

Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Sauk County. 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 08/25/2018 to 08/24/2021

Adult Day Care Facility

Facility Information

Facility Name: REMINISCE ADULT DAY SERVICES AT RASLC (0018006)

Address: 2350 NORTH DEWEY AVENUE, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 02/07/2020 12:00:00AM

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

Survey History

Survey ID: 0132667 **End Date:** 02/07/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Adult Family Home

Facility Information

Facility Name: REM Krista Court (0012869)

Address: 300 Krista Court, BARABOO, WI 53913

License Status: REGULAR

Licensed/Certified/Registered 08/26/2010 12:00:00AM

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

Survey History

Survey ID: 0136909 **End Date:** 08/04/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #345911 Served 08/17/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		

Survey ID: 0130294 **End Date:** 05/21/2019 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130202 **End Date:** 04/02/2019 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #D86E11 Served 05/13/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	6/20/19	Yes

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Adult Family Home

Enforcement History (REM Krista Court--0012869)

Date: 08/17/2021 **SOD #**345911 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
ORDER TO COMPLY

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Adult Family Home

Facility Information

Facility Name: RIDGEVIEW (0010420)

Address: S9068 COUNTY RD G, PLAIN, WI 53577

License Status: REGULAR

Licensed/Certified/Registered 12/23/2003 12:00:00AM

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

Survey History

Survey ID: 0133107 **End Date:** 02/20/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Adult Family Home

Facility Information

Facility Name: BLEVINS (0012475)

Address: 2220 MYRTLE ST, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 10/23/2008 12:00:00AM

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

Survey History

Survey ID: 0132963 **End Date:** 01/16/2020 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Adult Family Home

Facility Information

Facility Name: COUNTRY FAMILY HOME LLC (0014851)
Address: 261 3RD ST, REEDSBURG, WI 53959
License Status: REGULAR
Licensed/Certified/Registered 11/13/2013 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0136973 **End Date:** 07/28/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136152 **End Date:** 04/14/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JZO111 Served 05/04/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(g)	WINDOWS AND VENTILATION	7/28/21	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	7/28/21	Yes
88.06(3)(f)	REVIEW OF ISP	7/28/21	Yes
88.10(3)(i)	CHOICE OF PROVIDERS	7/28/21	Yes

Survey ID: 0132779 **End Date:** 02/17/2020 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Adult Family Home

Enforcement History (COUNTRY FAMILY HOME LLC--0014851)

Date: 05/04/2021 **SOD #**JZO111 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (COUNTRY FAMILY HOME LLC--0014851)

Date Complaint Received: 04/05/2021

Date Investigation Completed: 04/14/2021

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Result

SUBSTANTIATED

SOD #

JZO111

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Adult Family Home

Facility Information

Facility Name: EASTRIDGE (0017880)

Address: 744 EASTRIDGE DR, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 10/16/2019 12:00:00AM

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

Survey History

Survey ID: 0131797 **End Date:** 10/16/2019 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Adult Family Home

Facility Information

Facility Name: INSPIRING HEIGHTS LLC (0015367)

Address: E6633 N DEWEY AVE, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 01/22/2015 12:00:00AM

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

Survey History

Survey ID: 0130217 **End Date:** 04/29/2019 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128528 **End Date:** 11/09/2018 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128377 **End Date:** 10/16/2018 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #0LKQ11 Served 10/22/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	11/9/18	Yes
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	11/9/18	Yes

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Adult Family Home

Facility Information

Facility Name: INSPIRING HORIZONS (0012949)

Address: E6865 CHADWICK RD, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 10/14/2009 12:00:00AM

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

Survey History

Survey ID: 0134032 **End Date:** 06/30/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134025 **End Date:** 10/18/2019 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OOSL11 Served 06/30/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP	10/21/19	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	10/21/19	Yes

Survey ID: 0130299 **End Date:** 04/29/2019 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Adult Family Home

Complaint History (INSPIRING HORIZONS--0012949)

Date Complaint Received: 10/14/2019

Date Investigation Completed: 10/18/2019

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
OOSL11

Date Complaint Received: 04/19/2019

Date Investigation Completed: 04/29/2019

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Adult Family Home

Facility Information

Facility Name: KIEFER ADULT FAMILY HOME (0009289)

