Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Richland County. The report is a PDF (Adobe Acrobat) document and includes a total of 31.00 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

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

- **Facility Name:** DELANNA HOUSE (0011189)
- **Address:** 11256 QUAKER VALLEY RD, CAZENOVIA, WI 53924
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 2/8/2006 12:00:00AM
- **Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

- **Survey ID:** 0126168
- **End Date:** 1/31/2018
- **Type:** ABBREVIATED
- **Purpose:** SURVEY
- **Results:** NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: HARMONY ACRES (0015895)
Address: 32732 COUNTY HWY V, CAZENOVIA, WI 53924
License Status: REGULAR
Licensed/Certified/Registered 1/28/2016 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0129747   End Date: 3/14/2019   Type: ABBREVIATED   Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED
DEPARTMENT OF HEALTH SERVICES  
Division of Quality Assurance  
Printed 3/9/2020

STATE OF WISCONSIN  
Bureau of Assisted Living  
P.O. Box 7940  
Madison WI 53707-7940

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

Facility Information

Facility Name: MYSTIC MEADOWS LLC (0011084)  
Address: 14150 CTY RD C, HILLSBORO, WI 54634  
License Status: REGULAR  
Licensed/Certified/Registered 8/8/2005 12:00:00AM  
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0128632 End Date: 11/27/2018 Type: OTHER Purpose: DESK REVIEW  
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128596 End Date: 11/15/2018 Type: ABBREVIATED Purpose: SURVEY  
Results: STATEMENT OF DEFICIENCY ISSUED  
Statement of Deficiency: #24EZ11 Served 11/20/2018

<table>
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<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
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<td>FIRE EVACUATION ANNUAL EVALUATION</td>
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</table>

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: CHRISTINA AND PAUL ONEAL AFH (0014043)
Address: 29432 PINE PRAIRIE LN, LONE ROCK, WI 53556
License Status: REGULAR
Licensed/Certified/Registered 4/1/2012 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0127707 End Date: 5/16/2018 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125422 End Date: 12/14/2017 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124463 End Date: 9/20/2017 Type: OTHER Purpose: DESK REVIEW
Results: ENFORCEMENT ACTION
Statement of Deficiency: #6ZHW11 Served 9/28/2017

<table>
<thead>
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<th>Deficiencies Cited</th>
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<tr>
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<td>Verified Yes</td>
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Enforcement History (CHRISTINA AND PAUL ONEAL AFH--0014043)

Date: 9/26/2017 SOD #6ZHW11 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Facility Information

Facility Name: WHISPERING HOPE ADULT FAMILY HOME (0013679)
Address: 29149 WHISPERING LANE, LONE ROCK, WI 53556
License Status: REGULAR
Licensed/Certified/Registered 4/11/2011 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0131437  End Date: 8/21/2019  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: KANTON HOME (0013742)
Address: 26068 CTY HWY E, MUSCODA, WI 53573
License Status: REGULAR
Licensed/Certified/Registered 9/26/2011 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0128019   End Date: 8/22/2018   Type: ABBREVIATED   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (KANTON HOME--0013742)

Date Complaint Received: 1/14/2020   Date Investigation Completed: 2/13/2020
Subject Area(s)    Result    SOD #
RESIDENT RIGHTS    NOT SUBSTANTIATED

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

Facility Information

Facility Name: ABLE HOUSE (0014641)
Address: 17163 HWY 80, RICHLAND CENTER, WI 53581
License Status: REGULAR
Licensed/Certified/Registered 9/16/2013 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0127114 End Date: 5/23/2018 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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## Facility Information

Facility Name: ABUNDANT LIVING LLC (0017384)  
Address: 400 E 7TH ST, RICHLAND CENTER, WI 53581  
License Status: REGULAR  
Licensed/Certified/Registered 5/1/2019 12:00:00AM  
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

## Survey History

Survey ID: 0129824  
End Date: 4/9/2019  
Type: INITIAL  
Purpose: CHOW--DESK REVIEW  
Results: LICENSE/CERT/REGISTRATION ISSUED

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

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<tr>
<td>Facility Name: ALLISON PARK GROUP HOME (0009103)</td>
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<td>Address: 1960 ALLISON PARK DR, RICHLAND CENTER, WI 53581</td>
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<tr>
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### Facility Information

