

Provider Inspection Summary

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

Rock

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Rock County.

The report is a PDF (Adobe Acrobat) document and includes a total of 24.00 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

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

Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: Abrela House Adult Family Home (0019983)

Address: 2113 E Huebbe Pkwy, Beloit, WI 535111846

License Status: REGULAR

Licensed/Certified/Registered 02/28/2024 12:00:00AM

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

Survey History

Survey ID: 0145770 **End Date:** 02/28/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: DAHL ADULT FAMILY HOME (0018728)

Address: 385 W HERON DR, BELOIT, WI 53511

License Status: REGULAR

Licensed/Certified/Registered 10/05/2021 12:00:00AM

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

Survey History

Survey ID: 0148048 **End Date:** 10/16/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #2UO011 Served 11/07/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	12/22/24	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	12/22/24	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	12/22/24	Yes

Enforcement History (DAHL ADULT FAMILY HOME--0018728)

Date: 11/07/2024 **SOD #**2UO011 **Appealed:** No

Sanctions

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: EAST RIDGE (0011377)

Address: 2009 EAST RIDGE RD, BELOIT, WI 53511

License Status: REGULAR

Licensed/Certified/Registered 03/31/2006 12:00:00AM

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

Survey History

Survey ID: 0148027 **End Date:** 10/24/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147149 **End Date:** 07/12/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NBPQ11 Served 07/31/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	10/24/24	Yes

Survey ID: 0140636 **End Date:** 08/31/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0139951 **End Date:** 03/18/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #680611 Served 06/24/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	8/31/22	Yes
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	8/31/22	Yes
88.07(2)(b)5	MONITORING HEALTH	8/31/22	Yes

Enforcement History (EAST RIDGE--0011377)

Date: 07/31/2024 **SOD #**NBPQ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 06/24/2022 **SOD #**680611 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: ITS ABOUT YOU ADULT FAMILY HOME LLC (0018106)

Address: 1716 HARRISON AVENUE, BELOIT, WI 53511

License Status: REGULAR

Licensed/Certified/Registered 08/27/2020 12:00:00AM

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

Survey History

Survey ID: 0148378 **End Date:** 11/15/2024 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZTYO12 Served 01/02/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		
88.06(1)(e)	INFORMATION TO DETERMINE SERVICES		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0143318 End Date: 05/09/2023 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZTYO11 Served 06/12/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	11/12/24	Yes
88.04(2)(a)	RESPONSIBILITIES	11/12/24	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	11/12/24	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	11/12/24	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	11/12/24	Yes
88.05(3)(a)	HOME ENVIRONMENT	11/12/24	Yes
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	11/12/24	No
88.05(3)(m)	2 EXITS TO GRADE-BEDROOMS IN BASEMENT	11/12/24	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	11/12/24	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	11/12/24	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	11/12/24	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	11/12/24	Yes
88.06(1)(e)	INFORMATION TO DETERMINE SERVICES	11/12/24	No
88.06(2)(a)	ADMISSION-HEALTH EXAM	11/12/24	No
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	11/12/24	No
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	11/12/24	No
88.07(3)(a)	PRESCRIPTION MEDICATIONS	11/12/24	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	11/12/24	No
88.10(3)(b)	PRIVACY	11/12/24	Yes

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (ITS ABOUT YOU ADULT FAMILY HOME LLC--0018106)

Date: 01/02/2025 **SOD #ZTYO12** **Appealed: No**

Sanctions

ORDER TO COMPLY

Date: 06/12/2023 **SOD #ZTYO11** **Appealed: No**

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: King Johnson Adult Family Home LLC (0019170)

Address: 923 Moore St, Beloit, WI 53511

License Status: REGULAR

Licensed/Certified/Registered 10/18/2022 12:00:00AM

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

Survey History

Survey ID: 0141111 **End Date:** 10/18/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: Lighthouse AFH (The) (0019068)

Address: 7071 S State Road 213, Beloit, WI 53511

License Status: REGULAR

Licensed/Certified/Registered 02/20/2023 12:00:00AM

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

Survey History

Survey ID: 0142230 **End Date:** 02/20/2023 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: Abna Care 1 (0020379)

Address: 313 N High Street, Janesville, WI 53548

License Status: REGULAR

Licensed/Certified/Registered 08/20/2024 12:00:00AM

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

Survey History

Survey ID: 0147389 **End Date:** 08/20/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: BERGMAN ADULT FAMILY HOME (0015870)
Address: 540 E ZERMATT CT, JANESVILLE, WI 53545
License Status: REGULAR
Licensed/Certified/Registered 11/03/2016 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0141230 **End Date:** 09/22/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #U34D11 Served 11/03/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(1)	SAFE PHYSICAL ENVIRONMENT	9/22/22	Yes

Enforcement History (BERGMAN ADULT FAMILY HOME--0015870)

Date: 11/03/2022 **SOD #**U34D11 **Appealed:** No

Sanctions
ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: CCLS MORNING DOVE (0013250)

