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 32.00 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

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

Survey History

<table>
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<tr>
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<th>End Date: 1/31/2018</th>
<th>Type: ABBREVIATED</th>
<th>Purpose: SURVEY</th>
</tr>
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<tbody>
<tr>
<td>Results: NO STATEMENT OF DEFICIENCY ISSUED</td>
<td></td>
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</table>
Provider Inspection Summary
For the period 8/11/2017 to 8/10/2020
Adult Family Home

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
**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**

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
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<th>Results</th>
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<tbody>
<tr>
<td>0128632</td>
<td>11/27/2018</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td>0128596</td>
<td>11/15/2018</td>
<td>ABBREVIATED</td>
<td>SURVEY</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
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</tbody>
</table>

Statement of Deficiency: #24EZ11 Served 11/20/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Corrected</th>
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</thead>
<tbody>
<tr>
<td>88.05(4)(d)2.b</td>
<td>FIRE EVACUATION ANNUAL EVALUATION</td>
<td>11/9/18</td>
<td>Yes</td>
</tr>
</tbody>
</table>
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>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
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<tr>
<td>12.05(1)(a)</td>
<td>ENTITY SANCTION</td>
<td>Verified 12/14/17 Corrected 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
Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

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: 0132785   End Date: 2/13/2020   Type: OTHER   Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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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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
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
Provider Inspection Summary
For the period 8/11/2017 to 8/10/2020
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 9/14/2000 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0125122  End Date: 11/2/2017  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: BURTON ADULT FAMILY HOME (0009808)
Address: 895 E BURTON ST, RICHLAND CENTER, WI 53581
License Status: REGULAR
Licensed/Certified/Registered 9/10/2002 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0129696 End Date: 2/11/2019 Type: STANDARD Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
### 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
Facility Information

Facility Name: DEER VALLEY (0011216)
Address: 14468 QUARRY DR, RICHLAND CENTER, WI 53581
License Status: REGULAR
Licensed/Certified/Registered 3/1/2006  12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0129102 End Date: 12/12/2018 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

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>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td>4/12/19</td>
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<tr>
<td>88.05(3)(d)</td>
<td>ANNUAL WELL WATER INSPECTIONS</td>
<td>4/12/19</td>
</tr>
<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
<td>4/12/19</td>
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<tr>
<td>88.09(1)(d)11</td>
<td>RESIDENT FUNDS</td>
<td>4/12/19</td>
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<tr>
<td>88.10(3)(q)</td>
<td>MEDICATIONS</td>
<td>4/12/19</td>
</tr>
</tbody>
</table>

Enforcement History (GREEN MEADOWS AFH--0015694)

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

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<table>
<thead>
<tr>
<th>Subject Area(s)</th>
<th>Date Complaint Received: 10/24/2018</th>
<th>Date Investigation Completed: 11/8/2018</th>
<th>Result</th>
<th>SOD #</th>
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<tbody>
<tr>
<td>PROGRAM SERVICES</td>
<td></td>
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<td>NOT SUBSTANTIATED</td>
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<tr>
<td>RESIDENT RIGHTS</td>
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<td>SUBSTANTIATED</td>
<td>LJF011</td>
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</tbody>
</table>

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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
## 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

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
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</thead>
<tbody>
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<td>0129112</td>
<td>1/24/2019</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0129012</td>
<td>12/5/2018</td>
<td>STANDARD</td>
<td>SURVEY/COMPLAINT</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
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</table>

**Statement of Deficiency:** #8W0411 Served 1/16/2019  

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

**Compliance**  
- Verified: 12/14/18  
- Corrected: Yes

## Complaint History (PLEASANT RIDGE AFH--0015530)

<table>
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<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
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<tbody>
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<td>10/30/2018</td>
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**Subject Area(s)**  
- ADMINISTRATION

**Result**  
- NOT SUBSTANTIATED

**SOD #**  
-
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: 0133696   End Date: 3/2/2020   Type: OTHER   Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

<table>
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<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td>3/2/20</td>
<td>Yes</td>
</tr>
<tr>
<td>88.05(4)(c)1</td>
<td>EXITING FROM THE FIRST FLOOR</td>
<td>3/2/20</td>
<td>Yes</td>
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<tr>
<td>88.05(4)(d)2.b</td>
<td>FIRE EVACUATION ANNUAL EVALUATION</td>
<td>3/2/20</td>
<td>Yes</td>
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<td>88.10(3)(i)</td>
<td>CHOICE OF PROVIDERS</td>
<td>3/2/20</td>
<td>Yes</td>
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Enforcement History (SERENITY HOUSE--0012221)

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

This is Page 18 of 32 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: VALLEY VIEW HOME II (0010895)
Address: 19872 CTY HWY NN, RICHLAND CENTER, WI 53581
License Status: REGULAR
Licensed/Certified/Registered 5/16/2005 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0127595 End Date: 6/26/2018 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (VALLEY VIEW HOME II--0010895)

Date Complaint Received: 6/22/2018 Date Investigation Completed: 6/28/2018
Subject Area(s) Result SOD #
PROGRAM SERVICES NOT SUBSTANTIATED

