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 40.00 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.
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 2/7/2020 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0132667    End Date: 2/7/2020    Type: INITIAL    Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: REM Krista Court (0012869)
Address: 300 KRISTA COURT, BARABOO, WI 53913
License Status: REGULAR
Licensed/Certified/Registered 8/26/2010 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0130294 End Date: 5/21/2019 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130202 End Date: 4/2/2019 Type: ABBREVIATED Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #D86E11 Served 5/13/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
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</thead>
<tbody>
<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td>6/20/19</td>
<td>Yes</td>
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</table>
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: 0126656 End Date: 2/12/2018 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED
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: 0124021 End Date: 8/15/2017 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 5 of 40 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

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: 0124191 End Date: 9/1/2017 Type: STANDARD Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020
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 2/8/2017 to 2/8/2020

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 1/22/2015 12:00:00AM |
| Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888 |

Survey History

| Survey ID: 0130217 | End Date: 4/29/2019 | Type: OTHER | Purpose: COMPLAINT |
| Results: NO STATEMENT OF DEFICIENCY ISSUED |

| Survey ID: 0128528 | End Date: 11/9/2018 | 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 |

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
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<th>Corrected</th>
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<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>11/9/18</td>
<td>Yes</td>
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<tr>
<td>88.05(3)(d)</td>
<td>ANNUAL WELL WATER INSPECTIONS</td>
<td>11/9/18</td>
<td>Yes</td>
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</tbody>
</table>

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
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: 0130299 End Date: 4/29/2019 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124168 End Date: 9/7/2017 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124022 End Date: 8/17/2017 Type: ABBREVIATED Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #WQM211 Served 8/25/2017

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<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
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Complaint History (INSPIRING HORIZONS--0012949)

Date Complaint Received: 4/19/2019
Date Investigation Completed: 4/29/2019

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<th>Subject Area(s)</th>
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<td>PROGRAM SERVICES</td>
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</table>

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Facility Information

Facility Name:  KIEFER ADULT FAMILY HOME (0009289)
Address:  E6844 FAWN VALLEY DR, REEDSBURG, WI 53959
License Status:  REGULAR
Licensed/Certified/Registered 3/15/2001  12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID:  0125961   End Date:  2/9/2018   Type:  OTHER   Purpose:  DESK REVIEW
Results:  NO STATEMENT OF DEFICIENCY ISSUED

Survey ID:  0124588   End Date:  8/22/2017   Type:  ABBREVIATED   Purpose:  SURVEY
Results:  ENFORCEMENT ACTION
Statement of Deficiency:  #XWTS11   Served 10/4/2017

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<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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</thead>
<tbody>
<tr>
<td>50.03</td>
<td>LICENSING, POWERS AND DUTIES</td>
<td>Verified: 2/9/18  Corrected: Yes</td>
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</table>

Enforcement History (KIEFER ADULT FAMILY HOME--0009289)

Date:  10/2/2017   SOD #XWTS11   Appealed: No
Sanctions
- COMPLY WITH DEPARTMENT PLAN OF CORRECTION
- COMPLY WITH REQUIREMENT
- NO NEW ADMISSIONS

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Facility Information

Facility Name: KUMMER HAUS (0015814)
Address: 237 N PINE ST, REEDSBURG, WI 53959
License Status: REGULAR
Licensed/Certified/Registered 9/1/2015 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

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<td>0128559</td>
<td>11/13/2018</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0128428</td>
<td>10/25/2018</td>
<td>STANDARD</td>
<td>SURVEY</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
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Statement of Deficiency: #ENIE11 Served 11/5/2018

<table>
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<th>Subject Area</th>
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<tbody>
<tr>
<td>88.05(4)(d)2.b</td>
<td>FIRE EVACUATION ANNUAL EVALUATION</td>
<td>1/9/19</td>
<td>Yes</td>
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<tr>
<td>88.09(1)(d)11</td>
<td>RESIDENT FUNDS</td>
<td>1/9/19</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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Facility Information

Facility Name: VIRGINIA HOUSE (0016558)
Address: S3123 W LAKE VIRGINIA RD, REEDSBURG, WI 53959
License Status: REGULAR
Licensed/Certified/Registered 7/5/2017  12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0123753       End Date: 7/5/2017       Type: INITIAL       Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Facility Information

