

Provider Inspection Summary

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

Rock

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community-Based Residential Facilities in Rock County.

The report includes only facilities located within the City of Janesville. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.

The report is a PDF (Adobe Acrobat) document and includes a total of 46.00 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CEDAR CREST ASSISTED LIVING (0008495)
Address: 1704 S RIVER RD, JANESVILLE, WI 53546
License Status: REGULAR
Licensed/Certified/Registered 04/30/1999 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148069 **End Date:** 09/26/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8HV511 Served 11/12/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS		

Survey ID: 0142214 **End Date:** 02/02/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140632 **End Date:** 08/24/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141286 **End Date:** 07/19/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YYB311 Served 11/09/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	2/2/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	2/2/23	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	2/2/23	Yes
83.38(1)(g)	HEALTH MONITORING	2/2/23	Yes
83.47(2)(d)	FIRE DRILLS	2/2/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	2/2/23	Yes
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS	2/2/23	Yes

Enforcement History (CEDAR CREST ASSISTED LIVING--0008495)

Date: 11/11/2024 **SOD #**8HV511 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.47(2)(d)

Date: 11/09/2022 **SOD #**YYB311 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25
FORFEITURE---83.38(1)(g)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CEDAR CREST ASSISTED LIVING (0019734)

Address: 1706 S RIVER RD, JANESVILLE, WI 53546

License Status: REGULAR

Licensed/Certified/Registered 11/30/2023 12:00:00AM

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

Survey History

Survey ID: 0146403 **End Date:** 05/06/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144984 **End Date:** 11/30/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: DUPONT (0011375)

Address: 1945 DUPONT DR, JANESVILLE, WI 53546

License Status: REGULAR

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

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

Survey History

Survey ID: 0148608 **End Date:** 01/14/2025 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142210 **End Date:** 02/01/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141161 **End Date:** 07/11/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FGVK11 Served 11/02/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	2/1/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	2/1/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	2/1/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (DUPONT--0011375)

Date: 11/02/2022 **SOD #**FGVK11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35(1)(a)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Hawthorne (0020281)

Address: 719 Hawthorne Avenue, Janesville, WI 53545

License Status: PROBATIONARY

Licensed/Certified/Registered 05/06/2024 12:00:00AM

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

Survey History

Survey ID: 0146399 **End Date:** 05/06/2024 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HEARTHSIDE (THE) (0018574)

Address: 2203 HANCOCK LANE, JANESVILLE, WI 53545

License Status: REGULAR

Licensed/Certified/Registered 11/10/2021 12:00:00AM

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

Survey History

Survey ID: 0148342 **End Date:** 09/16/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YFMI11 Served 01/02/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK		
83.25	CONTINUING EDUCATION		
83.31(4)(c)	INVOLUNTARY DISCHARGE NOTICE REQUIREMENTS		
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT		
83.32(3)(e)	RIGHTS OF RESIDENTS: FREE OF SECLUSION		
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION		
83.35(2)	TEMPORARY SERVICE PLAN		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED
83.37(1)(g)	DISPOSITION OF MEDICATIONS
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION
83.38(1)(c)	LEISURE TIME ACTIVITIES
83.38(1)(k)	TRANSPORTATION
83.41(2)(c)	NUTRITION: MENUS
83.42(3)	ACCESS TO RESIDENT RECORDS
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE
83.45(3)	TOXIC SUBSTANCES
83.47(2)(d)	FIRE DRILLS
83.48(3)(b)	SENSITIVITY TESTING PERFORMED
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT

Survey ID: 0144288 End Date: 09/14/2023 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142831 End Date: 02/09/2023 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SNYI12 Served 04/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	9/14/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140982 **End Date:** 07/25/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SNYI11 Served 10/10/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	2/9/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	7/25/22	No
83.29(2)	ADMISSION AGREEMENT	2/9/23	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	2/9/23	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	2/9/23	Yes
83.45(1)(a)	EXTERIOR AREAS	2/9/23	Yes
83.45(3)	TOXIC SUBSTANCES	2/9/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (HEARTHSIDE (THE)--0018574)

Date: 01/02/2025 **SOD #**YFMI11 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.25
FORFEITURE---83.32(3)(e)
FORFEITURE---83.32(3)(k)
FORFEITURE---83.35(3)(b)
FORFEITURE---83.45(3)

