

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Notes

Rock

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 23.00 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 5/15/2020 to 5/15/2023

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 10/5/2021 12:00:00AM

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

Survey History

Survey ID: 0137410 **End Date:** 10/4/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 2 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: EAST RIDGE (0011377)

Address: 2009 EAST RIDGE RD, BELOIT, WI 53511

License Status: REGULAR

Licensed/Certified/Registered 3/31/2006 12:00:00AM

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

Survey History

Survey ID: 0140636 **End Date:** 8/31/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139951 **End Date:** 3/18/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #680611 Served 6/24/2022

<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: 6/24/2022 **SOD #**680611 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

This is Page 3 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 8/27/2020 12:00:00AM

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

Survey History

Survey ID: 0143318 **End Date:** 5/9/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZTYO11 Served 6/12/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.04(2)(a)	RESPONSIBILITIES		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		
88.05(3)(m)	2 EXITS TO GRADE-BEDROOMS IN BASEMENT		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.06(1)(e)	INFORMATION TO DETERMINE SERVICES		
88.06(2)(a)	ADMISSION-HEALTH EXAM		

This is Page 4 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT
88.07(3)(a)	PRESCRIPTION MEDICATIONS
88.07(3)(d)	MEDICATION- WRITTEN ORDER
88.10(3)(b)	PRIVACY

Survey ID: 0134776 **End Date:** 8/27/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 5 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

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

This is Page 6 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 2/20/2023 12:00:00AM

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

Survey History

Survey ID: 0142230 **End Date:** 2/20/2023 **Type:** INITIAL **Purpose:** DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 7 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: RIZER AFH (0018489)

Address: 1620 OAKWOOD AVE, BELOIT, WI 53511

License Status: REGULAR

Licensed/Certified/Registered 7/14/2021 12:00:00AM

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

Survey History

Survey ID: 0136788 **End Date:** 7/14/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 8 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: BERGMAN ADULT FAMILY HOME (0015870)

Address: 540 E ZERMATT CT, JANESVILLE, WI 53545

License Status: REGULAR

Licensed/Certified/Registered 11/3/2016 12:00:00AM

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

Survey History

Survey ID: 0141230 **End Date:** 9/22/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #U34D11 Served 11/3/2022

Deficiencies Cited
88.10(3)(l)

Subject Area
SAFE PHYSICAL ENVIRONMENT

Compliance
Verified
9/22/22

Corrected
Yes

Enforcement History (BERGMAN ADULT FAMILY HOME--0015870)

Date: 11/3/2022 **SOD #**U34D11 **Appealed:** No

Sanctions

ORDER TO COMPLY

This is Page 9 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 9/16/2010 12:00:00AM

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

Survey History

Survey ID: 0141965 **End Date:** 1/17/2023 **Type:** OTHER **Purpose:** SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TS4212 Served 1/30/2023

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

Survey ID: 0140612 **End Date:** 5/25/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TS4211 Served 8/31/2022

<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

This is Page 10 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Enforcement History (CCLS MORNING DOVE--0013250)

Date: 1/30/2023 **SOD #**TS4212 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 8/31/2022 **SOD #**TS4211 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

This is Page 11 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: CCLS WINTERGREEN (0013249)

Address: 3712 WINTERGREEN WAY, JANESVILLE, WI 53546

License Status: REGULAR

Licensed/Certified/Registered 9/16/2010 12:00:00AM

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

Survey History

Survey ID: 0140922 **End Date:** 9/20/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 12 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: FILLMORE (0015664)

Address: 740 FILLMORE, JANESVILLE, WI 53546

License Status: REGULAR

Licensed/Certified/Registered 7/1/2015 12:00:00AM

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

Survey History

Survey ID: 0139635 **End Date:** 3/16/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #EP8T11 Served 5/24/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	7/8/22	Yes
88.10(3)(d)	PRESUMPTION OF COMPETENCY	7/8/22	Yes

Enforcement History (FILLMORE--0015664)

Date: 5/24/2022 **SOD #**EP8T11 **Appealed:** No

Sanctions

ORDER TO COMPLY

This is Page 13 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: KANDU QUARTERS (0019088)

Address: 2426 SAVANNA COURT, JANESVILLE, WI 53546

License Status: REGULAR

Licensed/Certified/Registered 8/25/2022 12:00:00AM

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

Survey History

Survey ID: 0140650 **End Date:** 8/25/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 14 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: OAKHILL AFH (0016032)