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<tr>
<th>Facility Name:</th>
<th>BURTON ADULT FAMILY HOME (0009808)</th>
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<tr>
<td>Address:</td>
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</table>
Facility Information

Facility Name: CARLEY ADULT FAMILY HOME (0015510)
Address: 837 S JAMES ST, RICHLAND CENTER, WI 53581
License Status: REGULAR
Licensed/Certified/Registered 8/11/2015 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0129614 End Date: 1/8/2019 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

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<td>Facility Name: DEER VALLEY (0011216)</td>
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<td>Results: NO STATEMENT OF DEFICIENCY ISSUED</td>
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</tbody>
</table>

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Facility Information

Facility Name: EDEN VALLEY HOUSE (0014301)
Address: 24394 EDEN VALLEY LANE, RICHLAND CENTER, WI 53581
License Status: REGULAR
Licensed/Certified/Registered 11/8/2012 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0126279 End Date: 2/8/2018 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Name: GREEN MEADOWS AFH (0015694)
Address: 27998 US HWY 14 E, RICHLAND CENTER, WI 53581
License Status: REGULAR
Licensed/Certified/Registered 2/11/2016 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0130084  End Date: 4/12/2019  Type: STANDARD  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129047  End Date: 11/8/2018  Type: STANDARD  Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #LJF011 Served 2/6/2019

<table>
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<tr>
<th>Deficiencies Cited</th>
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<td>88.04(5)(b)</td>
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<tr>
<td>88.05(3)(d)</td>
<td>ANNUAL WELL WATER INSPECTIONS</td>
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<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
<td>Verified</td>
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<tr>
<td>88.09(1)(d)11</td>
<td>RESIDENT FUNDS</td>
<td>Verified</td>
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<td>88.10(3)(q)</td>
<td>MEDICATIONS</td>
<td>Verified</td>
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</table>

Correction: Yes

Enforcement History (GREEN MEADOWS AFH--0015694)

Date: 2/6/2019  SOD #LJF011  Appealed: No
Sanctions
OTHER SANCTION

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## Provider Inspection Summary

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

Adult Family Home

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### Complaint History (GREEN MEADOWS AFH–0015694)

<table>
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<th>Date Investigation Completed: 11/8/2018</th>
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<tr>
<td>PROGRAM SERVICES</td>
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<td>RESIDENT RIGHTS</td>
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<td>LJF011</td>
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Facility Information

Facility Name: NINOVAN (0013236)
Address: 19394 CHICKEN RIDGE RD, RICHLAND CENTER, WI 53581
License Status: REGULAR
Licensed/Certified/Registered 4/14/2010 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0127533 End Date: 12/6/2017 Type: OTHER Purpose: SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: PLEASANT RIDGE AFH (0015530)
Address: 29302 COUNTY HWY D, RICHLAND CENTER, WI 53581
License Status: REGULAR
Licensed/Certified/Registered 4/28/2015 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

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<td>0129012</td>
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<td>SURVEY/COMPLAINT</td>
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Statement of Deficiency: #8W0411 Served 1/16/2019

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Deficiencies Cited
88.06(3)(f) REVIEW OF ISP

Complaint History (PLEASANT RIDGE AFH–0015530)

Date Complaint Received: 10/30/2018
Date Investigation Completed: 12/5/2018

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: SERENITY HOUSE (0012221)
Address: 28901 DOBBS LANE, RICHLAND CENTER, WI 53581
License Status: REGULAR
Licensed/Certified/Registered 2/1/2008 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0131953 End Date: 8/26/2019 Type: STANDARD Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #2O3D11 Served 11/7/2019

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<th>Subject Area</th>
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<td>TRAINING-8 HOURS ANNUALLY</td>
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<td>88.05(4)(c)1</td>
<td>EXITING FROM THE FIRST FLOOR</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.05(4)(d)2.b</td>
<td>FIRE EVACUATION ANNUAL EVALUATION</td>
<td>Corrected</td>
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<td>88.10(3)(i)</td>
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Survey ID: 0123818 End Date: 7/14/2017 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (SERENITY HOUSE--0012221)

Date: 11/7/2019 SOD #2O3D11 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
OTHER SANCTION