Date: 04/19/2023 **SOD #**SNYI12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a-d)

Date: 10/10/2022 **SOD #**SNYI11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a-d)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (HEARTHSIDE (THE)--0018574)

Date Complaint Received: 08/20/2024

Date Investigation Completed: 09/06/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

YFMI11

Date Complaint Received: 08/13/2024

Date Investigation Completed: 09/06/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

YFMI11

Date Complaint Received: 06/23/2022

Date Investigation Completed: 07/20/2022

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HUNTINGTON PLACE MEMORY CARE 1 (0014094)

Address: 3828 E ROTAMER RD, JANESVILLE, WI 53546

License Status: REGULAR

Licensed/Certified/Registered 04/13/2012 12:00:00AM

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

Survey History

Survey ID: 0144555 **End Date:** 10/10/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142634 **End Date:** 01/09/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RWY711 Served 04/03/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	10/10/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	10/10/23	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	10/10/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/10/23	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	10/10/23	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	10/10/23	Yes

Survey ID: 0140586 **End Date:** 05/17/2022 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (HUNTINGTON PLACE MEMORY CARE 1--0014094)

Date: 04/03/2023 **SOD #**RWY711 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.20(2)(a-d)

FORFEITURE---83.35(1)(c)

Complaint History (HUNTINGTON PLACE MEMORY CARE 1--0014094)

Date Complaint Received: 12/19/2022

Date Investigation Completed: 01/05/2023

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HUNTINGTON PLACE MEMORY CARE 2 (0014095)

Address: 3840 E ROTAMER RD, JANESVILLE, WI 53546

License Status: REGULAR

Licensed/Certified/Registered 04/13/2012 12:00:00AM

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

Survey History

Survey ID: 0147865 **End Date:** 08/30/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZZXF11 Served 10/18/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY		
83.38(1)(g)	HEALTH MONITORING		
83.38(1)(i)	BEHAVIOR MANAGEMENT		

Survey ID: 0144838 **End Date:** 11/09/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140305 **End Date:** 06/14/2022 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (HUNTINGTON PLACE MEMORY CARE 2--0014095)

Date: 10/16/2024 **SOD #**ZZXF11 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.38(1)(g)
FORFEITURE---83.38(1)(i)

Complaint History (HUNTINGTON PLACE MEMORY CARE 2--0014095)

Date Complaint Received: 08/01/2024 **Date Investigation Completed:** 08/30/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	ZZXF11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HUNTINGTON PLACE MEMORY CARE 3 (0014097)

Address: 3902 E ROTAMER RD, JANESVILLE, WI 53546

License Status: REGULAR

Licensed/Certified/Registered 04/13/2012 12:00:00AM

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

Survey History

Survey ID: 0147883 **End Date:** 10/03/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FV3E11 Served 10/31/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY		
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT		
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT		
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		

Survey ID: 0146589 **End Date:** 05/29/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144553 End Date: 10/10/2023 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Survey ID: 0143899 End Date: 06/05/2023 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #98QK11 Served 08/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	10/10/23	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	10/10/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	10/10/23	Yes
83.25	CONTINUING EDUCATION	10/10/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/10/23	Yes
83.47(2)(d)	FIRE DRILLS	10/10/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (HUNTINGTON PLACE MEMORY CARE 3--0014097)

Date: 10/31/2024 **SOD #**FV3E11 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.32(3)(d)
FORFEITURE---83.35(3)(c)

Date: 08/11/2023 **SOD #**98QK11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.17(2)(a)
FORFEITURE---83.25
FORFEITURE---83.35(3)(d)

Complaint History (HUNTINGTON PLACE MEMORY CARE 3--0014097)

Date Complaint Received: 09/06/2024 **Date Investigation Completed:** 09/24/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	FV3E11

Date Complaint Received: 02/28/2024 **Date Investigation Completed:** 05/14/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	

Date Complaint Received: 05/11/2023 **Date Investigation Completed:** 05/31/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: KELLOGG (0011378)

Address: 1947 DUPONT DR, JANESVILLE, WI 53546

License Status: REGULAR

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

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

Survey History

Survey ID: 0140541 **End Date:** 07/11/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CZN311 Served 08/23/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	7/11/22	Yes

Enforcement History (KELLOGG--0011378)

Date: 08/23/2022 **SOD #**CZN311 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LEE LANE (0011380)

