Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Walworth County. The report is a PDF (Adobe Acrobat) document and includes a total of 39.00 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 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: ASPEN BREEZE ADULT FAMILY HOME (0015371)
Address: N5967 ASPEN DRIVE, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 2/6/2015 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0127717    End Date: 7/18/2018    Type: OTHER    Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0127254    End Date: 6/27/2018    Type: OTHER    Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0127050    End Date: 3/19/2018    Type: STANDARD    Purpose: SURVEY/COMPLAINT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #0SD311

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
<td>4/15/18</td>
</tr>
<tr>
<td>Corrected</td>
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<td>Yes</td>
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</tbody>
</table>

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Provider Inspection Summary

For the period 2/9/2017 to 2/9/2020
Adult Family Home

Complaint History (ASPEN BREEZE ADULT FAMILY HOME--0015371)

<table>
<thead>
<tr>
<th>Date Complaint Received: 2/22/2018</th>
<th>Date Investigation Completed: 3/19/2018</th>
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<tbody>
<tr>
<td>Subject Area(s)</td>
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<tr>
<td>PROGRAM SERVICES</td>
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<tr>
<td>RESIDENT RIGHTS</td>
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</table>

This is Page 3 of 39 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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**Facility Information**

Facility Name: BRANDI HOME I (0017637)  
Address: 1685 BRANDI ST, BURLINGTON, WI 53105  
License Status: REGULAR  
Licensed/Certified/Registered 6/27/2019 12:00:00AM  
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

Survey ID: 0130691  
End Date: 6/27/2019  
Type: INITIAL  
Purpose: SURVEY  
Results: LICENSE/CERT/REGISTRATION ISSUED

*This is Page 4 of 39 total pages. If printing this report ensure that your printer is set to print only the desired pages.*

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Facility Information

Facility Name: BRANDI HOME II (0017639)
Address: 1683 BRANDI ST, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 6/27/2019 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0130693  End Date: 6/27/2019  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: COURAGE CARE (0016289)
Address: 1455 MILL ST, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 10/11/2016 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0131412   End Date: 8/16/2019   Type: STANDARD   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: MILL HOUSE (0016862)
Address: 1451 MILL ST, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 10/17/2017 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0124771 End Date: 10/17/2017 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Facility Information

Facility Name: PATHWAY HOUSE (0017770)
Address: 1463 MILL ST, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 10/2/2019 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0131675          End Date: 10/2/2019          Type: INITIAL          Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: STATE HOME (0015938)
Address: 1642 KNOB HILL RD, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 11/11/2015 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

<table>
<thead>
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<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
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</thead>
<tbody>
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<td>0130494</td>
<td>6/10/2019</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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</table>

Statement of Deficiency: #G7UC11 Served 5/11/2019

<table>
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<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
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</thead>
<tbody>
<tr>
<td>50.065(2)(b)intro</td>
<td>ENTITY BACKGROUND CHECK REQUIREMENTS</td>
<td>3/27/19</td>
<td>Yes</td>
</tr>
<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td>5/7/19</td>
<td>Yes</td>
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<tr>
<td>88.05(4)(d)2.b</td>
<td>FIRE EVACUATION ANNUAL EVALUATION</td>
<td>3/27/19</td>
<td>Yes</td>
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<tr>
<td>88.09(1)(d)</td>
<td>RESIDENT RECORDS REQUIREMENTS</td>
<td>3/27/19</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Facility Information

Facility Name: AARONS HOME II (0016918)
Address: 54 DONNA AVE, DARIEN, WI 53114
License Status: REGULAR
Licensed/Certified/Registered 11/27/2018 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0128702    End Date: 11/27/2018    Type: INITIAL    Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: PEASE ADULT FAMILY HOME (390149)
Address: 5281 STATE RD 50, DELAVAN, WI 53115
License Status: REGULAR
Licensed/Certified/Registered 8/1/1997 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0130496 End Date: 3/14/2019 Type: STANDARD Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #545311 Served 7/10/2019

