

Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Racine County. The report is a PDF (Adobe Acrobat) document and includes a total of 82.00 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 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: BAY RIDGE HOME (0011733)

Address: 124 BAY RIDGE LN, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 12/8/2006 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0123743 **End Date:** 4/27/2017 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (BAY RIDGE HOME--0011733)

Date Complaint Received: 3/22/2017

Date Investigation Completed: 4/27/2017

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: BROWNS LAKE HOME (0015553)

Address: 2910 S BROWNS LAKE ROAD, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 3/5/2015 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/14/16 to 2/13/19

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: CEDAR HOME (0012080)

Address: 316 S PERKINS, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 8/30/2007 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/14/16 to 2/13/19

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: CHICORY HOME (0014251)

Address: 141 DAVIDSON DR, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 7/18/2012 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0126956 **End Date:** 5/17/2018 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: CYPRESS HOME (0013354)

Address: 208 EDWARDS ST, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 12/22/2010 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/14/16 to 2/13/19

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: DOLPHIN HOUSE A LLC (0015101)

Address: 506A STEPHANIE STREET, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 11/10/2014 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0123258 **End Date:** 4/5/2017 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0121851 **End Date:** 10/24/2016 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TK6311 Served 12/8/2016

<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	4/5/17	Yes
88.05(3)(n)	CLEAN, SAFE, FUNCTIONAL HOUSEHOLD ITEMS	4/5/17	Yes
88.06(3)(f)	REVIEW OF ISP	4/5/17	Yes
88.09(1)(e)	RESIDENT'S RECORD RETENTION	4/5/17	Yes

Survey ID: 0122344 **End Date:** 10/21/2016 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Survey ID: 0121677 **End Date:** 8/8/2016 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0121246 **End Date:** 5/18/2016 **Type:** OTHER **Purpose:** SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #1T9S11 Served 9/12/2016

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

Enforcement History (DOLPHIN HOUSE A LLC--0015101)

Date: 12/1/2016 **SOD #**TK6311 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: DOLPHIN HOUSE B LLC (0015100)

Address: 506B STEPHANIE STREET, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 11/10/2014 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0120148 **End Date:** 3/2/2016 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZRW611 Served 4/25/2016

<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		

Survey History

No survey activity during the period 2/14/16 to 2/13/19

Enforcement History (DOLPHIN HOUSE B LLC--0015100)

Date: 4/25/2016 **SOD #**ZRW611 **Appealed:** No

Sanctions

OTHER SANCTION

This is Page 9 of 82 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: ELM HOME (0012870)

Address: 8339 B FISHMAN RD, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 12/3/2009 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0128441 **End Date:** 10/24/2018 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: GALL FAMILY CARE HOME (0008955)

Address: 1315 SCHNEIDER LN, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 2/23/2000 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0128446 **End Date:** 10/24/2018 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0121604 **End Date:** 8/18/2016 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VB7011 Served 11/3/2016

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	10/24/18	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	10/24/18	Yes
88.05(2)(a)	DIFFICULTY WALKING	10/24/18	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	10/24/18	Yes
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	10/24/18	Yes
88.06(3)(f)	REVIEW OF ISP	10/24/18	Yes
88.09(1)(d)8	RESIDENT RECORD-ISP	10/24/18	Yes

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Enforcement History (GALL FAMILY CARE HOME--0008955)

Date: 10/28/2016 **SOD #**VB7011 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: JOAN STREET (0012616)

Address: 901 CRESTWOOD DR, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 11/26/2008 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0124347 **End Date:** 8/7/2017 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: MAPLE HOME (0012871)

Address: 8339 A FISHMAN RD, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 8/6/2009 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0128773 **End Date:** 11/1/2018 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #12BI11

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

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: PARK HOUSE (0016160)

Address: 535 PARK AVENUE, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 6/16/2016 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0120517 **End Date:** 6/16/2016 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: REINEKE CARE HOMES ROCHESTER HOME (0012796)