Address: 482 N OAKHILL AVE, JANESVILLE, WI 53548

License Status: REGULAR

Licensed/Certified/Registered 7/22/2016 12:00:00AM

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

Survey History

Survey ID: 0140544 **End Date:** 7/26/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 15 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: RABES (190026)

Address: 6915 W BUTLER RD, JANESVILLE, WI 53548

License Status: REGULAR

Licensed/Certified/Registered 1/2/1993 12:00:00AM

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

Survey History

Survey ID: 0142974 **End Date:** 4/13/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142882 **End Date:** 3/23/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ML4Z11 Served 4/24/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(f)	REVIEW OF ISP		

This is Page 16 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0139545 **End Date: 4/13/2022** **Type: OTHER** **Purpose: DESK REVIEW**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2HHP11 Served 5/13/2022

<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

Survey ID: 0135554 **End Date: 2/4/2021** **Type: OTHER** **Purpose: COMPLAINT/VV**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135221 **End Date: 11/3/2020** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PNUC11 Served 11/30/2020

<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	2/4/21	Yes
88.05(6)(a)	HOUSEHOLD PETS	2/4/21	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	2/2/21	Yes
88.09(1)(d)	RESIDENT RECORDS REQUIREMENTS	2/4/21	Yes

This is Page 17 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Enforcement History (RABES--190026)

Date: 4/24/2023 **SOD #**ML4Z11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 5/13/2022 **SOD #**2HHP11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 11/27/2020 **SOD #**PNUC11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (RABES--190026)

Date Complaint Received: 1/19/2021

Date Investigation Completed: 2/4/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

This is Page 18 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: REM BOND (0009025)

Address: 3411 3413 BOND PLACE, JANESVILLE, WI 53548

License Status: REGULAR

Licensed/Certified/Registered 6/7/2000 12:00:00AM

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

Survey History

Survey ID: 0139224 **End Date:** 4/4/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138207 **End Date:** 11/18/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #X2SR11 Served 1/10/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	4/4/22	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	4/22/22	Yes

Enforcement History (REM BOND--0009025)

Date: 1/10/2022 **SOD #**X2SR11 **Appealed:** No

Sanctions

ORDER TO COMPLY

This is Page 19 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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: 0140903 **End Date:** 7/25/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RFHX11 Served 10/3/2022

Deficiencies Cited
88.04(5)(b)

Subject Area
TRAINING-8 HOURS ANNUALLY

Compliance
Verified

Corrected

Enforcement History (REM CUMBERLAND--0011213)

Date: 10/3/2022 **SOD #**RFHX11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

This is Page 20 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: REM SHANNON (0016428)

Address: 1606 SHANNON DRIVE, JANESVILLE, WI 53546

License Status: REGULAR

Licensed/Certified/Registered 2/20/2017 12:00:00AM

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

Survey History

Survey ID: 0137002 **End Date:** 8/5/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136253 **End Date:** 5/6/2021 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #E8CE13 Served 5/19/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	8/5/21	Yes

Enforcement History (REM SHANNON--0016428)

Date: 5/19/2021 **SOD #**E8CE13 **Appealed:** No

Sanctions

ORDER TO COMPLY

This is Page 21 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: LOHFFS ASSISTED LIVING (0014915)

Address: 11044 E COUNTY RD N, WHITEWATER, WI 53190

License Status: REGULAR

Licensed/Certified/Registered 1/29/2014 12:00:00AM

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

Survey History

Survey ID: 0142375 **End Date:** 3/2/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141503 **End Date:** 11/3/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #30XS11 Served 12/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.05(6)(a)	HOUSEHOLD PETS		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.07(2)(b)	SERVICES DIRECTED TO GOALS		
88.08	TERMINATION OF PLACEMENT		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

This is Page 22 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0135162 End Date: 11/4/2020 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #P28T11 Served 11/13/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(2)(a)	ADMISSION-HEALTH EXAM	11/13/20	

Enforcement History (LOHFFS ASSISTED LIVING--0014915)

Date: 12/9/2022 SOD #30XS11 Appealed: No

Sanctions

ORDER TO COMPLY

Date: 11/12/2020 SOD #P28T11 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (LOHFFS ASSISTED LIVING--0014915)

Date Complaint Received: 10/3/2022

Date Investigation Completed: 10/31/2022

Subject Area(s)
ADMINISTRATION

Result
SUBSTANTIATED

SOD #
30XS11

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

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.