<table>
<thead>
<tr>
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<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
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<tbody>
<tr>
<td>50.065(2)(b)intro</td>
<td>ENTITY BACKGROUND CHECK REQUIREMENTS</td>
<td>12/11/19</td>
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<td></td>
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<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>12/11/19</td>
<td>Yes</td>
<td></td>
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<tr>
<td>88.05(3)(d)</td>
<td>ANNUAL WELL WATER INSPECTIONS</td>
<td>12/11/19</td>
<td>Yes</td>
<td></td>
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<tr>
<td>88.05(4)(a)</td>
<td>FIRE SAFETY-FIRE EXTINGUISHERS</td>
<td>12/11/19</td>
<td>Yes</td>
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<tr>
<td>88.05(4)(b)1</td>
<td>FIRE SAFETY-SMOKE DETECTORS</td>
<td>12/11/19</td>
<td>Yes</td>
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<tr>
<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
<td>12/11/19</td>
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<tr>
<td>88.05(4)(d)2.b</td>
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<td>12/11/19</td>
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<td>88.05(4)(d)2.c</td>
<td>SEMI-ANNUAL FIRE DRILLS</td>
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<td>88.06(3)(f)</td>
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<td>12/11/19</td>
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<td></td>
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<tr>
<td>88.09(1)(d)</td>
<td>RESIDENT RECORDS REQUIREMENTS</td>
<td>12/11/19</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>88.09(2)(a)</td>
<td>SERVICE PROVIDER RECORD</td>
<td>12/11/19</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
<td>12/11/19</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

This is Page 11 of 39 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 2/9/2017 to 2/9/2020
Adult Family Home

Survey ID: 0125795  End Date: 1/24/2018  Type: OTHER  Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124541  End Date: 9/20/2017  Type: OTHER  Purpose: DESK REVIEW
Results: ENFORCEMENT ACTION
Statement of Deficiency: #PKSX11  Served 10/4/2017

<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>12.05(1)(a)</td>
<td>ENTITY SANCTION</td>
<td>12/17/19</td>
<td>Yes</td>
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</tbody>
</table>

Survey ID: 0125329  End Date: 8/10/2017  Type: ABBREVIATED  Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #LPBG11  Served 12/17/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>50.065(2)(b)intro</td>
<td>ENTITY BACKGROUND CHECK</td>
<td>1/24/18</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>REQUIREMENTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>1/24/18</td>
<td>Yes</td>
</tr>
<tr>
<td>88.05(3)(d)</td>
<td>ANNUAL WELL WATER INSPECTIONS</td>
<td>1/24/18</td>
<td>Yes</td>
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<tr>
<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
<td>1/24/18</td>
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<tr>
<td>88.09(2)(a)</td>
<td>SERVICE PROVIDER RECORD</td>
<td>1/24/18</td>
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</tr>
<tr>
<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
<td>1/24/18</td>
<td>Yes</td>
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</tbody>
</table>

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Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

<table>
<thead>
<tr>
<th>Date</th>
<th>SOD</th>
<th>Appealed</th>
<th>Sanctions</th>
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<tbody>
<tr>
<td>6/10/2019</td>
<td>#545311</td>
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<td>COMPLY WITH FACILITY PLAN OF CORRECTION</td>
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<tr>
<td>9/28/2017</td>
<td>#PKSX11</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION COMPLY WITH REQUIREMENT</td>
</tr>
</tbody>
</table>

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## Facility Information

Facility Name: STEVENS HOPE AND LOVE (0013791)  
Address: 317 BUTTERNUT DR, DELAVAN, WI 53115  
License Status: REGULAR  
Licensed/Certified/Registered 8/18/2011 12:00:00AM  
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

## Survey History

Survey ID: 0125934  
End Date: 1/5/2018  
Type: ABBREVIATED  
Purpose: SURVEY  

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: VOSKUIL ADULT FAMILY HOME 2 (0015252)
Address: 7980 SUMMIT DRIVE, DELAVAN, WI 53115
License Status: REGULAR
Licensed/Certified/Registered 9/18/2014 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0130518       End Date: 6/11/2019       Type: OTHER       Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129845       End Date: 3/20/2019       Type: ABBREVIATED       Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #93BM11 Served 4/11/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>8/1/19</td>
<td>Yes</td>
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</tbody>
</table>