Address: 584 EDGEWOOD AVE, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 4/14/2009 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0125898 **End Date:** 11/8/2017 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6INP11 Served 2/15/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(2)(b)2	PROGRAM STATEMENT		
88.04(2)(c)	CHANGE IN TYPE OF INDIVIDUAL SERVED		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		

Enforcement History (REINEKE CARE HOMES ROCHESTER HOME--0012796)

Date: 2/12/2018 **SOD #**6INP11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Complaint History (REINEKE CARE HOMES ROCHESTER HOME--0012796)

Date Complaint Received: 9/21/2017 **Date Investigation Completed:** 11/8/2017

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: WEILER HOME (0013960)

Address: 848 WEILER RD, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 11/16/2011 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0128574 **End Date:** 10/25/2018 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126961 **End Date:** 3/30/2018 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8PHU11 Served 6/5/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(h)	COMPLY WITH OSHA	10/25/18	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	10/25/18	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	10/25/18	Yes
88.07(4)(e)	SPECIAL DIETS	10/25/18	Yes

Enforcement History (WEILER HOME--0013960)

Date: 6/5/2018 **SOD #**8PHU11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: WILLOW RUN 3 (0013991)

Address: 316 GARFIELD ST, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 1/25/2012 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0129304 **End Date:** 9/17/2018 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: WILLOW RUN ADULT FAMILY GROUP HOME (390235)

Address: 104 CLARK ST, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 11/1/1998 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0129312 **End Date:** 9/17/2018 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126472 **End Date:** 3/20/2018 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0122353 **End Date:** 1/23/2017 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Complaint History (WILLOW RUN ADULT FAMILY GROUP HOME--390235)

Date Complaint Received: 3/7/2018

Date Investigation Completed: 3/20/2018

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 9/19/2016

Date Investigation Completed: 1/25/2017

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN XV (0009193)

Address: 2125 PARKWAY DR, CALEDONIA, WI 53108

License Status: REGULAR

Licensed/Certified/Registered 6/15/2001 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0127627 **End Date:** 6/7/2018 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 21 of 82 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: COUNTRY MEADOWS FAMILY CARE ANGEL HOUSE (0014954)

Address: 13207 HWY G, CALEDONIA, WI 53108

License Status: REGULAR

Licensed/Certified/Registered 3/20/2014 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0128229 **End Date:** 8/16/2018 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HKZB11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT		

Enforcement History (COUNTRY MEADOWS FAMILY CARE ANGEL HOUSE--0014954)

Date: 10/4/2018 **SOD #** HKZB11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Complaint History (COUNTRY MEADOWS FAMILY CARE ANGEL HOUSE--0014954)

Date Complaint Received: 8/2/2018 **Date Investigation Completed:** 8/17/2018

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	HKZB11

This is Page 22 of 82 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: JAMES CARES LLC (0016153)

Address: 2422 MARSHALL SQUARE, DOVER, WI 53139

License Status: REGULAR

Licensed/Certified/Registered 6/13/2016 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0123101 **End Date:** 3/10/2017 **Type:** STANDARD **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0120476 **End Date:** 6/13/2016 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 23 of 82 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: SHEPHERDS MINISTRIES KUHNLE HOUSE (0016123)
Address: 21021 DURAND, DOVER, WI 53139
License Status: REGULAR
Licensed/Certified/Registered 6/22/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0120584 **End Date:** 6/22/2016 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: BOULDER CREEK HOUSE I (0016449)

Address: 4430 HIGHWAY 38, FRANKSVILLE, WI 53126

License Status: REGULAR

Licensed/Certified/Registered 3/30/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0122933 **End Date:** 4/6/2017 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: COUNTRY MEADOWS FAMILY CARE LLC (0013085)

Address: 2824 65TH DR, FRANKSVILLE, WI 53126

License Status: REGULAR

Licensed/Certified/Registered 12/17/2009 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0128440 **End Date:** 10/25/2018 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: HOODS CREEK HOUSE I (0016525)

