/25/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/25/24	No
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	1/25/24	No
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	1/25/24	No
83.37(1)(g)	DISPOSITION OF MEDICATIONS	1/25/24	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	1/25/24	No
83.45(3)	TOXIC SUBSTANCES	1/25/24	No
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT	1/25/24	No

Enforcement History (M & M GROUP HOME--110270)

Date: 03/18/2024 SOD #ZG0Q12 Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION ORDER TO COMPLY
 FORFEITURE---83.35(5)(b)
 FORFEITURE---83.37(1)(e)
 FORFEITURE---83.37(1)(g)
 FORFEITURE---83.45(3)
 FORFEITURE---83.59(2)(b)

Date: 09/20/2023 SOD #ZG0Q11 Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SHULLSBURG HOME CBRF (110186)

Address: 204 E WATER ST, SHULLSBURG, WI 53586

License Status: REGULAR

Licensed/Certified/Registered 02/28/1983 12:00:00AM

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

Survey History

Survey ID: 0143571 **End Date:** 06/30/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141941 **End Date:** 01/12/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FY1511 Served 01/25/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT	6/30/23	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	6/30/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	6/30/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	6/30/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	6/30/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	6/30/23	Yes
83.45(3)	TOXIC SUBSTANCES	6/30/23	Yes

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Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140952 End Date: 10/04/2022 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #N9IJ11 Served 10/07/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	10/4/22	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	10/4/22	Yes

Enforcement History (SHULLSBURG HOME CBRF--110186)

Date: 01/25/2023 SOD #FY1511 Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(n)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.37(3)(c)
FORFEITURE---83.43(1)

Date: 10/07/2022 SOD #N9IJ11 Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SHULLSBURG HOME CBRF--110186)

Date Complaint Received: 01/05/2023

Date Investigation Completed: 01/11/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	FY1511
PROGRAM SERVICES	SUBSTANTIATED	FY1511
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	FY1511

Date Complaint Received: 09/29/2022

Date Investigation Completed: 10/04/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	N9IJ11
PROGRAM SERVICES	SUBSTANTIATED	N9IJ11
RESIDENT RIGHTS	SUBSTANTIATED	N9IJ11

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Provider Inspection Summary

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

Facility Information

Facility Name: WILLOW VALLEY LLC (0013813)
Address: 520 W ESTEY ST, SHULLSBURG, WI 53586
License Status: REGULAR
Licensed/Certified/Registered 10/01/2011 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0146446 **End Date:** 05/14/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146051 **End Date:** 03/27/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142800 **End Date:** 04/05/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Residential Care Apartment Complex (CERTIFIED)

Complaint History (WILLOW VALLEY LLC--0013813)

Date Complaint Received: 02/16/2024

Date Investigation Completed: 05/14/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 03/21/2023

Date Investigation Completed: 04/05/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 03/10/2023

Date Investigation Completed: 04/05/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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