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Facility Information

Facility Name: BAUER ADULT FAMILY HOME (0008746)
Address: W4855 STATE RD 20, EAST TROY, WI 53121
License Status: REGULAR
Licensed/Certified/Registered 2/1/2000 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0127718 End Date: 7/18/2018 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
### Facility Information

Facility Name: AMANDA LINDNER ADULT FAMILY CARE HOME (390128)
Address: W5069 FARM VILLAGE LN, ELKHORN, WI 53121
License Status: REGULAR
Licensed/Certified/Registered 12/22/1997 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

Survey ID: 0126849    End Date: 3/15/2018    Type: ABBREVIATED    Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: ARBOR HOUSE (0013073)
Address: W5428 COUNTY A, ELKHORN, WI 53121
License Status: REGULAR
Licensed/Certified/Registered 1/1/2010 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0127373 End Date: 6/22/2018 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: BLACK ROCK ADULT LIVING LLC (0017481)
Address: W4715 POTTER RD, ELKHORN, WI 53121
License Status: REGULAR
Licensed/Certified/Registered 8/1/2019 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0130992 End Date: 8/1/2019 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Facility Information

Facility Name: CLA DUNBAR (0009527)
Address: W4911 MALLARD DR, ELKHORN, WI 53121
License Status: CLOSED
Licensed/Certified/Registered 5/1/2002 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

No survey activity during the period 2/9/17 to 2/9/20
**Provider Inspection Summary**

For the period 2/9/2017 to 2/9/2020

Adult Family Home

### Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>HEART TO HEART AFH PRESCOTT (0017374)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>13 PRESCOTT ST, ELKHORN, WI 53121</td>
</tr>
<tr>
<td>License Status:</td>
<td>REGULAR</td>
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<tr>
<td>Licensed/Certified/Registered:</td>
<td>11/6/2019  12:00:00AM</td>
</tr>
<tr>
<td>Regional Office:</td>
<td>SOUTHERN REGION (MADISON), (608) 264-9888</td>
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### Survey History

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<td>End Date:</td>
<td>11/6/2019</td>
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<td>SURVEY</td>
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<tr>
<td>Results:</td>
<td>LICENSE/CERT/REGISTRATION ISSUED</td>
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</tbody>
</table>

This is Page 21 of 39 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Facility Information

Facility Name: JODIS HOME (0010620)
Address: W3928 POTTERS RD, ELKHORN, WI 53121
License Status: REGULAR
Licensed/Certified/Registered 2/9/2005 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0128473  End Date: 10/30/2018  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
## Facility Information

Facility Name: KINDREDHEARTS FAMILY HOMES II (0014674)
Address: 1005 N PHEASANT WAY, ELKHORN, WI 53190
License Status: REGULAR
Licensed/Certified/Registered 6/15/2013 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

## Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
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<tbody>
<tr>
<td>0128785</td>
<td>12/17/2018</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
</tr>
<tr>
<td>0128774</td>
<td>11/28/2018</td>
<td>ABBREVIATED</td>
<td>SURVEY</td>
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</table>

**Results:**
- NO STATEMENT OF DEFICIENCY ISSUED
- STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #DLE811 Served 12/14/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
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</thead>
<tbody>
<tr>
<td>88.07(4)(c)</td>
<td>FOOD PREPARED AND STORED SANITARY WAY</td>
<td>11/28/18</td>
<td>Yes</td>
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</tbody>
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## Facility Information

**Facility Name:** GENEVA TERRITORY (0012515)  
**Address:** 6582 LAKESIDE RD, LAKE GENEVA, WI 53147  
**License Status:** REGULAR  
**Licensed/Certified/Registered:** 11/17/2008 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>0125100</td>
<td>10/26/2017</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
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<tr>
<td>0124533</td>
<td>9/20/2017</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>ENFORCEMENT ACTION</td>
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**Statement of Deficiency:** #1X2L11 Served 10/2/2017

<table>
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<tr>
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<th>Subject Area</th>
<th>Compliance</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.05(1)(a)</td>
<td>ENTITY SANCTION</td>
<td>10/26/17</td>
<td>Yes</td>
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<tr>
<td>0124224</td>
<td>8/23/2017</td>
<td>ABBREVIATED</td>
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<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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### Enforcement History (GENEVA TERRITORY--0012515)