Facility Name: PRAIRIE VIEW AFH (0014278)
Address: E8828 NORTH AVE, WISCONSIN DELLS, WI 53965
License Status: REGULAR
Licensed/Certified/Registered 9/6/2012 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0130282 End Date: 5/9/2019 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128185 End Date: 10/1/2018 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0127936 End Date: 2/26/2018 Type: ABBREVIATED Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #DFG511 Served 9/4/2018

<table>
<thead>
<tr>
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<th>Compliance</th>
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<tr>
<td>88.03(3)(b)</td>
<td>CRIMINAL RECORDS CHECK</td>
<td>Verified</td>
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<td></td>
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<td>Corrected</td>
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<td>88.04(2)(g)1</td>
<td>HEALTH SCREENING FOR STAFF</td>
<td>Verified</td>
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<td></td>
<td>Corrected</td>
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<tr>
<td>88.09(2)(c)</td>
<td>LOCATION AND RETENTION PERIOD</td>
<td>Verified</td>
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<td>Corrected</td>
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</tbody>
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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Complaint History (PRAIRIE VIEW AFH--0014278)

<table>
<thead>
<tr>
<th>Date Complaint Received:</th>
<th>Date Investigation Completed:</th>
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<tbody>
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<td>4/2/2019</td>
<td>5/9/2019</td>
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Subject Area(s)

<table>
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<th>SOD #</th>
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<tbody>
<tr>
<td>RESIDENT RIGHTS</td>
<td></td>
</tr>
<tr>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
</tbody>
</table>
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
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 12/1/2013 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
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<th>Purpose</th>
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<tbody>
<tr>
<td>0126887</td>
<td>2/28/2018</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0125293</td>
<td>11/30/2017</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0125647</td>
<td>9/26/2017</td>
<td>STANDARD</td>
<td>SURVEY/COMPLAINT</td>
<td>ENFORCEMENT ACTION</td>
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Statement of Deficiency: #Q3RN11 Served 1/7/2018

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<th>Subject Area</th>
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<tr>
<td>83.46(1)(f)</td>
<td>COMBUSTIBLES</td>
<td>Verified</td>
<td>2/28/18</td>
<td>Yes</td>
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<tr>
<td>83.48(1)(b)</td>
<td>SMOKE AND HEAT DETECTORS PER NFPA 72</td>
<td>Corrected</td>
<td>2/28/18</td>
<td>Yes</td>
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Enforcement History (ARTISAN BARABOO II (THE)--0014424)

Date: 1/12/2018  SOD #Q3RN11  Appealed:
Sanctions
FORFEITURE---83.46(1)(f)

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## Complaint History (ARTISAN BARABOO II (THE)--0014424)

<table>
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<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
<th>Subject Area(s)</th>
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<th>SOD #</th>
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<td>SOD #</td>
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<td>9/13/2017</td>
<td>9/26/2017</td>
<td>STAFF TRAINING AND PROFICIENCY</td>
<td>SUBSTANTIATED</td>
<td>Q3RN11</td>
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</table>

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information
Facility Name: CASA DE OAKES INC BARABOO (0012391)
Address: 717 JEFFERSON ST, BARABOO, WI 53913
License Status: REGULAR
Licensed/Certified/Registered 7/1/2009 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History
Survey ID: 0124908 End Date: 10/20/2017 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: MEADOW LANE (110191)
Address: 1414 JEFFERSON ST, BARABOO, WI 53913
License Status: REGULAR
Licensed/Certified/Registered 1/1/1987 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0131038 End Date: 7/1/2019 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129823 End Date: 2/13/2019 Type: ABBREVIATED Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #8YT911 Served 4/10/2019

<table>
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<td>83.37(3)(c)</td>
<td>MEDICATION STORAGE: LOCKED CABINET</td>
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<td>7/1/19</td>
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<td>83.48(4)(c)</td>
<td>SMOKE DETECTOR IN EACH BEDROOM</td>
<td></td>
<td>7/1/19</td>
<td>Yes</td>
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<tr>
<td>83.48(6)(a)</td>
<td>INTEGRATED HEAT DETECTOR IN KITCHEN</td>
<td></td>
<td>7/1/19</td>
<td>Yes</td>
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Enforcement History (MEADOW LANE--110191)