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Provider Inspection Summary
For the period 8/11/2017 to 8/10/2020
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 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

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Provider Inspection Summary
For the period 8/11/2017 to 8/10/2020
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
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

Survey ID: 0132410  End Date: 9/18/2019  Type: OTHER  Purpose: VERIFICATION VISIT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #WSFR12 Served 2/1/2020

<table>
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<th>Compliance</th>
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</thead>
<tbody>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>Verified</td>
</tr>
<tr>
<td>88.05(4)(c)1</td>
<td>EXITING FROM THE FIRST FLOOR</td>
<td>Corrected</td>
</tr>
</tbody>
</table>

Survey ID: 0133228  End Date: 6/3/2019  Type: OTHER  Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 8/11/2017 to 8/10/2020
Adult Family Home

Survey ID: 0130736   End Date: 2/21/2019   Type: OTHER   Purpose: COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #WSFR11

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<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
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<tbody>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>No</td>
<td>9/20/19</td>
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<tr>
<td>88.07(2)(b)4</td>
<td>RECORD OF MEDICAL VISITS AND REPORTS</td>
<td>Yes</td>
<td>9/20/19</td>
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<tr>
<td>88.09(1)(d)6</td>
<td>RESIDENT RECORD-SERVICE AGREEMENT</td>
<td>Yes</td>
<td>9/20/19</td>
<td>Yes</td>
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<tr>
<td>88.10(3)(a)</td>
<td>FAIR TREATMENT</td>
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<td>Yes</td>
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Survey ID: 0129659   End Date: 1/7/2019   Type: OTHER   Purpose: SELF REPORT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #Q45L11 Serviced 3/30/2019

<table>
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<tr>
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<tbody>
<tr>
<td>88.07(3)(e)1</td>
<td>MEDICATION- RECORD KEEPING</td>
<td>Yes</td>
<td>3/27/19</td>
<td>Yes</td>
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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>
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<th>Compliance</th>
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<th>Corrected</th>
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<tbody>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>Yes</td>
<td>2/10/18</td>
<td>Yes</td>
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<tr>
<td>88.06(3)(a)</td>
<td>INDIVIDUAL SERVICE PLAN &amp; ASSESSMENT</td>
<td>Yes</td>
<td>2/10/18</td>
<td>Yes</td>
</tr>
<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
<td></td>
<td>2/10/18</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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Provider Inspection Summary
For the period 8/11/2017 to 8/10/2020
Adult Family Home

Enforcement History (ELK CREEK--0014238)

<table>
<thead>
<tr>
<th>Date</th>
<th>SOD #</th>
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<th>Sanctions</th>
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<tbody>
<tr>
<td>7/5/2019</td>
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<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
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<tr>
<td>1/21/2019</td>
<td>WSFR12</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
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</tbody>
</table>

Complaint History (ELK CREEK--0014238)

<table>
<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
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</thead>
<tbody>
<tr>
<td>2/18/2019</td>
<td>2/21/2019</td>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>SUBSTANTIATED</td>
<td>WSFR11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
<td>WSFR11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>RESIDENT RIGHTS</td>
<td>SUBSTANTIATED</td>
<td>WSFR11</td>
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<tr>
<td></td>
<td></td>
<td>STAFF TRAINING AND PROFICIENCY</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
</tbody>
</table>
Provider Inspection Summary
For the period 8/11/2017 to 8/10/2020
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 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>
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</thead>
<tbody>
<tr>
<td>0132637</td>
<td>1/9/2020</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0131409</td>
<td>8/12/2019</td>
<td>STANDARD</td>
<td>SURVEY</td>
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<tr>
<td>0130245</td>
<td>4/30/2019</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0128557</td>
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<td>COMPLAINT</td>
<td>ENFORCEMENT ACTION</td>
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Statement of Deficiency: #G25B11 Served 11/19/2018

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<td>4/30/19</td>
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Disorders Cited: 88.04(2)(f) Subject Area: CONDITION WHICH REPRESENTS RISK OR HARM

This is Page 25 of 32 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 8/11/2017 to 8/10/2020
Adult Family Home

<table>
<thead>
<tr>
<th>Enforcement History (MYSTIC ACRES LLC--0009734)</th>
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<tbody>
<tr>
<td>Date: 11/13/2018</td>
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<td>Sanctions</td>
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</table>

<table>
<thead>
<tr>
<th>Complaint History (MYSTIC ACRES LLC--0009734)</th>
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<tbody>
<tr>
<td>Date Complaint Received: 6/14/2018</td>
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<tr>
<td>Date Investigation Completed: 6/21/2018</td>
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<tr>
<td>Subject Area(s)</td>
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<td>PHYSICAL ENVIRONMENT/SAFETY</td>
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<td>PROGRAM SERVICES</td>
</tr>
<tr>
<td>Result</td>
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<tr>
<td>SUBSTANTIATED</td>
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<tr>
<td>SOD #</td>
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<tr>
<td>G25B11</td>
</tr>
</tbody>
</table>

This is Page 26 of 32 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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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