**Date:** 9/28/2017  
**SOD #1X2L11**  
**Appealed:**

- Sanctions
- COMPLY WITH DEPARTMENT PLAN OF CORRECTION
- COMPLY WITH REQUIREMENT

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Facility Information

Facility Name: PALMER ROAD AFH (0013259)
Address: W4080 PALMER RD, LAKE GENEVA, WI 53147
License Status: REGULAR
Licensed/Certified/Registered 6/2/2010 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0123848 End Date: 7/18/2017 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: AARONS HOME (0013475)
Address: W1313 BERNICE RD, PELL LAKE, WI 53157
License Status: REGULAR
Licensed/Certified/Registered 11/16/2010 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0129713  End Date: 3/4/2019  Type: STANDARD  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126574  End Date: 3/8/2018  Type: STANDARD  Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #ODJ511 Served 4/27/2018

<table>
<thead>
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<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
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</thead>
<tbody>
<tr>
<td>50.065(2)(b)intro</td>
<td>ENTITY BACKGROUND CHECK REQUIREMENTS</td>
<td>3/4/19</td>
<td>Yes</td>
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<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>3/4/19</td>
<td>Yes</td>
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<tr>
<td>88.05(4)(d)2.c</td>
<td>SEMI-ANNUAL FIRE DRILLS</td>
<td>3/4/19</td>
<td>Yes</td>
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<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
<td>3/6/19</td>
<td>Yes</td>
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<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
<td>3/4/19</td>
<td>Yes</td>
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</table>

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Provider Inspection Summary

For the period 2/9/2017 to 2/9/2020

Adult Family Home

Enforcement History (AARONS HOME--0013475)

Date: 4/25/2018    SOD #ODJ511    Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Complaint History (AARONS HOME--0013475)

Date Complaint Received: 2/19/2018    Date Investigation Completed: 3/8/2018

Subject Area(s)    Result    SOD #

ADMINISTRATION    NOT SUBSTANTIATED
RESIDENT RIGHTS    SUBSTANTIATED    ODJ511
### Facility Information

Facility Name: VALERIES HOME (0009133)
Address: 208 MADISON ST, WALWORTH, WI 53184
License Status: REGULAR
Licensed/Certified/Registered 11/9/2000 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

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<td>3/12/2019</td>
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<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0125770</td>
<td>12/11/2017</td>
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<td>SURVEY</td>
<td>ENFORCEMENT ACTION</td>
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</table>

### Statement of Deficiency

Statement of Deficiency: #GW6F11 Served 1/31/2018

<table>
<thead>
<tr>
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<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Date: 1/30/2018</th>
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<tbody>
<tr>
<td>Verified</td>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
<td>SOD #GW6F11</td>
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<tr>
<td>Corrected</td>
<td>88.09(1)(d)</td>
<td>RESIDENT RECORDS REQUIREMENTS</td>
<td>Appealed: No</td>
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### Enforcement History (VALERIES HOME--0009133)

Sanctions
OTHER SANCTION

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Facility Information

Facility Name: CARRIES HOME (0010176)
Address: 1234 W MELROSE ST, WHITEWATER, WI 53190
License Status: REGULAR
Licensed/Certified/Registered 10/23/2003 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0127714    End Date: 5/22/2018    Type: ABBREVIATED    Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: CHRIS HOME (0009782)
Address: 424 PLEASANT ST, WHITEWATER, WI 53190
License Status: REGULAR
Licensed/Certified/Registered 10/18/2002 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0127774 End Date: 7/9/2018 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
## Facility Information

Facility Name: JENNIES PLACE (0014215)  
Address: 213 S WHITON ST, WHITEWATER, WI 53190  
License Status: REGULAR  
Licensed/Certified/Registered 6/20/2012 12:00:00AM  
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