Date: 4/10/2019 SOD #8YT911 Appealed: Decision: PENDING
Sanctions
COMPLY WITH REQUIREMENT
FORFEITURE---83.37(3)(C)

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Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

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 4/1/2003 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0131027 End Date: 6/14/2019 Type: OTHER Purpose: COMPLAINT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #26CZ11 Served 8/5/2019

<table>
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<tr>
<td>83.33(1)(d)</td>
<td>GRIEVANCE PROCEDURE: WRITTEN SUMMARY</td>
<td>Verified</td>
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</table>

Survey ID: 0128404 End Date: 10/10/2018 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: MEADOW VIEW (0011486)
Address: 1600 JEFFERSON ST, BARABOO, WI 53913
License Status: REGULAR
Licensed/Certified/Registered 1/1/2007 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0129768    End Date: 2/5/2019    Type: ABBREVIATED    Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: OAK PARK PLACE BARABOO AUTUMN LANE (0012510)
Address: 800 WALDO ST, BARABOO, WI 53913
License Status: REGULAR
Licensed/Certified/Registered 12/1/2009 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0131736  End Date: 10/4/2019  Type: OTHER  Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128046  End Date: 8/14/2018  Type: OTHER  Purpose: COMPLAINT/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

<table>
<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/17/2019</td>
<td>10/4/2019</td>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
<tr>
<td>7/30/2018</td>
<td>8/14/2018</td>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
</tbody>
</table>

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
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 10/1/2011 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0129393 End Date: 2/25/2019 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129217 End Date: 1/15/2019 Type: OTHER Purpose: COMPLAINT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #HW8011 Served 2/11/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>83.41(3)(a)</td>
<td>FOOD SERVICE SANITATION</td>
<td>Verified 2/15/19</td>
</tr>
</tbody>
</table>

Survey ID: 0127274 End Date: 6/29/2018 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0127077  End Date: 3/20/2018  Type: STANDARD  Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ILPJ11

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>83.43(1)</td>
<td>ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE</td>
<td>Verified</td>
</tr>
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<td></td>
<td></td>
<td>Corrected</td>
</tr>
<tr>
<td>83.44(2)(b)</td>
<td>TOILET AND BATHING AREA</td>
<td>Verified</td>
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<tr>
<td></td>
<td></td>
<td>Corrected</td>
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</table>

Survey ID: 0124757  End Date: 10/18/2017  Type: OTHER  Purpose: DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Date: 6/14/2018  SOD #ILPJ11  Appealed: No

Sanctions
OTHER SANCTION

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

<table>
<thead>
<tr>
<th>Date Complaint Received: 11/19/2018</th>
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</thead>
<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>SUBSTANTIATED</td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>OTHER</td>
<td>NOT SUBSTANTIATED</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Complaint Received: 3/13/2018</th>
<th>Date Investigation Completed: 3/20/2018</th>
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</thead>
<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>RESIDENT RIGHTS</td>
<td>SUBSTANTIATED</td>
</tr>
</tbody>
</table>

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### Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

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:** 12/6/2017 12:00:00AM
- **Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>0131230</td>
<td>8/7/2019</td>
<td>OTHER</td>
<td>COMPLAINT</td>
</tr>
<tr>
<td>0128090</td>
<td>8/30/2018</td>
<td>STANDARD</td>
<td>SURVEY</td>
</tr>
<tr>
<td>0125315</td>
<td>12/6/2017</td>
<td>INITIAL</td>
<td>SURVEY</td>
</tr>
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</table>

### Results

- **Survey ID: 0131230** End Date: 8/7/2019 Type: OTHER Purpose: COMPLAINT
  - No Statement of Deficiency Issued
- **Survey ID: 0128090** End Date: 8/30/2018 Type: STANDARD Purpose: SURVEY
  - No Statement of Deficiency Issued
- **Survey ID: 0125315** End Date: 12/6/2017 Type: INITIAL Purpose: SURVEY
  - Probationary License Issued

### Complaint History (HARMONY HILLS--0016795)

- **Date Complaint Received:** 7/18/2019
- **Date Investigation Completed:** 8/7/2019

<table>
<thead>
<tr>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
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<tbody>
<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
</tbody>
</table>

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
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 6/7/2017 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0123382 End Date: 5/30/2017 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
## Facility Information

