

Provider Inspection Summary

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

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 45.00 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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: BEECHWOOD (0011374)

Address: 315 BEECHWOOD DRIVE, JANESVILLE, WI 53548

License Status: REGULAR

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

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

Survey History

Survey ID: 0137630 **End Date:** 9/30/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #QIPS11 Served 11/3/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	11/3/21	Yes
83.47(3)	FIRE INSPECTION	11/3/21	Yes
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS	1/11/21	Yes

Enforcement History (BEECHWOOD--0011374)

Date: 11/3/2021 **SOD #**QIPS11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Complaint History (BEECHWOOD--0011374)

Date Complaint Received: 8/31/2021

Date Investigation Completed: 9/30/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

QIPS11

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Provider Inspection Summary

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

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 4/30/1999 12:00:00AM

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

Survey History

Survey ID: 0142214 **End Date:** 2/2/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140632 **End Date:** 8/24/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141286 **End Date:** 7/19/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YYB311 Served 11/9/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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: 11/9/2022

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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COZY LIL ACRE INC (0009460)

Address: 521 NORTH GRANT AVE, JANESVILLE, WI 53548

License Status: REGULAR

Licensed/Certified/Registered 6/1/2002 12:00:00AM

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

Survey History

Survey ID: 0143130 **End Date:** 3/6/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8CMP13 Served 5/22/2023

Deficiencies Cited
83.35(3)(a)

Subject Area
COMPREHENSIVE INDIVIDUALIZED SERVICE
PLAN

Compliance
Verified

Corrected

Survey ID: 0141722 **End Date:** 8/24/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8CMP12 Served 1/3/2023

Deficiencies Cited
83.35(3)(a)

Subject Area
COMPREHENSIVE INDIVIDUALIZED SERVICE
PLAN

Compliance
Verified
3/6/23

Corrected
No

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139581 **End Date:** 2/21/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8CMP11 Served 5/18/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	8/24/22	Yes
83.25	CONTINUING EDUCATION	8/24/22	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	8/24/22	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	8/24/22	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	8/24/22	Yes
83.37(2)(a)	SELF-ADMINISTERED BY RESIDENT	8/24/22	Yes
83.47(3)	FIRE INSPECTION	8/24/22	Yes
83.48(3)(b)	SENSITIVITY TESTING PERFORMED	8/24/22	Yes

Enforcement History (COZY LILACRE INC--0009460)

Date: 1/3/2023 **SOD #**8CMP12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.38 (1)(i)

Date: 5/18/2022 **SOD #**8CMP11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (COZY LIL ACRE INC--0009460)

Date Complaint Received: 8/11/2022

Date Investigation Completed: 8/24/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

8CMP12

RESIDENT RIGHTS

SUBSTANTIATED

8CMP12

PROGRAM SERVICES

SUBSTANTIATED

8CMP12

RESIDENT RIGHTS

SUBSTANTIATED

8CMP12

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Provider Inspection Summary

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

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 12/1/2006 12:00:00AM

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

Survey History

Survey ID: 0142210 **End Date:** 2/1/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141161 **End Date:** 7/11/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FGVK11 Served 11/2/2022

<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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (DUPONT--0011375)

Date: 11/2/2022

SOD #FGVK11

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.35(1)(a)

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Provider Inspection Summary

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

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: 0142831 **End Date:** 2/9/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SNYI12 Served 4/19/2023

Deficiencies Cited
83.20(2)(a)-(d)

Subject Area
DEPARTMENT-APPROVED TRAINING COURSE

Compliance
Verified

Corrected

Survey ID: 0140982 **End Date:** 7/25/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

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

Deficiencies Cited
83.12(4)(b)

Subject Area
REPORTING WHEN LAW ENFORCEMENT IS
CALLED
83.20(2)(a)-(d) DEPARTMENT-APPROVED TRAINING COURSE
83.29(2) ADMISSION AGREEMENT
83.35(3)(b) SERVICE PLAN DEVELOPMENT: PARTIES
INVOLVED
83.37(1)(h) SCHEDULED PSYCHOTROPIC MEDICATIONS

Compliance
Verified

Corrected

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.45(1)(a)
83.45(3)

EXTERIOR AREAS
TOXIC SUBSTANCES

Survey ID: 0137784 **End Date:** 11/9/2021 **Type:** ABBREVIATED **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (HEARTHSIDE (THE)--0018574)

Date: 4/19/2023 **SOD #**SNYI12 **Appealed:** **Decision:** PENDING

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)

Complaint History (HEARTHSIDE (THE)--0018574)

Date Complaint Received: 6/23/2022 **Date Investigation Completed:** 7/20/2022

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

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 4/13/2012 12:00:00AM

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

Survey History

Survey ID: 0142634 **End Date:** 1/9/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RWY711 Served 4/3/2023