Address: 1620 LEE LANE, JANESVILLE, WI 53546

License Status: REGULAR

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

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

Survey History

Survey ID: 0145039 **End Date:** 11/21/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140520 **End Date:** 08/16/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (LEE LANE--0011380)

Date Complaint Received: 10/02/2023

Date Investigation Completed: 10/25/2023

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OAK PARK PLACE OF JANESVILLE (0017017)

Address: 700 MYRTLE WAY, JANESVILLE, WI 53545

License Status: REGULAR

Licensed/Certified/Registered 06/15/2018 12:00:00AM

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

Survey History

Survey ID: 0148569 **End Date:** 01/08/2025 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0148485 **End Date:** 12/09/2024 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3DZM11 Served 01/13/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(f)	PRIVACY		
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		

Survey ID: 0147618 **End Date:** 09/12/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0146768 End Date: 05/23/2024 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Z7JQ11 Served 06/21/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	9/12/24	Yes
83.37(1)(b)	MEDICATION LABEL PERMANENTLY ATTACHED	9/12/24	Yes

Survey ID: 0146467 End Date: 04/02/2024 Type: OTHER Purpose: COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145491 End Date: 01/18/2024 Type: STANDARD Purpose: SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #657X16 Served 02/08/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	4/2/24	Yes
83.19	ORIENTATION	4/2/24	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	4/2/24	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	4/2/24	Yes
83.25	CONTINUING EDUCATION	4/2/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	4/2/24	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	4/2/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/2/24	Yes
83.38(1)(g)	HEALTH MONITORING	4/2/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144291 **End Date: 09/19/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144709 **End Date: 08/31/2023** **Type: OTHER** **Purpose: COMPLAINT/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #657X15 Served 11/03/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/3/24	No
83.41(2)(a)	NUTRITION: DIET	1/3/24	Yes

Survey ID: 0143612 **End Date: 05/09/2023** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #657X14 Served 07/12/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	8/31/23	Yes

Survey ID: 0142188 **End Date: 01/18/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141647 **End Date: 12/13/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142094 End Date: 11/03/2022 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #657X13 Served 02/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	5/9/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	5/9/23	No

Survey ID: 0140614 End Date: 05/18/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #657X12 Served 08/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	11/3/22	Yes
83.38(1)(g)	HEALTH MONITORING	11/3/22	Yes
83.45(1)(e)	ELECTRICAL, MECHANICAL, WATER SUPPLY	11/3/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (OAK PARK PLACE OF JANESVILLE--0017017)

Date: 01/13/2025 **SOD #**3DZM11 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(i)
FORFEITURE---83.37(2)(d)

Date: 06/21/2024 **SOD #**Z7JQ11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(h)

Date: 02/08/2024 **SOD #**657X16 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.19
FORFEITURE---83.20(2)(a)
FORFEITURE---83.21(1-3)
FORFEITURE---83.25
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(1)(c)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(g)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 11/03/2023 **SOD #657X15** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35(3)(d)

Date: 07/12/2023 **SOD #657X14** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(h)

Date: 02/10/2023 **SOD #657X13** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.12 (5)(a)
FORFEITURE---83.32 (3)(h)

Date: 08/31/2022 **SOD #657X12** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.38(1)(g)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (OAK PARK PLACE OF JANESVILLE--0017017)

Date Complaint Received: 01/02/2025

Date Investigation Completed: 01/08/2025

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 12/17/2024

Date Investigation Completed: 01/08/2025

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 12/02/2024

Date Investigation Completed: 12/04/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

3DZM11

Date Complaint Received: 08/14/2024

Date Investigation Completed: 09/11/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 08/08/2024

Date Investigation Completed: 09/11/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 06/24/2024

Date Investigation Completed: 09/11/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 05/14/2024

Date Investigation Completed: 05/21/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

Z7JQ11

Date Complaint Received: 04/02/2024

Date Investigation Completed: 04/02/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 03/22/2024

Date Investigation Completed: 04/02/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 03/05/2024

Date Investigation Completed: 04/02/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 01/08/2024

Date Investigation Completed: 01/11/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES

NOT SUBSTANTIATED
SUBSTANTIATED

657X16

Date Complaint Received: 01/02/2024

Date Investigation Completed: 01/03/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

SUBSTANTIATED
SUBSTANTIATED

657X16
657X16

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 12/27/2023

Date Investigation Completed: 01/03/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