Address: 6810 HOODS CREEK ROAD, FRANKSVILLE, WI 53126

License Status: REGULAR

Licensed/Certified/Registered 6/22/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0123517 **End Date:** 6/22/2017 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: DOLPHIN MANOR LLC (0011934)

Address: 21404 WASHINGTON AVE, KANSASVILLE, WI 53139

License Status: REGULAR

Licensed/Certified/Registered 7/11/2007 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0124958 **End Date:** 8/8/2017 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123178 **End Date:** 1/5/2017 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JV0M12 Served 5/13/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	8/8/17	Yes
88.04(2)(a)	RESPONSIBILITIES	8/8/17	Yes

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Survey ID: 0120955 **End Date:** 5/5/2016 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JV0M11 Served 8/10/2016

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	1/4/17	No
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	1/4/17	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	1/4/17	No

Enforcement History (DOLPHIN MANOR LLC--0011934)

Date: 5/5/2017 **SOD #**JV0M12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Date: 8/10/2016 **SOD #**JV0M11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: EAGLE LAKE MANOR (0017036)

Address: 2720 MARSHALL SQUARE, KANSASVILLE, WI 53139

License Status: REGULAR

Licensed/Certified/Registered 5/24/2018 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0126856 **End Date:** 5/24/2018 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: GUNDERSON FAMILY HOME (390164)

Address: 707 224TH AVE, KANSASVILLE, WI 53139

License Status: REGULAR

Licensed/Certified/Registered 4/1/1998 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/14/16 to 2/13/19

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: KANSASVILLE HOUSE (0013507)

Address: 24710 18TH ST, KANSASVILLE, WI 53139

License Status: REGULAR

Licensed/Certified/Registered 2/9/2011 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/14/16 to 2/13/19

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: LOETHERS HOME (0010474)

Address: 1222 LAUREL LN, KANSASVILLE, WI 53139

License Status: REGULAR

Licensed/Certified/Registered 5/19/2004 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0129222 **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 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN XVI (0010519)

Address: 3820 29TH ST, KENOSHA, WI 53144

License Status: REGULAR

Licensed/Certified/Registered 2/3/2005 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0127759 **End Date:** 5/17/2018 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: BEACON OF HOPE ADULT FAMILY HOME (0014258)

Address: 3945 JACOB CT, MOUNT PLEASANT, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 7/25/2012 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0121787 **End Date:** 8/25/2016 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: CARE HOME (0009850)

Address: 3820 ROYAL OAKS DR, MOUNT PLEASANT, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 1/21/2003 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0121706 **End Date:** 10/12/2016 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GHZO11 Served 12/16/2016

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Enforcement History (CARE HOME--0009850)

Date: 11/8/2016 **SOD #**GHZO11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: ELIANA HOMES CUMBERLAND PLACE AFH (0016651)

Address: 4945 CUMBERLAND ROAD, MOUNT PLEASANT, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 7/5/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0123584 **End Date:** 7/7/2017 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: GREEN BAY ADULT FAMILY HOME (0016128)

Address: 1111 N GREEN BAY RD, MOUNT PLEASANT, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 5/31/2016 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0127685 **End Date:** 8/2/2018 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125740 **End Date:** 11/9/2017 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KHSV12

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	8/2/18	Yes

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Survey ID: 0124093 **End Date: 6/26/2017** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KHSV11 Served 9/2/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	11/9/17	No
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	11/9/17	Yes
88.06(3)(f)	REVIEW OF ISP	11/9/17	Yes
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	11/9/17	No
88.10(3)(q)	MEDICATIONS	11/9/17	Yes

Survey ID: 0123260 **End Date: 4/6/2017** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0120381 **End Date: 5/31/2016** **Type: INITIAL** **Purpose: SURVEY**

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (GREEN BAY ADULT FAMILY HOME--0016128)

Date: 1/25/2018 **SOD #KHSV12** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Date: 8/30/2017 **SOD #KHSV11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Complaint History (GREEN BAY ADULT FAMILY HOME--0016128)