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<td>0133906</td>
<td>3/4/2020</td>
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<td></td>
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<tr>
<td></td>
<td>#HVGR11</td>
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<td>0133774</td>
<td>1/15/2020</td>
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<tr>
<td>0130785</td>
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<th>End Date</th>
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<th>Purpose</th>
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<tr>
<td>0134431</td>
<td>5/29/2019</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
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<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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</table>

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### Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

**Adult Family Home**

#### Survey ID: 0133363
**End Date:** 12/11/2018  **Type:** OTHER  **Purpose:** DESK REVIEW

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #BBI711  Served 12/10/2019

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<thead>
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<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Corrected</th>
<th>Verified</th>
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<tbody>
<tr>
<td>88.04(2)(a)</td>
<td>RESPONSIBILITIES</td>
<td>Yes</td>
<td>12/10/20</td>
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</tbody>
</table>

#### Survey ID: 0128546
**End Date:** 8/9/2018  **Type:** OTHER  **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #84F914  Served 11/13/2018

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<th>Corrected</th>
<th>Verified</th>
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</thead>
<tbody>
<tr>
<td>88.04(2)(f)</td>
<td>CONDITION WHICH REPRESENTS RISK OR HARM</td>
<td>Yes</td>
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<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
<td>Yes</td>
<td>6/13/19</td>
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<tr>
<td>88.07(1)(b)</td>
<td>AUTONOMY AND CHOICES</td>
<td>Yes</td>
<td>6/13/19</td>
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<td>88.07(2)(a)</td>
<td>SERVICES</td>
<td>Yes</td>
<td>6/13/19</td>
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<tr>
<td>88.10(3)(m)</td>
<td>FREEDOM FROM ABUSE</td>
<td>Yes</td>
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#### Survey ID: 0126119
**End Date:** 10/2/2017  **Type:** STANDARD  **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

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

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<tbody>
<tr>
<td>88.03(5)(e)1</td>
<td>SIGNIFICANT CHANGE TO THE RESIDENT</td>
<td>Yes</td>
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<td>88.07(2)(a)</td>
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<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
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## Enforcement History (MYSTIC CREEK LLC--0010884)

<table>
<thead>
<tr>
<th>Date</th>
<th>SOD Number</th>
<th>Appealed</th>
<th>Sanctions</th>
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<tbody>
<tr>
<td>6/11/2020</td>
<td>HVGR11</td>
<td>No</td>
<td>OTHER SANCTION</td>
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<tr>
<td>11/13/2018</td>
<td>84F914</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
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<td>3/5/2018</td>
<td>84F913</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION COMPLY WITH REQUIREMENT</td>
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<td>2/6/2020</td>
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<tr>
<td>Subject Area(s)</td>
<td>PROGRAM SERVICES</td>
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<td>Date Investigation Completed:</td>
<td>6/11/2020</td>
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<tr>
<td>Result</td>
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<td>SOD #</td>
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<td>SOD #</td>
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<tr>
<td>Result</td>
<td>NOT SUBSTANTIATED</td>
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<tr>
<td>SOD #</td>
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<th>Date ComplaintReceived:</th>
<th>6/14/2018</th>
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<tr>
<td>Result</td>
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<td>SOD #</td>
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<tr>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
</tr>
<tr>
<td>STAFF TRAINING AND PROFICIENCY</td>
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</tr>
<tr>
<td>SOD #</td>
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<th>9/13/2017</th>
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<td>PHYSICAL ENVIRONMENT/SAFETY</td>
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<tr>
<td>SOD #</td>
<td>84F913</td>
</tr>
<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
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<tr>
<td>STAFF TRAINING AND PROFICIENCY</td>
<td>SUBSTANTIATED</td>
</tr>
<tr>
<td>SOD #</td>
<td>84F913</td>
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</table>
Facility Information

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 Verified</th>
<th>Corrected</th>
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<tbody>
<tr>
<td>88.04(2)(a)</td>
<td>RESPONSIBILITIES</td>
<td>8/16/18</td>
<td>Yes</td>
</tr>
<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
<td>8/16/18</td>
<td>Yes</td>
</tr>
<tr>
<td>88.10(3)(m)</td>
<td>FREEDOM FROM ABUSE</td>
<td>8/16/18</td>
<td>Yes</td>
</tr>
<tr>
<td>88.11(1)</td>
<td>REPORTING OF ABUSE AND NEGLECT</td>
<td>8/16/18</td>
<td>Yes</td>
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</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 8/11/2017 to 8/10/2020
Adult Family Home

<table>
<thead>
<tr>
<th>Facility Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Facility Name:</strong>  WIND RIDGE HOME (190080)</td>
</tr>
<tr>
<td><strong>Address:</strong>  14803 JEWELL RD, VIOLA, WI 546648716</td>
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<tr>
<td><strong>License Status:</strong>  REGULAR</td>
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<td><strong>Licensed/Certified/Registered:</strong>  3/12/1996  12:00:00AM</td>
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<td><strong>Results:</strong>  NO STATEMENT OF DEFICIENCY ISSUED</td>
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</tbody>
</table>

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