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### Facility Information

**Facility Name:** VALLEY VIEW HOME (190063)

**Address:** 28425 COOP WOODS RD, RICHLAND CENTER, WI 53581

**License Status:** REGULAR

**Licensed/Certified/Registered:** 7/1/1996 12:00:00AM

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

### Survey History

**Survey ID:** 0127961  
**End Date:** 8/3/2018  
**Type:** ABBREVIATED  
**Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: HILLSONG HOME (0017366)
Address: 28495 CLARY LN, SEXTONVILLE, WI 53584
License Status: REGULAR
Licensed/Certified/Registered 3/29/2019 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0130346  End Date: 5/21/2019  Type: OTHER  Purpose: SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129708  End Date: 3/29/2019  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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## Facility Information

**Facility Name:** ELK CREEK (0014238)

**Address:** 13032 ELK CREEK, VIOLA, WI 54664

**License Status:** REGULAR

Licensed/Certified/Registered 9/10/2012 12:00:00AM

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

## Survey History

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### Statement of Deficiency: #WSFR12

**Served 2/1/2020**

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### Statement of Deficiency: #WSFR11

**Served 2/1/2020**

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</table>

### Results:

- **End Date:** 9/18/2019
- **Type:** OTHER
- **Purpose:** VERIFICATION VISIT

- **Verified**
- **Corrected**

### Compliance:

- 9/20/19 No
- 9/20/19 Yes
- 9/20/19 Yes

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Provider Inspection Summary

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

Survey ID: 0129659   End Date: 1/7/2019   Type: OTHER   Purpose: SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #Q45L11   Served 3/30/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.07(3)(e)1</td>
<td>MEDICATION- RECORD KEEPING</td>
<td>Verified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3/27/19</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Corrected</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

Survey ID: 0127993   End Date: 9/5/2018   Type: OTHER   Purpose: DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0127799   End Date: 2/5/2018   Type: STANDARD   Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #1HGQ11

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>Verified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2/10/18</td>
</tr>
<tr>
<td>88.06(3)(a)</td>
<td>INDIVIDUAL SERVICE PLAN &amp; ASSESSMENT</td>
<td>Verified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2/10/18</td>
</tr>
<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
<td>Verified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2/10/18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Corrected</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

Enforcement History (ELK CREEK--0014238)

Date: 7/5/2019   SOD #WSFR11   Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Date: 1/21/2019   SOD #WSFR12   Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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**Facility Information**

Facility Name: MYSTIC ACRES LLC (0009734)  
Address: 12878 CTY RD I, VIOLA, WI 54664  
License Status: REGULAR  
Licensed/Certified/Registered 7/23/2002 12:00:00AM  
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>0132637</td>
<td>1/9/2020</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0131409</td>
<td>8/12/2019</td>
<td>STANDARD</td>
<td>SURVEY</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0130245</td>
<td>4/30/2019</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0128557</td>
<td>8/9/2018</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>ENFORCEMENT ACTION</td>
</tr>
</tbody>
</table>

**Statement of Deficiency:** #G25B11 Served 11/19/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(2)(f)</td>
<td>CONDITION WHICH REPRESENTS RISK OR HARM</td>
<td>4/30/19</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

Survey ID: 0123814     End Date: 7/28/2017     Type: OTHER     Purpose: DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123556     End Date: 5/30/2017     Type: OTHER     Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #6CRT11

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(2)(f)</td>
<td>CONDITION WHICH REPRESENTS RISK OR</td>
<td></td>
<td>7/28/17</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>HARM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>88.07(1)(e)</td>
<td>OVERNIGHT SUPERVISION</td>
<td></td>
<td>7/28/17</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Survey ID: 0123151     End Date: 4/6/2017     Type: STANDARD     Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (MYSTIC ACRES LLC--0009734)

Date: 11/13/2018     SOD #G25B11     Appealed: No

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
## Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020

**Adult Family Home**

### Complaint History (MYSTIC ACRES LLC--0009734)

<table>
<thead>
<tr>
<th>Date Complaint Received: 6/14/2018</th>
<th>Date Investigation Completed: 6/21/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
</tr>
<tr>
<td></td>
<td>SOD #</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Complaint Received: 5/1/2017</th>
<th>Date Investigation Completed: 5/17/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
</tr>
<tr>
<td></td>
<td>SOD #</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Complaint Received: 3/8/2017</th>
<th>Date Investigation Completed: 4/6/2017</th>
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</thead>
<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
</tr>
</tbody>
</table>