Date Complaint Received: 6/26/2018

Date Investigation Completed: 8/2/2018

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 5/24/2017

Date Investigation Completed: 6/22/2017

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
KHSV11

Date Complaint Received: 1/20/2017

Date Investigation Completed: 4/6/2017

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: HARMONY HOME ON NEWMAN LLC (0016680)

Address: 448 NEWMAN RD, MOUNT PLEASANT, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 7/20/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0123754 **End Date:** 7/20/2017 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: J HARRIS HOMES (0016712)

Address: 1114 N HILLOCK DRIVE, MOUNT PLEASANT, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 8/29/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0124127 **End Date:** 8/29/2017 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: OPEN ARMS 20 LLC (0016790)

Address: 3824 DAISY LANE, MOUNT PLEASANT, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 7/19/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0125894 **End Date:** 1/17/2018 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123747 **End Date:** 7/19/2017 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (OPEN ARMS 20 LLC--0016790)

Date Complaint Received: 12/4/2017

Date Investigation Completed: 1/17/2018

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: WOOD ADULT FAMILY HOME LLC (0016414)

Address: 4406 WOOD RD, MOUNT PLEASANT, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 1/10/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0129339 **End Date:** 12/3/2018 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XHJ511

<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		
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		
88.07(2)(b)5	MONITORING HEALTH		

Survey ID: 0128138 **End Date:** 8/7/2018 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0127442 **End Date:** 7/12/2018 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Survey ID: 0126834 End Date: 5/15/2018 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DMDN11 Served 6/1/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	6/22/18	Yes

Survey ID: 0122268 End Date: 1/10/2017 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (WOOD ADULT FAMILY HOME LLC--0016414)

Date Complaint Received: 8/22/2018

Date Investigation Completed: 12/3/2018

Subject Area(s)
 PHYSICAL ENVIRONMENT/SAFETY
 RESIDENT RIGHTS

Result
 SUBSTANTIATED
 SUBSTANTIATED

SOD #
 NOT RECORDED
 NOT RECORDED

Date Complaint Received: 4/23/2018

Date Investigation Completed: 5/15/2018

Subject Area(s)
 STAFF TRAINING AND PROFICIENCY

Result
 NOT SUBSTANTIATED

SOD #

Date Complaint Received: 4/18/2018

Date Investigation Completed: 5/15/2018

Subject Area(s)
 PHYSICAL ENVIRONMENT/SAFETY
 PROGRAM SERVICES
 STAFF TRAINING AND PROFICIENCY

Result
 NOT SUBSTANTIATED
 NOT SUBSTANTIATED
 NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: ABOVE & BEYOND AFH III (0014601)

Address: 4604 SPRING STREET, MT PLEASANT, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 6/10/2013 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0121778 **End Date:** 9/19/2016 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YZ7M11 Served 11/19/2016

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS		
88.05(3)(a)	HOME ENVIRONMENT		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.10(3)(e)	SELF-DIRECTION		

Enforcement History (ABOVE & BEYOND AFH III--0014601)

Date: 11/15/2016 **SOD #**YZ7M11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Complaint History (ABOVE & BEYOND AFH III--0014601)

Date Complaint Received: 7/21/2016

Date Investigation Completed: 9/19/2016

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

YZ7M11

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: BALANCE LIVING CENTER (0016261)

Address: 2037 N GREEN BAY RD, MT PLEASANT, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 1/17/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0122270 **End Date:** 1/17/2017 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: DURAND ADULT FAMILY HOME II LLC (0015129)

Address: 6437 DURAND AVE, MT PLEASANT, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 8/5/2014 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0128947 **End Date:** 10/1/2018 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Z4QU12

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

Survey ID: 0126769 **End Date:** 3/16/2018 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Z4QU11 Served 5/18/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	10/1/18	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	10/1/18	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Enforcement History (DURAND ADULT FAMILY HOME II LLC--0015129)