657X16

Date Complaint Received: 08/23/2023

Date Investigation Completed: 08/29/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

657X15

PROGRAM SERVICES

SUBSTANTIATED

657X15

Date Complaint Received: 08/15/2023

Date Investigation Completed: 09/19/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 07/06/2023

Date Investigation Completed: 08/29/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 01/06/2023

Date Investigation Completed: 01/18/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/22/2022

Date Investigation Completed: 12/13/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 10/27/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 11/03/2022

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	657X13
SUBSTANTIATED	657X13

Date Complaint Received: 09/15/2022

Subject Area(s)
ADMINISTRATION
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 10/28/2022

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	657X13
SUBSTANTIATED	657X13
SUBSTANTIATED	657X13

Date Complaint Received: 03/16/2022

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 05/18/2022

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OUR HOUSE JANESVILLE ASSISTED CARE (0013378)

Address: 2516 GREEN VALLEY DR, JANESVILLE, WI 53546

License Status: REGULAR

Licensed/Certified/Registered 10/01/2011 12:00:00AM

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

Survey History

Survey ID: 0148464 **End Date:** 10/08/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #W14112 Served 01/08/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		

Survey ID: 0146998 **End Date:** 05/25/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #W14111 Served 07/19/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.38(1)(a)	PERSONAL CARE		
83.41(1)(b)	EQUIPMENT		
83.41(3)(b)	FOOD SAFETY		
83.45(3)	TOXIC SUBSTANCES		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142200 End Date: 01/23/2023 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140196 End Date: 04/07/2022 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (OUR HOUSE JANESVILLE ASSISTED CARE--0013378)

Date: 01/08/2025 SOD #W14112 Appealed: Decision: PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35(3)(d)

Date: 07/19/2024 SOD #W14111 Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35(3)(d)

Complaint History (OUR HOUSE JANESVILLE ASSISTED CARE--0013378)

Date Complaint Received: 04/02/2024 Date Investigation Completed: 05/16/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	W14111

Date Complaint Received: 01/05/2023 Date Investigation Completed: 01/23/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

Date Complaint Received: 03/25/2022 Date Investigation Completed: 04/07/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OUR HOUSE JANESVILLE MEMORY CARE (0013381)

Address: 4333 PHEASANT RUN RD, JANESVILLE, WI 53546

License Status: REGULAR

Licensed/Certified/Registered 10/01/2011 12:00:00AM

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

Survey History

Survey ID: 0148062 **End Date:** 09/05/2024 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HT2S11 Served 11/11/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT		

Survey ID: 0145990 **End Date:** 02/27/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ODT311 Served 03/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	5/10/24	Yes

Survey ID: 0140851 **End Date:** 09/23/2022 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139968 **End Date: 04/04/2022** **Type: OTHER** **Purpose: SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DJYY11 Served 06/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(b)	SUPERVISION	9/23/22	Yes

Survey ID: 0138702 **End Date: 02/02/2022** **Type: OTHER** **Purpose: COMPLAINT/VV**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (OUR HOUSE JANESVILLE MEMORY CARE--0013381)

Date: 11/11/2024 **SOD #HT2S11** **Appealed:** **Decision: PENDING**

Sanctions

ORDER TO COMPLY
FORFEITURE---50.09(1)(e)

Date: 03/26/2024 **SOD #ODT311** **Appealed: No**

Sanctions

ORDER TO COMPLY

Date: 06/28/2022 **SOD #DJYY11** **Appealed:**

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.38(1)(b)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (OUR HOUSE JANESVILLE MEMORY CARE--0013381)

Date Complaint Received: 08/27/2024

Date Investigation Completed: 09/05/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

HT2S11

Date Complaint Received: 01/26/2024

Date Investigation Completed: 02/27/2024

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: REM CANTERBURY (110449)
Address: 3605/3607 CANTERBURY LA, JANESVILLE, WI 53546
License Status: REGULAR
Licensed/Certified/Registered 06/30/1995 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148833 **End Date:** 11/13/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I5EI11 Served 02/25/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19	ORIENTATION		
83.22(1)-(4)	TASK SPECIFIC TRAINING		