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

Survey ID: 0140586 **End Date:** 5/17/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137874 **End Date:** 10/23/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #88yf11 Served 12/1/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
12.04(1)	CONTRACTING BACKGROUND CHECKS ALLOWED	5/17/22	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	5/17/22	Yes

Survey ID: 0136348 **End Date:** 5/24/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135751 **End Date:** 2/19/2021 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IBUR12 Served 3/10/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	5/24/21	Yes
83.48(3)(b)	SENSITIVITY TESTING PERFORMED	5/24/21	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Date: 4/3/2023 **SOD #**RWY711 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY

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

FORFEITURE---83.35(1)(c)

Date: 12/1/2021 **SOD #**88yf11 **Appealed:** No

Sanctions

ORDER TO COMPLY

ACCRUING FORFEITURE

Date: 3/10/2021 **SOD #**IBUR12 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.48(3)(a)

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

Date Complaint Received: 12/19/2022 **Date Investigation Completed:** 1/5/2023

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

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 4/13/2012 12:00:00AM

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

Survey History

Survey ID: 0140305 **End Date:** 6/14/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137872 **End Date:** 10/23/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L5KO11 Served 12/2/2021

Deficiencies Cited
83.14(2)(a)

Subject Area
LICENSEE ENSURES FACILITY COMPLIES
WITH LAWS

Compliance
Verified
6/14/22

Corrected
Yes

Survey ID: 0136936 **End Date:** 7/26/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136242 **End Date:** 4/30/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y54411 Served 5/18/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	7/26/21	Yes
83.48(3)(b)	SENSITIVITY TESTING PERFORMED	7/26/21	Yes

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

Date: 12/1/2021 **SOD #**L5KO11 **Appealed:** No

Sanctions

ORDER TO COMPLY
ACCRUING FORFEITURE

Date: 5/14/2021 **SOD #**Y54411 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

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 4/13/2012 12:00:00AM

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

Survey History

Survey ID: 0138686 **End Date:** 1/6/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137519 **End Date:** 7/30/2021 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q6TG14 Served 10/19/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	1/6/22	Yes
83.38(1)(b)	SUPERVISION	1/6/22	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	1/6/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136159 End Date: 3/26/2021 Type: STANDARD Purpose: SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q6TG13 Served 5/5/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	7/30/21	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	10/19/21	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	7/30/21	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	7/30/21	Yes
83.39(3)	HAND WASHING	7/30/21	Yes
83.41(3)(b)	FOOD SAFETY	7/30/21	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	7/30/21	Yes
83.45(3)	TOXIC SUBSTANCES	7/30/21	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Date: 10/19/2021 **SOD #**Q6TG14 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35(1)(c)
FORFEITURE---83.38(1)(b)

Date: 5/4/2021 **SOD #**Q6TG13 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.37(1)(i)
FORFEITURE---83.38(1)(h)
FORFEITURE---83.45(3)

Date: 5/19/2020 **SOD #**Q6TG12 **Appealed:** No

Sanctions

OTHER SANCTION
FORFEITURE---83.35(3)(d)

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

Date Complaint Received: 6/18/2021 **Date Investigation Completed:** 7/30/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	
RESIDENT RIGHTS	SUBSTANTIATED	Q6TG14
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	Q6TG14

Date Complaint Received: 3/3/2021 **Date Investigation Completed:** 3/26/2021

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

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Provider Inspection Summary

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

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 3/31/2006 12:00:00AM

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

Survey History

Survey ID: 0140541 **End Date:** 7/11/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CZN311 Served 8/23/2022

Deficiencies Cited
83.43(1)

Subject Area
ENVIRONMENT SAFE, CLEAN, AND
COMFORTABLE

Compliance
Verified
7/11/22

Corrected
Yes

Enforcement History (KELLOGG--0011378)

Date: 8/23/2022 **SOD #**CZN311 **Appealed:** No

Sanctions
ORDER TO COMPLY

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Provider Inspection Summary

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

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 3/31/2006 12:00:00AM

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

Survey History

Survey ID: 0140520 **End Date:** 8/16/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (LEE LANE--0011380)

Date: 6/10/2020 **SOD #**5VRW11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

OTHER SANCTION

FORFEITURE---83.14(2)(j)

FORFEITURE---83.32(3)(d)

FORFEITURE---83.32(3)(e)

FORFEITURE---83.37(3)(c)

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Provider Inspection Summary

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

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 6/15/2018 12:00:00AM

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

Survey History

Survey ID: 0142188 **End Date:** 1/18/2023 **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

Survey ID: 0142094 **End Date:** 11/3/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #657X13 Served 2/10/2023

Deficiencies Cited

83.12(5)(a)