Date: 1/9/2019 **SOD #**Z4QU12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Date: 5/18/2018 **SOD #**Z4QU11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Complaint History (DURAND ADULT FAMILY HOME II LLC--0015129)

Date Complaint Received: 2/19/2018

Date Investigation Completed: 3/16/2018

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: DURAND ADULT FAMILY HOME LLC (0014928)

Address: 6439 DURAND AVENUE, MT PLEASANT, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 1/28/2014 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0127593 **End Date:** 7/26/2018 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126378 **End Date:** 3/19/2018 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124779 **End Date:** 8/16/2017 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WGHG11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)2	DEATH DUE TO INCIDENT OR ACCIDENT		

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Complaint History (DURAND ADULT FAMILY HOME LLC--0014928)

Date Complaint Received: 3/14/2017

Date Investigation Completed: 8/16/2017

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
SUBSTANTIATED

WGHG11

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: OPEN ARMS 20 LLC (0015801)

Address: 5335 TAYLOR AVE, MT PLEASANT, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 10/21/2015 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0127426 **End Date:** 7/11/2018 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126958 **End Date:** 5/8/2018 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #IZDJ11 Served 6/5/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		

Complaint History (OPEN ARMS 20 LLC--0015801)

Date Complaint Received: 4/17/2018

Date Investigation Completed: 5/8/2018

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: OPEN ARMS 20 LLC (0016272)

Address: 3725 SHERRIE LN, MT PLEASANT, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 8/15/2016 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0122055 **End Date:** 11/3/2016 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0121004 **End Date:** 8/15/2016 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (OPEN ARMS 20 LLC--0016272)

Date Complaint Received: 10/13/2016

Date Investigation Completed: 11/3/2016

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: KWASIGROCH FAMILY CARE HOME (0009255)

Address: 29312 WASHINGTON AVE, ROCHESTER, WI 53167

License Status: REGULAR

Licensed/Certified/Registered 8/1/2001 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0124371 **End Date:** 9/19/2017 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #FUII11 Served 9/29/2017

Deficiencies Cited
12.05(1)(a)

Subject Area
ENTITY SANCTION

Compliance
Verified

Corrected

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN XIX (0012193)

Address: 8917 CITADEL TERRACE, STURTEVANT, WI 53177

License Status: REGULAR

Licensed/Certified/Registered 11/20/2008 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0122752 **End Date:** 1/30/2017 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN XVII (0010747)

Address: 3657 MERLIN CT, STURTEVANT, WI 53177

License Status: REGULAR

Licensed/Certified/Registered 5/26/2005 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0128337 **End Date:** 9/4/2018 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: CELESTIAL TOUCH HOME HEALTH CARE LLC (0016993)

Address: 3516 S KENNEDY DR, STURTEVANT, WI 53177

License Status: REGULAR

Licensed/Certified/Registered 1/25/2018 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0125811 **End Date:** 1/25/2018 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: OPEN ARMS 20 LLC (0016805)

Address: 3708 91ST PLACE, STURTEVANT, WI 53177

License Status: REGULAR

Licensed/Certified/Registered 8/3/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0123895 **End Date:** 8/3/2017 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: OPEN ARMS 20 LLC (0016806)

Address: 3648 91ST PLACE, STURTEVANT, WI 53177

License Status: REGULAR

Licensed/Certified/Registered 8/3/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0129245 **End Date:** 11/27/2018 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #F5GK11 Served 2/11/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		

Survey ID: 0127844 **End Date:** 7/18/2018 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126422 **End Date:** 2/19/2018 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5Z2N11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	7/18/18	Yes
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	7/18/18	Yes

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Survey ID: 0123893 End Date: 8/3/2017 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (OPEN ARMS 20 LLC--0016806)

Date: 4/10/2018 SOD #5Z2N11 Appealed: No

Sanctions

Date: 2/12/2018 SOD #F5GK11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Complaint History (OPEN ARMS 20 LLC--0016806)