Address: E6844 FAWN VALLEY DR, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 03/15/2001 12:00:00AM

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

Survey History

Survey ID: 0133061 **End Date:** 03/11/2020 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Adult Family Home

Facility Information

Facility Name: KUMMER HAUS (0015814)

Address: 237 N PINE ST, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 09/01/2015 12:00:00AM

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

Survey History

Survey ID: 0128559 **End Date:** 11/13/2018 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128428 **End Date:** 10/25/2018 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ENIE11 Served 11/05/2018

<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	1/9/19	Yes
88.09(1)(d)11	RESIDENT FUNDS	1/9/19	Yes

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Adult Family Home

Facility Information

Facility Name: VIRGINIA HOUSE (0016558)

Address: S3123 W LAKE VIRGINIA RD, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 07/05/2017 12:00:00AM

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

Survey History

Survey ID: 0135720 **End Date:** 02/22/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135222 **End Date:** 11/04/2020 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZR XO11 Served 11/30/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	2/22/21	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	2/22/21	Yes

Enforcement History (VIRGINIA HOUSE--0016558)

Date: 11/27/2020 **SOD #**ZR XO11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Adult Family Home

Facility Information

Facility Name: PRAIRIE VIEW AFH (0014278)
Address: E8828 NORTH AVE, WISCONSIN DELLS, WI 53965
License Status: REGULAR
Licensed/Certified/Registered 09/06/2012 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0134381 **End Date:** 07/20/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130282 **End Date:** 05/09/2019 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128185 **End Date:** 10/01/2018 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (PRAIRIE VIEW AFH--0014278)

Date Complaint Received: 06/15/2020 **Date Investigation Completed:** 07/08/2020

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

Date Complaint Received: 04/02/2019 **Date Investigation Completed:** 05/09/2019

<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 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ARTISAN BARABOO II (THE) (0014424)

Address: 1114 SILVER DRIVE, BARABOO, WI 53913

License Status: REGULAR

Licensed/Certified/Registered 12/01/2013 12:00:00AM

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

Survey History

No survey activity during the period 8/25/18 to 8/24/21

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MEADOW LANE (110191)

Address: 1414 JEFFERSON ST, BARABOO, WI 53913

License Status: REGULAR

Licensed/Certified/Registered 01/01/1987 12:00:00AM

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

Survey History

Survey ID: 0131038 **End Date:** 07/01/2019 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129823 **End Date:** 02/13/2019 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8YT911 Served 04/10/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	7/1/19	Yes
83.48(4)(e)	SMOKE DETECTOR IN EACH BEDROOM	7/1/19	Yes
83.48(6)(a)	INTEGRATED HEAT DETECTOR IN KITCHEN	7/1/19	Yes

Enforcement History (MEADOW LANE--110191)

Date: 04/10/2019 **SOD #**8YT911 **Appealed:**

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---83.37(3)(C)

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MEADOW RIDGE ASSISTED LIVING LLC (0009753)

Address: 1700 JEFFERSON ST, BARABOO, WI 53913

License Status: REGULAR

Licensed/Certified/Registered 04/01/2003 12:00:00AM

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

Survey History

Survey ID: 0131027 **End Date:** 06/14/2019 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #26CZ11 Served 08/05/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY		

Survey ID: 0128404 **End Date:** 10/10/2018 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MEADOW VIEW (0011486)

Address: 1600 JEFFERSON ST, BARABOO, WI 53913

License Status: REGULAR

Licensed/Certified/Registered 01/01/2007 12:00:00AM

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

Survey History

Survey ID: 0129768 **End Date:** 02/05/2019 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OAK PARK PLACE BARABOO AUTUMN LANE (0012510)

Address: 800 WALDO ST, BARABOO, WI 53913

License Status: REGULAR

Licensed/Certified/Registered 12/01/2009 12:00:00AM

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

Survey History

Survey ID: 0136927 **End Date:** 07/21/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135150 **End Date:** 11/06/2020 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #W4XG11 Served 11/12/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	11/12/20	

Survey ID: 0131736 **End Date:** 10/04/2019 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (OAK PARK PLACE BARABOO AUTUMN LANE--0012510)

Date: 11/12/2020 **SOD #**W4XG11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (OAK PARK PLACE BARABOO AUTUMN LANE--0012510)