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This is Page 26 of 31 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Facility Information

Facility Name: MYSTIC CREEK LLC (0010884)
Address: 12489 STATE HWY 56, VIOLA, WI 54664
License Status: REGULAR
Licensed/Certified/Registered 3/1/2005 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0130785  End Date: 6/13/2019  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128546  End Date: 8/9/2018  Type: OTHER  Purpose: COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #84F914  Served 11/13/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(2)(f)</td>
<td>CONDITION WHICH REPRESENTS RISK OR HARM</td>
<td>6/13/19</td>
<td>Yes</td>
</tr>
<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
<td>6/13/19</td>
<td>Yes</td>
</tr>
<tr>
<td>88.07(1)(b)</td>
<td>AUTONOMY AND CHOICES</td>
<td>6/13/19</td>
<td>Yes</td>
</tr>
<tr>
<td>88.07(2)(a)</td>
<td>SERVICES</td>
<td>6/13/19</td>
<td>Yes</td>
</tr>
<tr>
<td>88.10(3)(m)</td>
<td>FREEDOM FROM ABUSE</td>
<td>6/13/19</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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### Provider Inspection Summary

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

**Adult Family Home**

---

**Survey ID:** 0126119  
**End Date:** 10/2/2017  
**Type:** STANDARD  
**Purpose:** SURVEY/COMPLAINT  

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #84F913  
Served 3/12/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.03(5)(e)1</td>
<td>SIGNIFICANT CHANGE TO THE RESIDENT</td>
<td>8/1/18</td>
<td>Yes</td>
</tr>
<tr>
<td>88.07(2)(a)</td>
<td>SERVICES</td>
<td>8/1/18</td>
<td>No</td>
</tr>
<tr>
<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
<td>8/1/18</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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**Survey ID:** 0123552  
**End Date:** 5/30/2017  
**Type:** OTHER  
**Purpose:** DESK REVIEW  

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Enforcement History (MYSTIC CREEK LLC--0010884)**

<table>
<thead>
<tr>
<th>Date</th>
<th>SOD #</th>
<th>Appealed</th>
<th>Sanctions</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/13/2018</td>
<td>#84F914</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
</tr>
<tr>
<td>3/5/2018</td>
<td>#84F913</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>COMPLY WITH REQUIREMENT</td>
</tr>
</tbody>
</table>

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### Complaint History (MYSTIC CREEK LLC--0010884)

<table>
<thead>
<tr>
<th>Date Complaint Received: 6/7/2019</th>
<th>Date Investigation Completed: 6/13/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td></td>
<td>SOD #</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Complaint Received: 6/14/2018</th>
<th>Date Investigation Completed: 8/9/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
</tr>
<tr>
<td>STAFF TRAINING AND PROFICIENCY</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td></td>
<td>84F914</td>
</tr>
</tbody>
</table>

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Facility Name: TIMBER TRAILS (0011115)
Address: 18627 HIGH POINT RD, VIOLA, WI 54664
License Status: REGULAR
Licensed/Certified/Registered 9/19/2005 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0128013 End Date: 8/16/2018 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126567 End Date: 1/30/2018 Type: STANDARD Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #XW4Z11 Served 4/27/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(2)(a)</td>
<td>RESPONSIBILITIES</td>
<td>Verified 8/16/18</td>
</tr>
<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
<td>Verified 8/16/18</td>
</tr>
<tr>
<td>88.10(3)(m)</td>
<td>FREEDOM FROM ABUSE</td>
<td>Verified 8/16/18</td>
</tr>
<tr>
<td>88.11(1)</td>
<td>REPORTING OF ABUSE AND NEGLECT</td>
<td>Verified 8/16/18</td>
</tr>
</tbody>
</table>

Enforcement History (TIMBER TRAILS--0011115)

Date: 4/25/2018 SOD #XW4Z11 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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

Facility Information

Facility Name: WIND RIDGE HOME (190080)
Address: 14803 JEWELL RD, VIOLA, WI 546648716
License Status: REGULAR
Licensed/Certified/Registered 3/12/1996 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0130721 End Date: 6/13/2019 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129611 End Date: 1/2/2019 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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