**Facility Name:** PINES ASSISTED LIVING (THE) (110462)

**Address:** 1050 PRAIRIE ST, PRAIRIE DU SAC, WI 53578

**License Status:** REGULAR

Licensed/Certified/Registered 6/30/1996 12:00:00AM

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

### Survey History

<table>
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<th>Survey ID</th>
<th>End Date</th>
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<th>Purpose</th>
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<tbody>
<tr>
<td>0131111</td>
<td>8/9/2019</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
</tr>
<tr>
<td>0130970</td>
<td>5/30/2019</td>
<td>ABBREVIATED</td>
<td>SURVEY</td>
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</table>

#### Results

**Survey ID:** 0131111  **End Date:** 8/9/2019  **Type:** OTHER  **Purpose:** DESK REVIEW  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0130970  **End Date:** 5/30/2019  **Type:** ABBREVIATED  **Purpose:** SURVEY  
**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #QJMS11

<table>
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<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>83.55(6)(b)</td>
<td>BATH AND TOILET AREAS: WATER TEMPERATURE</td>
<td>Verified: 8/5/19, Corrected: Yes</td>
</tr>
</tbody>
</table>

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
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 11/1/2015 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0131733 End Date: 9/24/2019 Type: OTHER Purpose: COMPLAINT
Results: STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125610 End Date: 12/15/2017 Type: STANDARD Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Date Complaint Received: 9/18/2019 Date Investigation Completed: 9/24/2019
Subject Area(s) Result SOD #
PROGRAM SERVICES NOT SUBSTANTIATED

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Facility Information

Facility Name: CASA DE OAKES INC REEDSBURG (0012392)
Address: 201 SOUTH GROVE ST, REEDSBURG, WI 53959
License Status: REGULAR
Licensed/Certified/Registered 7/1/2009 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0124017   End Date: 8/15/2017   Type: ABBREVIATED   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
## Facility Information

**Facility Name:** CASA DE OAKES MEMORY CARE (0016006)  
**Address:** 1130 BINDL DRIVE, REEDSBURG, WI 53959  
**License Status:** REGULAR  
**Licensed/Certified/Registered 3/15/2016 12:00:00AM**  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

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## Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>0131732</td>
<td>9/24/2019</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0129679</td>
<td>2/6/2019</td>
<td>ABBREVIATED</td>
<td>SURVEY</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date Complaint Received: 9/24/2019</th>
<th>Date Investigation Completed: 9/24/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subject Area(s):</strong> PHYSICAL ENVIRONMENT/SAFETY</td>
<td><strong>Result:</strong> NOT SUBSTANTIATED</td>
</tr>
</tbody>
</table>

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
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 11/1/2000 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0128409  End Date: 10/10/2018  Type: OTHER  Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126298  End Date: 2/2/2018  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
## Facility Information

**Facility Name:** COUNTRY CASA (0010325)

**Address:** E8509 N REEDSBURG RD, REEDSBURG, WI 53959

**License Status:** REGULAR

Licensed/Certified/Registered 6/1/2004 12:00:00AM

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

## Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
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<tbody>
<tr>
<td>0132158</td>
<td>8/6/2019</td>
<td>STANDARD</td>
<td>SURVEY</td>
<td>ENFORCEMENT ACTION</td>
</tr>
<tr>
<td>0130783</td>
<td>6/21/2019</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0128967</td>
<td>12/15/2017</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>ENFORCEMENT ACTION</td>
</tr>
</tbody>
</table>

**Statement of Deficiency:**

### Survey ID: 0132158

**End Date:** 8/6/2019

**Type:** STANDARD  
**Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

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

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>83.32(3)(m)</td>
<td>RIGHTS OF RESIDENTS: RECORDING AND FILMING</td>
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</tr>
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</table>

### Survey ID: 0130783

**End Date:** 6/21/2019

**Type:** OTHER  
**Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Survey ID: 0128967

**End Date:** 12/15/2017

**Type:** OTHER  
**Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #WITT12 Served 1/7/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
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<th>Verified</th>
<th>Corrected</th>
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<tbody>
<tr>
<td>83.25</td>
<td>CONTINUING EDUCATION</td>
<td></td>
<td></td>
<td>Yes</td>
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<tr>
<td>83.32(3)(n)</td>
<td>RIGHTS OF RESIDENTS: SAFE ENVIRONMENT</td>
<td></td>
<td>6/21/19</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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**Provider Inspection Summary**