Date Complaint Received: 06/09/2021

Date Investigation Completed: 07/21/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 09/17/2019

Date Investigation Completed: 10/04/2019

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OUR HOUSE BARABOO ASSISTED CARE (0013376)

Address: 1200 WASHINGTON AVE, BARABOO, WI 53913

License Status: REGULAR

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

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

Survey History

Survey ID: 0136661 **End Date:** 06/23/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129393 **End Date:** 02/25/2019 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129217 **End Date:** 01/15/2019 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #HW8O11 Served 02/11/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(3)(a)	FOOD SERVICE SANITATION	2/15/19	Yes

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (OUR HOUSE BARABOO ASSISTED CARE--0013376)

Date Complaint Received: 06/15/2021

Date Investigation Completed: 06/23/2021

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/19/2018

Date Investigation Completed: 01/15/2019

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
OTHER

Result
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
HW8011

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HARMONY HILLS (0016795)

Address: E4796 NARROWS CREEK RD, LOGANVILLE, WI 53943

License Status: REGULAR

Licensed/Certified/Registered 12/06/2017 12:00:00AM

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

Survey History

Survey ID: 0131230 **End Date:** 08/07/2019 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128090 **End Date:** 08/30/2018 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (HARMONY HILLS--0016795)

Date Complaint Received: 07/18/2019

Date Investigation Completed: 08/07/2019

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PINE VILLA MEMORY CARE (0016643)

Address: 890 PRAIRIE STREET, PRAIRIE DU SAC, WI 53578

License Status: REGULAR

Licensed/Certified/Registered 06/07/2017 12:00:00AM

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

Survey History

Survey ID: 0135183 **End Date:** 11/10/2020 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PINES ASSISTED LIVING (THE) (110462)
Address: 1050 PRAIRIE ST, PRAIRIE DU SAC, WI 53578
License Status: REGULAR
Licensed/Certified/Registered 06/30/1996 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0131111 **End Date:** 08/09/2019 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130970 **End Date:** 05/30/2019 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #QJMS11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	8/5/19	Yes

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CASA DE OAKES ASSISTED LIVING (0015819)

Address: 1130 BINDL DRIVE, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 11/01/2015 12:00:00AM

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

Survey History

Survey ID: 0137115 **End Date:** 08/16/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135788 **End Date:** 03/08/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131733 **End Date:** 09/24/2019 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CASA DE OAKES ASSISTED LIVING--0015819)

Date Complaint Received: 08/07/2021

Date Investigation Completed: 08/12/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 09/18/2019

Date Investigation Completed: 09/24/2019

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: CASA DE OAKES INC REEDSBURG (0012392)
Address: 201 SOUTH GROVE ST, REEDSBURG, WI 53959
License Status: REGULAR
Licensed/Certified/Registered 07/01/2009 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0135060 **End Date:** 10/30/2020 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CASA DE OAKES MEMORY CARE (0016006)
Address: 1130 BINDL DRIVE, REEDSBURG, WI 53959
License Status: REGULAR
Licensed/Certified/Registered 03/15/2016 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0136403 **End Date:** 05/27/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135787 **End Date:** 03/10/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131732 **End Date:** 09/24/2019 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129679 **End Date:** 02/06/2019 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CASA DE OAKES MEMORY CARE--0016006)

Date Complaint Received: 04/28/2021

Date Investigation Completed: 05/27/2021

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/24/2019

Date Investigation Completed: 09/24/2019

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CASA DE OAKES PINEVIEW (0018386)

Address: 1395 PINEVIEW STREET, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 03/09/2021 12:00:00AM

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

Survey History

Survey ID: 0135890 **End Date:** 03/09/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CASA DE OAKES (0008972)

Address: E6846 FAWN VALLEY DR, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 11/01/2000 12:00:00AM

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

Survey History

Survey ID: 0133213 **End Date:** 03/09/2020 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128409 **End Date:** 10/10/2018 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Facility Information

Facility Name: COUNTRY CASA (0010325)

Address: E8509 N REEDSBURG RD, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 06/01/2004 12:00:00AM

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

Survey History

Survey ID: 0133693 **End Date:** 02/18/2020 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0132158 **End Date:** 08/06/2019 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #X9S811 Served 12/23/2019