83.32(3)(h)

Subject Area

NOTIFICATION: INCIDENT, INJURY, CHANGES

RIGHTS OF RESIDENTS: TO RECEIVE

MEDICATION

Compliance
Verified

Corrected

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140614 **End Date:** 5/18/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #657X12 Served 8/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</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

Survey ID: 0137827 **End Date:** 10/14/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XSIV11 Served 11/30/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	5/23/22	Yes

Survey ID: 0138120 **End Date:** 8/31/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #657X11 Served 1/4/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	5/18/22	Yes
83.38(1)(g)	HEALTH MONITORING	5/18/22	No
83.38(1)(i)	BEHAVIOR MANAGEMENT	5/18/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136243 **End Date:** 4/29/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135746 **End Date:** 2/10/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ENKL12 Served 3/9/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	4/29/21	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/29/21	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	4/29/21	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	4/29/21	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Date: 2/10/2023 **SOD #**657X13 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---83.12 (5)(a)

FORFEITURE---83.32 (3)(h)

Date: 8/31/2022 **SOD #**657X12 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.38(1)(g)

Date: 11/22/2021 **SOD #**XSIV11 **Appealed:** No

Sanctions

ORDER TO COMPLY

ACCRUING FORFEITURE

Date: 3/9/2021 **SOD #**ENKL12 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(3d)

FORFEITURE---83.37(1)(i)

FORFEITURE---83.37(1)(k)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 1/4/2021

SOD #657X11

Appealed:

Sanctions

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

Date: 7/20/2020

SOD #ENKL11

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
OTHER SANCTION
FORFEITURE---83.20(2)(b)
FORFEITURE---83.20(2)(c)
FORFEITURE---83.21(3)
FORFEITURE---83.25
FORFEITURE---83.32(3)(h)
FORFEITURE---83.32(3)(i)
FORFEITURE---83.35(3)(a)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.37(1)(h)
FORFEITURE---83.47(2)(e)
FORFEITURE---83.93(3)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Date Complaint Received: 1/6/2023

Date Investigation Completed: 1/18/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 11/22/2022

Date Investigation Completed: 12/13/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 10/27/2022

Date Investigation Completed: 11/3/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

SUBSTANTIATED
SUBSTANTIATED
657X13
657X13

Date Complaint Received: 9/15/2022

Date Investigation Completed: 10/28/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
657X13
657X13
657X13

Date Complaint Received: 3/16/2022

Date Investigation Completed: 5/18/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 1/25/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Date Investigation Completed: 5/18/2022

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

657X12

Date Complaint Received: 1/14/2022

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 5/18/2022

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/9/2021

Subject Area(s)

ADMINISTRATION
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 5/18/2022

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/28/2021

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 5/18/2022

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 6/16/2021

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 8/31/2021

Result

SUBSTANTIATED

SOD #

657X11

Date Complaint Received: 1/14/2021

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES

Date Investigation Completed: 2/10/2021

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

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 10/1/2011 12:00:00AM

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

Survey History

Survey ID: 0142200 **End Date:** 1/23/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140196 **End Date:** 4/7/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136908 **End Date:** 7/15/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Date Complaint Received: 1/5/2023 **Date Investigation Completed:** 1/23/2023

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

Date Complaint Received: 3/25/2022 **Date Investigation Completed:** 4/7/2022

<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 5/15/2020 to 5/15/2023

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 10/1/2011 12:00:00AM

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

Survey History

Survey ID: 0140851 **End Date:** 9/23/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139968 **End Date:** 4/4/2022 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DJYY11 Served 6/28/2022

Deficiencies Cited
83.38(1)(b)

Subject Area
SUPERVISION

Compliance
Verified
9/23/22

Corrected
Yes

Survey ID: 0138702 **End Date:** 2/2/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137293 End Date: 7/19/2021 Type: OTHER Purpose: SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #M87J12 Served 9/24/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	2/2/22	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	2/2/22	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	2/2/22	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	2/2/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	2/2/22	Yes
83.41(3)(b)	FOOD SAFETY	2/2/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	2/2/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136029 **End Date:** 3/31/2021 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #M87J11 Served 4/21/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	7/19/21	No
83.35(4)	RESIDENT SATISFACTION EVALUATION	7/19/21	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	7/19/21	Yes
83.38(1)(b)	SUPERVISION	7/19/21	Yes
83.41(3)(b)	FOOD SAFETY	7/19/21	No
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	7/19/21	No
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	7/19/21	Yes

Survey ID: 0134807 **End Date:** 9/2/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Date: 6/28/2022 **SOD #**DJYY11 **Appealed:**

Sanctions

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

Date: 9/24/2021 **SOD #**M87J12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.32(3)(i)
FORFEITURE---83.35(1)(c)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.41(3)(b)
FORFEITURE---83.43(1)