Address: 2224 N WRIGHT RD, JANESVILLE, WI 53546

License Status: REGULAR

Licensed/Certified/Registered 09/16/2010 12:00:00AM

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

Survey History

Survey ID: 0143691 **End Date:** 07/11/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141965 **End Date:** 01/17/2023 **Type:** OTHER **Purpose:** SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TS4212 Served 01/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(m)	FREEDOM FROM ABUSE	7/11/23	Yes

Survey ID: 0140612 **End Date:** 05/25/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TS4211 Served 08/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	1/17/23	Yes
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	1/17/23	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	1/17/23	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	1/17/23	Yes

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (CCLS MORNING DOVE--0013250)

Date: 01/30/2023 **SOD #**TS4212 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 08/31/2022 **SOD #**TS4211 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: CCLS WINTERGREEN (0013249)

Address: 3712 WINTERGREEN WAY, JANESVILLE, WI 53546

License Status: REGULAR

Licensed/Certified/Registered 09/16/2010 12:00:00AM

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

Survey History

Survey ID: 0140922 **End Date:** 09/20/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: KANDU QUARTERS (0019088)

Address: 2426 SAVANNA COURT, JANESVILLE, WI 53546

License Status: REGULAR

Licensed/Certified/Registered 08/25/2022 12:00:00AM

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

Survey History

Survey ID: 0140650 **End Date:** 08/25/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: OAKHILL AFH (0016032)

Address: 482 N OAKHILL AVE, JANESVILLE, WI 53548

License Status: REGULAR

Licensed/Certified/Registered 07/22/2016 12:00:00AM

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

Survey History

Survey ID: 0147886 **End Date:** 09/25/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TCKD11 Served 10/18/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(3)(e)2.a	INSPECTIONS-OIL FURNACE	12/2/24	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	12/2/24	Yes

Survey ID: 0140544 **End Date:** 07/26/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (OAKHILL AFH-0016032)

Date: 10/18/2024 **SOD #**TCKD11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: RABES (190026)

Address: 6915 W BUTLER RD, JANESVILLE, WI 53548

License Status: REGULAR

Licensed/Certified/Registered 01/02/1993 12:00:00AM

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

Survey History

Survey ID: 0145233 **End Date:** 12/28/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144525 **End Date:** 08/15/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ML4Z12 Served 10/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	12/20/23	Yes
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	12/20/23	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	12/20/23	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	12/20/23	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	12/20/23	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	12/20/23	Yes

Survey ID: 0142974 **End Date:** 04/13/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0142882 **End Date: 03/23/2023** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ML4Z11 Served 04/24/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	8/15/23	No
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	8/15/23	Yes
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	8/15/23	No
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	8/15/23	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	8/15/23	No
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	8/15/23	No
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	8/15/23	No
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	8/15/23	No
88.06(3)(f)	REVIEW OF ISP	8/15/23	Yes

Survey ID: 0139545 **End Date: 04/13/2022** **Type: OTHER** **Purpose: DESK REVIEW**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2HHP11 Served 05/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	4/13/23	Yes

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (RABES--190026)

Date: 10/17/2023 **SOD #**ML4Z12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 04/24/2023 **SOD #**ML4Z11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 05/13/2022 **SOD #**2HHP11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: REM BOND (0009025)

Address: 3411 3413 BOND PLACE, JANESVILLE, WI 53548

License Status: REGULAR

Licensed/Certified/Registered 06/07/2000 12:00:00AM

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

Survey History

Survey ID: 0147141 **End Date:** 07/18/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139224 **End Date:** 04/04/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: REM CUMBERLAND (0011213)

Address: 2619 CUMBERLAND, JANESVILLE, WI 53546

License Status: REGULAR

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

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

Survey History

Survey ID: 0146708 **End Date:** 06/11/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146229 **End Date:** 04/01/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3USY11 Served 04/24/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	6/11/24	Yes
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	6/11/24	Yes
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	6/11/24	Yes

Survey ID: 0143688 **End Date:** 07/11/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0140903 **End Date:** 07/25/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RFHX11 Served 10/03/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	7/11/23	Yes

Enforcement History (REM CUMBERLAND--0011213)

Date: 04/24/2024 **SOD #**3USY11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 10/03/2022 **SOD #**RFHX11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (REM CUMBERLAND--0011213)

Date Complaint Received: 03/22/2024

Date Investigation Completed: 03/26/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: REM SHANNON (0016428)

Address: 1606 SHANNON DRIVE, JANESVILLE, WI 53546

License Status: REGULAR

Licensed/Certified/Registered 02/20/2017 12:00:00AM

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

Survey History

Survey ID: 0145105 **End Date:** 12/20/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144580 **End Date:** 08/18/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8N2811 Served 10/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	1/22/23	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	12/20/23	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	12/20/23	Yes

Enforcement History (REM SHANNON--0016428)

Date: 10/19/2023 **SOD #**8N2811 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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