Date Complaint Received: 11/8/2018

Date Investigation Completed: 11/27/2018

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 2/5/2018

Date Investigation Completed: 2/19/2018

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: OPEN ARMS 20 LLC (0016807)

Address: 9430 JASMINE CT, STURTEVANT, WI 53177

License Status: REGULAR

Licensed/Certified/Registered 8/3/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0123891 **End Date:** 8/3/2017 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: PRICELESS TIME ADULT FAMILY HOME II (0015969)

Address: 2015 90TH STREET, STURTEVANT, WI 53177

License Status: REGULAR

Licensed/Certified/Registered 3/16/2016 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0128334 **End Date:** 9/12/2018 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0122032 **End Date:** 10/17/2016 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0119940 **End Date:** 3/16/2016 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: SERENITY CARE LLC (0011803)

Address: 3133 BUCKINGHAM RD, STURTEVANT, WI 53177

License Status: REGULAR

Licensed/Certified/Registered 4/23/2007 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0122092 **End Date:** 11/30/2016 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (SERENITY CARE LLC--0011803)

Date Complaint Received: 9/23/2016

Date Investigation Completed: 11/30/2016

Subject Area(s)

Result

SOD #

OTHER

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: CARE AND COMFORT 2 ADULT FAMILY HOME (0016290)

Address: 6111 E WIND LAKE RD, UNION GROVE, WI 53182

License Status: REGULAR

Licensed/Certified/Registered 12/13/2016 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0128420 **End Date:** 8/16/2018 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #F2XP11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Survey ID: 0122044 **End Date:** 12/13/2016 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Enforcement History (CARE AND COMFORT 2 ADULT FAMILY HOME--0016290)

Date: 10/29/2018 **SOD #**F2XP11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Complaint History (CARE AND COMFORT 2 ADULT FAMILY HOME--0016290)

Date Complaint Received: 7/31/2018

Date Investigation Completed: 8/16/2018

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

F2XP11

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: CARE AND COMFORT ADULT FAMILY HOME LLC (0015063)

Address: 6109 E WIND LAKE ROAD, UNION GROVE, WI 53182

License Status: REGULAR

Licensed/Certified/Registered 5/13/2014 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0128227 **End Date:** 8/16/2018 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #03ZU11

<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		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Enforcement History (CARE AND COMFORT ADULT FAMILY HOME LLC--0015063)

Date: 10/4/2018 **SOD #**03ZU11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Complaint History (CARE AND COMFORT ADULT FAMILY HOME LLC--0015063)

Date Complaint Received: 7/31/2018 **Date Investigation Completed:** 8/16/2018

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: JEAN MANOR (0017128)

Address: 1344 JEAN ST, UNION GROVE, WI 53182

License Status: REGULAR

Licensed/Certified/Registered 5/10/2018 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0126719 **End Date:** 5/10/2018 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: MARTIN FAMILY CARE HOME (390199)

Address: 18328 SPRING ST, UNION GROVE, WI 53182

License Status: REGULAR

Licensed/Certified/Registered 8/1/1998 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0128277 **End Date:** 7/31/2018 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9YCY11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(i)	BATHROOM LOCK		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR		

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: REINEKE CARE HOMES (0011532)

Address: 16805 WASHINGTON AVE, UNION GROVE, WI 53182

License Status: REGULAR

Licensed/Certified/Registered 6/30/2006 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0128261 **End Date:** 8/16/2018 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #HCKL11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
88.09(2)(a)8	TRAINING DOCUMENTATION		

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: ELIZABETH III (0016724)

Address: 106 S 3RD STREET, WATERFORD, WI 53185

License Status: REGULAR

Licensed/Certified/Registered 7/27/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0123812 **End Date:** 7/27/2017 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: ELIZABETH IV (0017329)

Address: 308 ELIZABETH ST, WATERFORD, WI 53185

License Status: REGULAR

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

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0128765 **End Date:** 12/12/2018 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: PERSONALLY YOURS ELDER CARE A (0014523)

