

Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Richland

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 21.00 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 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: HARMONY ACRES (0015895)

Address: 32732 COUNTY HWY V, CAZENOVIA, WI 53924

License Status: REGULAR

Licensed/Certified/Registered 01/28/2016 12:00:00AM

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

Survey History

Survey ID: 0143868 **End Date:** 07/26/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 21 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 01/22/2022 to 01/21/2025

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 08/08/2005 12:00:00AM

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

Survey History

Survey ID: 0140818 **End Date:** 09/19/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 04/01/2012 12:00:00AM

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

Survey History

Survey ID: 0140572 **End Date:** 08/16/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: WHISPERING HOPE ADULT FAMILY HOME (0013679)

Address: 29149 WHISPERING LANE, LONE ROCK, WI 53556

License Status: REGULAR

Licensed/Certified/Registered 04/11/2011 12:00:00AM

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

Survey History

Survey ID: 0140672 **End Date:** 09/01/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: Able House LLC (0019145)

Address: 26927 Jackson Dr, Muscoda, WI 53573

License Status: REGULAR

Licensed/Certified/Registered 09/29/2022 12:00:00AM

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

Survey History

Survey ID: 0140913 **End Date:** 09/29/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: KANTON HOME (0013742)

Address: 26068 CTY HWY E, MUSCODA, WI 53573

License Status: REGULAR

Licensed/Certified/Registered 09/26/2011 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: ABUNDANT LIVING LLC (0017384)

Address: 400 E 7TH ST, RICHLAND CENTER, WI 53581

License Status: REGULAR

Licensed/Certified/Registered 05/01/2019 12:00:00AM

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

Survey History

Survey ID: 0140791 **End Date:** 09/09/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: ALLISON PARK GROUP HOME (0009103)

Address: 1960 ALLISON PARK DR, RICHLAND CENTER, WI 53581

License Status: REGULAR

Licensed/Certified/Registered 09/14/2000 12:00:00AM

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

Survey History

Survey ID: 0143277 **End Date:** 05/22/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: CARLEY ADULT FAMILY HOME (0015510)

Address: 837 S JAMES ST, RICHLAND CENTER, WI 53581

License Status: REGULAR

Licensed/Certified/Registered 08/11/2015 12:00:00AM

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

Survey History

Survey ID: 0142379 **End Date:** 03/01/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: DEER VALLEY (0011216)

Address: 14468 QUARRY DR, RICHLAND CENTER, WI 53581

License Status: REGULAR

Licensed/Certified/Registered 03/01/2006 12:00:00AM

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

Survey History

Survey ID: 0147733 **End Date:** 10/01/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139260 **End Date:** 04/07/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138624 **End Date:** 02/02/2022 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (DEER VALLEY--0011216)

Date Complaint Received: 03/16/2022

Date Investigation Completed: 04/07/2022

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 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: PLEASANT RIDGE AFH (0015530)

Address: 29302 COUNTY HWY D, RICHLAND CENTER, WI 53581

License Status: REGULAR

Licensed/Certified/Registered 04/28/2015 12:00:00AM

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

Survey History

Survey ID: 0140737 **End Date:** 09/09/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: SERENITY HOUSE (0018539)

Address: 2075 EAST PRESTON DR, RICHLAND CENTER, WI 53581

License Status: REGULAR

Licensed/Certified/Registered 09/06/2023 12:00:00AM

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

Survey History

Survey ID: 0144246 **End Date:** 09/06/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: VALLEY VIEW HOME II (0010895)

Address: 19872 CTY HWY NN, RICHLAND CENTER, WI 53581

License Status: REGULAR

Licensed/Certified/Registered 05/16/2005 12:00:00AM

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

Survey History

Survey ID: 0141751 **End Date:** 01/03/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141118 **End Date:** 09/07/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OMWG11 Served 10/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	1/3/23	Yes

Enforcement History (VALLEY VIEW HOME II--0010895)

Date: 10/25/2023 **SOD #**OMWG11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: VALLEY VIEW HOME (190063)
Address: 28425 COOP WOODS RD, RICHLAND CENTER, WI 53581
License Status: REGULAR
Licensed/Certified/Registered 07/01/1996 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0141752 **End Date:** 01/03/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141386 **End Date:** 10/18/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PTN211 Served 11/18/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	1/3/23	Yes

Enforcement History (VALLEY VIEW HOME--190063)

Date: 12/14/2022 **SOD #**PTN211 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (VALLEY VIEW HOME--190063)

Date Complaint Received: 10/06/2022

Date Investigation Completed: 10/18/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: ELK CREEK (0014238)

Address: 13032 ELK CREEK, VIOLA, WI 54664

License Status: REGULAR

Licensed/Certified/Registered 09/10/2012 12:00:00AM

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

Survey History

Survey ID: 0143930 **End Date:** 08/09/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143437 **End Date:** 05/08/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WSFR14 Served 06/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(1)	SAFE PHYSICAL ENVIRONMENT	8/9/23	Yes

Enforcement History (ELK CREEK--0014238)

Date: 06/22/2023 **SOD #**WSFR14 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: MYSTIC ACRES LLC (0009734)

Address: 12878 CTY RD I, VIOLA, WI 54664

License Status: REGULAR

Licensed/Certified/Registered 07/23/2002 12:00:00AM

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

Survey History

Survey ID: 0147534 **End Date:** 09/04/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146559 **End Date:** 04/19/2024 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NK2511 Served 05/31/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	9/4/24	Yes
88.10(3)(a)	FAIR TREATMENT	9/4/24	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	9/4/24	Yes
88.10(3)(s)	TELEPHONE CALLS	9/4/24	Yes

Survey ID: 0144071 **End Date:** 08/24/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139905 **End Date:** 03/10/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Enforcement History (MYSTIC ACRES LLC--0009734)

Date: 05/30/2024 **SOD #** NK2511 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (MYSTIC ACRES LLC--0009734)

Date Complaint Received: 06/19/2024

Date Investigation Completed: 09/04/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: MYSTIC CREEK LLC (0010884)

Address: 12489 STATE HWY 56, VIOLA, WI 54664

License Status: REGULAR

Licensed/Certified/Registered 03/01/2005 12:00:00AM

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

Survey History

Survey ID: 0146415 **End Date:** 05/01/2024 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139468 **End Date:** 03/07/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: WIND RIDGE HOME (190080)

Address: 14803 JEWELL RD, VIOLA, WI 546648716

License Status: REGULAR

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

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

Survey History

Survey ID: 0145648 **End Date:** 02/14/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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