Deficiencies Cited
83.32(3)(m)

Subject Area
RIGHTS OF RESIDENTS: RECORDING AND
FILMING

Compliance
Verified
2/24/20

Corrected
Yes

Survey ID: 0130783 **End Date:** 06/21/2019 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Enforcement History (COUNTRY CASA--0010325)

Date: 12/12/2019 **SOD #**X9S811 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
OTHER SANCTION
FORFEITURE---83.32(3)(n)

Date: 01/11/2019 **SOD #**WITT12 **Appealed:** No

Sanctions

OTHER SANCTION

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OUR HOUSE REEDSBURG ASSISTED CARE (0013666)

Address: 355 MACK DR, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 04/01/2012 12:00:00AM

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

Survey History

Survey ID: 0133140 **End Date:** 12/16/2019 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H0UQ11 Served 04/06/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK		
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY		

Survey ID: 0129633 **End Date:** 01/16/2019 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (OUR HOUSE REEDSBURG ASSISTED CARE--0013666)

Date: 04/06/2020 **SOD #**H0UQ11 **Appealed:** **Decision:** PENDING

Sanctions

OTHER SANCTION
FORFEITURE---83.14(2)(i)

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (OUR HOUSE REEDSBURG ASSISTED CARE--0013666)

Date Complaint Received: 12/03/2019

Date Investigation Completed: 12/16/2019

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

H0UQ11

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OUR HOUSE REEDSBURG MEMORY CARE (0013375)

Address: 1135 17TH COURT, REEDSBURG, WI 53959

License Status: REGULAR

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

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

Survey History

Survey ID: 0135407 **End Date:** 12/14/2020 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0133207 **End Date:** 03/25/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129094 **End Date:** 01/28/2019 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (OUR HOUSE REEDSBURG MEMORY CARE--0013375)

Date Complaint Received: 03/17/2020

Date Investigation Completed: 03/25/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: RIDGEVIEW TRAILS (0018113)

Address: 2350 NORTH DEWEY AVENUE, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 06/30/2021 12:00:00AM

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

Survey History

Survey ID: 0135817 **End Date:** 03/10/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135058 **End Date:** 07/14/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MEADOWS OF SPRING GREEN (THE) (110558)

Address: 477 RAINBOW RD, SPRING GREEN, WI 53588

License Status: REGULAR

Licensed/Certified/Registered 06/30/1997 12:00:00AM

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

Survey History

Survey ID: 0128194 **End Date:** 10/01/2018 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: GREENBRIAR APARTMENTS LLC (0013806)
Address: 1350 JEFFERSON ST, BARABOO, WI 53913
License Status: REGULAR
Licensed/Certified/Registered 09/01/2011 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0134741 **End Date:** 08/26/2020 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131193 **End Date:** 07/24/2019 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (GREENBRIAR APARTMENTS LLC--0013806)

Date Complaint Received: 08/13/2020

Date Investigation Completed: 08/26/2020

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: OAK PARK PLACE THE GROVE (0012768)
Address: 800 WALDO ST, BARABOO, WI 53913
License Status: REGULAR
Licensed/Certified/Registered 04/07/2009 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0135457	End Date: 01/14/2021	Type: ABBREVIATED	Purpose: SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
<hr/>			
Survey ID: 0130250	End Date: 04/29/2019	Type: ABBREVIATED	Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED			

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: RIDGEVIEW PLACE (0011110)

Address: 2350 NORTH DEWEY AVE, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 08/01/2005 12:00:00AM

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

Survey History

Survey ID: 0136127 **End Date:** 04/14/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (RIDGEVIEW PLACE--0011110)

Date Complaint Received: 01/26/2021

Date Investigation Completed: 04/14/2021

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: MAPLEWOOD VILLAGE (0010279)
Address: 1425 HEMLOCK STREET, SAUK CITY, WI 53583
License Status: REGULAR
Licensed/Certified/Registered 06/01/1999 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

No survey activity during the period 8/25/18 to 8/24/21

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: GREENWAY TERRACE (0010288)
Address: 547 EAST MCKINLEY STREET, SPRING GREEN, WI 53588
License Status: REGULAR
Licensed/Certified/Registered 11/01/1999 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

No survey activity during the period 8/25/18 to 8/24/21

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