Address: 4525 GUNDERSON ROAD, WATERFORD, WI 53185

License Status: REGULAR

Licensed/Certified/Registered 3/26/2013 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0122875 **End Date:** 2/28/2017 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0120906 **End Date:** 5/18/2016 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BGE112 Served 8/4/2016

<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	2/28/17	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	2/28/17	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	2/28/17	Yes

Enforcement History (PERSONALLY YOURS ELDER CARE A--0014523)

Date: 8/4/2016 **SOD #**BGE112 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Complaint History (PERSONALLY YOURS ELDER CARE A--0014523)

Date Complaint Received: 10/20/2016

Date Investigation Completed: 2/28/2017

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: PERSONALLY YOURS ELDER CARE B (0012750)

Address: 4525 GUNDERSON RD, WATERFORD, WI 53185

License Status: REGULAR

Licensed/Certified/Registered 4/9/2009 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0123471 **End Date:** 2/28/2017 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0122363 **End Date:** 1/25/2017 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0122040 **End Date:** 10/19/2016 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #HFQV11 Served 12/20/2016

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS		
88.05(3)(a)	HOME ENVIRONMENT		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Complaint History (PERSONALLY YOURS ELDER CARE B--0012750)

Date Complaint Received: 10/20/2016

Date Investigation Completed: 2/20/2017

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 8/19/2016

Date Investigation Completed: 10/19/2016

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: PERSONALLY YOURS ELDER CARE (390231)

Address: 4525 GUNDERSON RD, WATERFORD, WI 53185

License Status: REGULAR

Licensed/Certified/Registered 9/4/1998 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0123104 **End Date:** 2/28/2017 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0121858 **End Date:** 10/19/2016 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PD6E11 Served 11/30/2016

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	2/20/17	Yes
88.05(2)(a)	DIFFICULTY WALKING	2/20/17	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	2/20/17	Yes
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	2/20/17	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	2/20/17	Yes

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Enforcement History (PERSONALLY YOURS ELDER CARE--390231)

Date: 11/30/2016 **SOD #**PD6E11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Complaint History (PERSONALLY YOURS ELDER CARE--390231)

Date Complaint Received: 10/20/2016

Date Investigation Completed: 2/28/2017

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 8/16/2016

Date Investigation Completed: 10/17/2016

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

PD6E11

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: RAUSCH FAMILY CARE HOME (0012794)

Address: 6831 BIG BEND RD, WATERFORD, WI 53185

License Status: REGULAR

Licensed/Certified/Registered 4/30/2009 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0124200 **End Date:** 6/5/2017 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123129 **End Date:** 3/16/2017 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #IGTO11 Served 5/9/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	3/15/17	Yes

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: REINEKE HOME (0010455)

Address: 2940 MEALY RD, WATERFORD, WI 53185

License Status: REGULAR

Licensed/Certified/Registered 12/16/2003 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/14/16 to 2/13/19

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: EAGLES LANDING (0012634)

Address: 26516 NORDIC RIDGE DR, WIND LAKE, WI 53185

License Status: REGULAR

Licensed/Certified/Registered 5/26/2009 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0125726 **End Date:** 12/4/2017 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124429 **End Date:** 9/19/2017 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7W7Q11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.05(1)(a)	ENTITY SANCTION	12/4/17	Yes

Survey ID: 0124708 **End Date:** 8/30/2017 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (EAGLES LANDING--0012634)

Date: 9/25/2017 **SOD #**7W7Q11 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT

OTHER SANCTION

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Adult Family Home

Facility Information

Facility Name: WIND POINT VILLA ADULT FAMILY HOME (0014859)
Address: 314 JONSUE LANE, WIND POINT, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 2/4/2014 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0128572 **End Date:** 10/2/2018 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #X41A11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.05(3)(b)	FREE OF HAZARDS		
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.09(1)(d)6	RESIDENT RECORD-SERVICE AGREEMENT		

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