For the period 2/8/2017 to 2/8/2020

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

**Survey ID:** 0124875  **End Date:** 7/13/2017  **Type:** STANDARD  **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #WITT11  Served 10/30/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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</thead>
<tbody>
<tr>
<td>83.25</td>
<td>CONTINUING EDUCATION</td>
<td>Verified: 12/15/17  Corrected: Yes</td>
</tr>
<tr>
<td>83.32(3)(n)</td>
<td>RIGHTS OF RESIDENTS: SAFE ENVIRONMENT</td>
<td>Verified: 12/15/17  Corrected: Yes</td>
</tr>
<tr>
<td>83.37(3)(a)</td>
<td>MEDICATION STORAGE: ORIGINAL CONTAINERS</td>
<td>Verified: 12/15/17  Corrected: Yes</td>
</tr>
<tr>
<td>83.39(3)</td>
<td>HAND WASHING</td>
<td>Verified: 12/15/17  Corrected: Yes</td>
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**Enforcement History (COUNTRY CASA--0010325)**

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

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

**Date:** 1/1/2019  **SOD #**WITT12  **Appealed:** No

Sanctions
OTHER SANCTION

**Date:** 10/27/2017  **SOD #**WITT11  **Appealed:** Decision: PENDING

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.25
FORFEITURE---83.32(3)(n)
FORFEITURE---83.37(3)(a)
FORFEITURE---83.39(3)

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Facility Information

Facility Name: OUR HOUSE REEDSBURG ASSISTED CARE (0013666)
Address: 355 MACK DR, REEDSBURG, WI 53959
License Status: REGULAR
Licensed/Certified/Registered 4/1/2012 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0129633 End Date: 1/16/2019 Type: STANDARD Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
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 10/1/2011 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0129094  End Date: 1/28/2019  Type: OTHER  Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128787  End Date: 8/15/2018  Type: STANDARD  Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #H4TO11 Served 1/15/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>83.32(3)(b)</td>
<td>RIGHTS OF RESIDENTS: CONFIDENTIALITY</td>
<td>Verified 1/18/19 Corrected Yes</td>
</tr>
<tr>
<td>83.32(3)(n)</td>
<td>RIGHTS OF RESIDENTS: SAFE ENVIRONMENT</td>
<td>Verified 1/18/19 Corrected Yes</td>
</tr>
</tbody>
</table>

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Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

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 6/30/1997 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0128194 End Date: 10/1/2018 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020
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 9/1/2011 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0131193 End Date: 7/24/2019 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: OAK PARK PLACE THE GROVE (0012768)
Address: 800 WALDO ST, BARABOO, WI 53913
License Status: REGULAR
Licensed/Certified/Registered 4/7/2009 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0130250  End Date: 4/29/2019  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Residential Care Apartment Complex (REGISTERED)

<table>
<thead>
<tr>
<th>Facility Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name: RIDGEVIEW PLACE (0011110)</td>
</tr>
<tr>
<td>Address: 2350 NORTH DEWEY AVE, REEDSBURG, WI 53959</td>
</tr>
<tr>
<td>License Status: REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered 8/1/2005 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Survey History</th>
</tr>
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<tbody>
<tr>
<td>No survey activity during the period 2/8/17 to 2/8/20</td>
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Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Residential Care Apartment Complex (CERTIFIED)

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Facility Information

Facility Name: MAPLEWOOD VILLAGE (0010279)
Address: 1425 HEMLOCK STREET, SAUK CITY, WI 53583
License Status: REGULAR
Licensed/Certified/Registered 6/1/1999 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

---

Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
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<tr>
<td>0127772</td>
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<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>2/12/2018</td>
<td>ABBREVIATED</td>
<td>SURVEY</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
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Statement of Deficiency: #1HDC11 Served 7/31/2018

<table>
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<tr>
<th>Deficiencies Cited</th>
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<th>Compliance</th>
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<td>SERVICES</td>
<td>Verified</td>
</tr>
<tr>
<td>89.23(4)(d)1</td>
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8/9/18 Yes
8/9/18 Yes

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Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

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 11/1/1999 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

No survey activity during the period 2/8/17 to 2/8/20