## Survey History

Survey ID: 0128887  
End Date: 10/3/2018  
Type: ABBREVIATED  
Purpose: SURVEY  
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: KINDRED HEARTS FAMILY HOME (0012654)
Address: N7227 WOODFIELD LN, WHITEWATER, WI 53190
License Status: REGULAR
Licensed/Certified/Registered 12/1/2008 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0127070   End Date: 6/5/2018   Type: ABBREVIATED   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: LOHFFS ASSISTED LIVING EAST (0015662)
Address: W7893 US HWY 12, WHITEWATER, WI 53190
License Status: REGULAR
Licensed/Certified/Registered 5/18/2015 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

<table>
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<th>Type</th>
<th>Purpose</th>
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<tbody>
<tr>
<td>0125804</td>
<td>1/25/2018</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
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<td>0125216</td>
<td>11/13/2017</td>
<td>STANDARD</td>
<td>SURVEY/COMPLAINT</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
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Statement of Deficiency: #NRJM11 Served 12/4/2017

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<th>Corrected</th>
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<tr>
<td>88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>1/25/18</td>
<td>Yes</td>
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<tr>
<td>88.05(3)(a) HOME ENVIRONMENT</td>
<td>1/25/18</td>
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Complaint History (LOHFFS ASSISTED LIVING EAST--0015662)

<table>
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<th>SOD #</th>
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<tr>
<td>RESIDENT RIGHTS</td>
<td>SUBSTANTIATED</td>
<td>NRJM11</td>
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</table>

Date Complaint Received: 10/26/2017
Date Investigation Completed: 11/9/2017

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**Facility Information**

Facility Name:  OPAL HOUSE (0011300)
Address:  N9633 HOWARD RD, WHITEWATER, WI 53190
License Status:  REGULAR
Licensed/Certified/Registered 1/26/2006  12:00:00AM
Regional Office:  SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

<table>
<thead>
<tr>
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<td>0124490</td>
<td>9/26/2017</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0124238</td>
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Statement of Deficiency:  #P6WF11  Served 9/13/2017

<table>
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<tbody>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>11/1/17</td>
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</tbody>
</table>

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Facility Information

Facility Name:  RIVERWOOD ADULT FAMILY HOME (0013993)
Address:  204 JEFFERSON ST., WHITEWATER, WI 53190
License Status:  REGULAR
Licensed/Certified/Registered 1/24/2012  12:00:00AM
Regional Office:  SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID:  0128885   End Date:  10/2/2018   Type:  ABBREVIATED   Purpose:  SURVEY
Results:  NO STATEMENT OF DEFICIENCY ISSUED

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## Facility Information

**Facility Name:** STONE RIDGE ADULT FAMILY HOME (0013994)  
**Address:** 112 E NORTH ST, WHITEWATER, WI 53190  
**License Status:** REGULAR  
**Licensed/Certified/Registered:** 2/14/2012 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

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<td>2/15/2017</td>
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**Statement of Deficiency:** #F47P11  Served 11/18/2019

<table>
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<tbody>
<tr>
<td>88.04(2)(f)</td>
<td>CONDITION WHICH REPRESENTS RISK OR HARM</td>
<td>Verified</td>
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<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
<td></td>
</tr>
<tr>
<td>88.07(3)(c)</td>
<td>MEDICATION ASSISTANCE</td>
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<th>Date: 11/12/2019</th>
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<tbody>
<tr>
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<tr>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
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</tr>
<tr>
<td>OTHER SANCTION</td>
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</table>

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Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: TOPAZ HOUSE (390110)
Address: N197 COUNTY HWY N, WHITEWATER, WI 531900650
License Status: REGULAR
Licensed/Certified/Registered 3/1/1996  12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0130027  End Date: 2/11/2019  Type: ABBREVIATED  Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #32K211  Served 5/3/2019

<table>
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<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>Verified</td>
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<tr>
<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
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</table>

Enforcement History (TOPAZ HOUSE--390110)

Date: 4/25/2019  SOD #32K211  Appealed: No
Sanctions
- COMPLY WITH REQUIREMENT
- OTHER SANCTION

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Facility Information

Facility Name: WHITE PINES (0013076)
Address: N7453 HWY P, WHITEWATER, WI 53190
License Status: REGULAR
Licensed/Certified/Registered 1/1/2010 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0126509     End Date: 2/8/2018     Type: ABBREVIATED     Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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