Date: 4/19/2021 **SOD #**M87J11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.35(3)(d)
FORFEITURE---83.55(6)(b)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Date Complaint Received: 11/16/2021

Date Investigation Completed: 2/2/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 8/17/2020

Date Investigation Completed: 9/3/2020

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

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 6/30/1995 12:00:00AM

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

Survey History

Survey ID: 0142211 **End Date:** 2/2/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141455 **End Date:** 8/15/2022 **Type:** OTHER **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TI3E12 Served 12/1/2022

<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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.48(3)(a)

FIRE DETECTION SYSTEMS INSPECTED
ANNUALLY

2/2/23

Yes

Enforcement History (REM CANTERBURY--110449)

Date: 12/1/2022

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 5/15/2020 to 5/15/2023

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 2/1/1996 12:00:00AM

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

Survey History

Survey ID: 0139200 **End Date:** 3/23/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138485 **End Date:** 9/28/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OO8S12 Served 1/31/2022

Deficiencies Cited
83.37(1)(d)

Subject Area
DOCUMENTATION

Compliance
Verified
3/23/22

Corrected
Yes

Survey ID: 0136684 **End Date:** 6/25/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OO8S11 Served 7/2/2021

Deficiencies Cited
83.37(1)(d)

Subject Area
DOCUMENTATION

Compliance
Verified
8/16/21

Corrected
Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0135491 End Date: 1/20/2021 Type: STANDARD Purpose: SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (REM JONATHON--110458)

Date: 1/26/2022 SOD #OO8S12 Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.37(1)(d) 2nd cite Documentation

Date: 7/2/2021 SOD #OO8S11 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (REM JONATHON--110458)

Date Complaint Received: 6/21/2021

Date Investigation Completed: 6/24/2021

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

OO8S11

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Provider Inspection Summary

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

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 2/1/2014 12:00:00AM

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

Survey History

Survey ID: 0142218 **End Date:** 1/23/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XN8513 Served 2/20/2023

<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:** 6/14/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XN8512 Served 9/21/2022

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0138982 **End Date:** 11/17/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XN8511 Served 3/16/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(1)(a)	TRAINING TO BE DEPARTMENT APPROVED	6/14/22	No
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	6/14/22	Yes

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

Date: 2/20/2023 **SOD #**XN8513 **Appealed:**

Sanctions

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

Date: 9/21/2022 **SOD #**XN8512 **Appealed:**

Sanctions

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

Date: 3/16/2022 **SOD #**XN8511 **Appealed:**

Sanctions

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

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Provider Inspection Summary

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

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 6/30/1998 12:00:00AM

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

Survey History

Survey ID: 0142679 **End Date:** 1/23/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BFP813 Served 4/5/2023

<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: 0141158 **End Date:** 6/14/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BFP812 Served 11/2/2022

<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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0138972 **End Date:** 11/17/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BFP811 Served 3/15/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.20(1)(a)	TRAINING TO BE DEPARTMENT APPROVED	6/14/22	No
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS	6/14/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	6/14/22	Yes

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

Date: 4/5/2023 **SOD #**BFP813 **Appealed:** No

Sanctions

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

Date: 11/2/2022 **SOD #**BFP812 **Appealed:** No

Sanctions

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

Date: 3/15/2022 **SOD #**BFP811 **Appealed:**

Sanctions

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

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

Date Complaint Received: 6/10/2022 **Date Investigation Completed:** 6/14/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: WRIGHT HOME (110210)

Address: 637 N WRIGHT RD, JANESVILLE, WI 53546

License Status: REGULAR

Licensed/Certified/Registered 11/30/1991 12:00:00AM

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

Survey History

Survey ID: 0142212 **End Date:** 2/2/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141425 **End Date:** 8/5/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QLJX11 Served 11/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	2/2/23	Yes
83.38(1)(k)	TRANSPORTATION	2/2/23	Yes

Survey ID: 0137956 **End Date:** 11/29/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Survey ID: 0137480 **End Date:** 10/6/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #C1BU11 Served 10/14/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT	11/29/21	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	11/29/21	Yes
83.47(3)	FIRE INSPECTION	11/29/21	Yes
83.48(3)(b)	SENSITIVITY TESTING PERFORMED	11/29/21	Yes

Enforcement History (WRIGHT HOME--110210)

Date: 11/28/2022 **SOD #**QLJX11 **Appealed:**

Sanctions

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

Date: 10/14/2021 **SOD #**C1BU11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (WRIGHT HOME--110210)

Date Complaint Received: 7/28/2022 **Date Investigation Completed:** 8/5/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	QLJX11
PROGRAM SERVICES	SUBSTANTIATED	QLJX11

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