Survey ID: 0142211 **End Date:** 02/02/2023 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141455 **End Date:** 08/15/2022 **Type:** OTHER **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TI3E12 Served 12/01/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	2/2/23	Yes
83.25	CONTINUING EDUCATION	2/2/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	2/2/23	Yes
83.41(3)(b)	FOOD SAFETY	2/2/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	2/2/23	Yes
83.45(3)	TOXIC SUBSTANCES	2/2/23	Yes
83.47(2)(d)	FIRE DRILLS	2/2/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	2/2/23	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	2/2/23	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	2/2/23	Yes

Enforcement History (REM CANTERBURY--110449)

Date: 12/01/2022 **SOD #**TI3E12 **Appealed:**

Sanctions

ORDER TO COMPLY
 FORFEITURE---83.20(2)(a)-(d)
 FORFEITURE---83.25
 FORFEITURE---83.35(3)(a)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: REM JONATHON (110458)

Address: 223 225 JONATHON DR, JANESVILLE, WI 53548

License Status: REGULAR

Licensed/Certified/Registered 02/01/1996 12:00:00AM

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

Survey History

Survey ID: 0146090 **End Date:** 04/04/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144893 **End Date:** 09/18/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SLM411 Served 11/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	4/4/24	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	4/4/24	Yes
83.25	CONTINUING EDUCATION	4/4/24	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	4/4/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/4/24	Yes
83.47(3)	FIRE INSPECTION	4/4/24	Yes
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED	4/4/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139200 End Date: 03/23/2022 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (REM JONATHON--110458)

Date: 11/28/2023 SOD #SLM411 Appealed: No

Sanctions

ORDER TO COMPLY

FORFEITURE---83.20(2)(a-d)

FORFEITURE---83.21(1-3)

FORFEITURE---83.25

FORFEITURE---83.35(3)(d)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ROCK VALLEY COMM PROG INC CRISIS UNIT (0014440)

Address: 203 W SUNNY LANE RD, JANESVILLE, WI 53546

License Status: REGULAR

Licensed/Certified/Registered 02/01/2014 12:00:00AM

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

Survey History

Survey ID: 0147150 **End Date:** 07/12/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #H4M211 Served 07/31/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	7/12/24	Yes
83.29(2)	ADMISSION AGREEMENT	7/12/24	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	7/12/24	Yes

Survey ID: 0143251 **End Date:** 05/24/2023 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142218 **End Date: 01/23/2023** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XN8513 Served 02/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	5/24/23	Yes

Survey ID: 0140814 **End Date: 06/14/2022** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XN8512 Served 09/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	1/23/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (ROCK VALLEY COMM PROG INC CRISIS UNIT--0014440)

Date: 07/31/2024 **SOD #**H4M211 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 02/20/2023 **SOD #**XN8513 **Appealed:**

Sanctions
ORDER TO COMPLY
FORFEITURE---83.20(2)(a)-(d)

Date: 09/21/2022 **SOD #**XN8512 **Appealed:**

Sanctions
ORDER TO COMPLY
FORFEITURE---83.20(2)(a)-(d)

Date: 03/16/2022 **SOD #**XN8511 **Appealed:**

Sanctions
ORDER TO COMPLY
FORFEITURE---83.20(1)(a)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ROCK VALLEY COMMUNITY PROGRAMS INC (111054)

Address: 203 W SUNNY LANE RD, JANESVILLE, WI 53546

License Status: REGULAR

Licensed/Certified/Registered 06/30/1998 12:00:00AM

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

Survey History

Survey ID: 0147020 **End Date:** 07/12/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143256 **End Date:** 05/24/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142679 **End Date:** 01/23/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BFP813 Served 04/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	5/24/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141158 End Date: 06/14/2022 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BFP812 Served 11/02/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	5/24/23	Yes

Enforcement History (ROCK VALLEY COMMUNITY PROGRAMS INC--111054)

Date: 04/05/2023 SOD #BFP813 Appealed: No

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a)-(d)

Date: 11/02/2022 SOD #BFP812 Appealed: No

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a)-(d)

Date: 03/15/2022 SOD #BFP811 Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(1)(a)

Complaint History (ROCK VALLEY COMMUNITY PROGRAMS INC--111054)

Date Complaint Received: 06/10/2022

Date Investigation Completed: 06/14/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Still Waters Assisted Living LLC (0020312)

Address: 521 North Grant Ave, Janesville, WI 53548

License Status: PROBATIONARY

Licensed/Certified/Registered 10/07/2024 12:00:00AM

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

Survey History

Survey ID: 0147778 **End Date:** 10/07/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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