

Provider Inspection Summary

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

Walworth

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 34.00 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.

Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: BRANDI HOME I (0017637)

Address: 1685 BRANDI ST, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 06/27/2019 12:00:00AM

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

Survey History

Survey ID: 0148381 **End Date:** 11/12/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4C1812 Served 01/03/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS		
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(c)	MEDICATION ASSISTANCE		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY		

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0147380 **End Date:** 07/26/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4C1811 Served 08/20/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	11/12/24	Yes
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	11/12/24	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	11/12/24	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	11/12/24	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	11/12/24	No
88.07(3)(a)	PRESCRIPTION MEDICATIONS	11/12/24	Yes
88.07(3)(c)	MEDICATION ASSISTANCE	11/12/24	No
88.07(3)(e)1	MEDICATION- RECORD KEEPING	11/12/24	No
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	11/12/24	Yes

Survey ID: 0139587 **End Date:** 04/20/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (BRANDI HOME I--0017637)

Date: 12/23/2024 **SOD #**4C1812 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 08/20/2024 **SOD #**4C1811 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: BRANDI HOME II (0017639)

Address: 1683 BRANDI ST, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 06/27/2019 12:00:00AM

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

Survey History

Survey ID: 0148385 **End Date:** 11/12/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XEP212 Served 01/03/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0147378 **End Date:** 07/26/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XEP211 Served 08/20/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	11/12/24	Yes
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	11/12/24	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	11/12/24	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	11/12/24	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	11/12/24	No
88.07(3)(e)1	MEDICATION- RECORD KEEPING	11/12/24	No
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	11/12/24	Yes

Survey ID: 0140819 **End Date:** 09/21/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139789 **End Date:** 04/20/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HB4W11 Served 06/08/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	9/21/22	Yes
88.06(3)(f)	REVIEW OF ISP	9/21/22	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	9/21/22	Yes

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (BRANDI HOME II--0017639)

Date: 01/03/2025 **SOD #**XEP212 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 08/20/2024 **SOD #**XEP211 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 06/08/2022 **SOD #**HB4W11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

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: 0146790 **End Date:** 06/20/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140953 **End Date:** 10/05/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

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: 0145959 **End Date:** 03/19/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140455 **End Date:** 08/08/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (MILL HOUSE--0016862)

Date Complaint Received: 02/22/2024

Date Investigation Completed: 03/19/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: PATHWAY HOUSE (0017770)

Address: 1463 MILL ST, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 10/02/2019 12:00:00AM

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

Survey History

Survey ID: 0146791 **End Date:** 06/20/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140950 **End Date:** 10/05/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: STATE HOME (0015938)

Address: 1642 KNOB 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

Survey ID: 0140734 **End Date:** 09/08/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: Country Treasures LLC (0019239)

Address: N6032 State Road 89, Delavan, WI 531152422

License Status: REGULAR

Licensed/Certified/Registered 01/11/2023 12:00:00AM

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

Survey History

Survey ID: 0141828 **End Date:** 01/11/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: STEVENS HOPE AND LOVE (0013791)

Address: 317 BUTTERNUT DR, DELAVAN, WI 53115

License Status: REGULAR

Licensed/Certified/Registered 08/18/2011 12:00:00AM

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

Survey History

Survey ID: 0144980 **End Date:** 11/30/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: VOSKUIL ADULT FAMILY HOME 2 (0015252)

Address: 7980 SUMMIT DRIVE, DELAVAN, WI 53115

License Status: REGULAR

Licensed/Certified/Registered 09/18/2014 12:00:00AM

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

Survey History

Survey ID: 0140920 **End Date:** 09/21/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: BAUER ADULT FAMILY HOME (0008746)

Address: W4855 STATE RD 20, EAST TROY, WI 53121

License Status: REGULAR

Licensed/Certified/Registered 02/01/2000 12:00:00AM

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

Survey History

Survey ID: 0148726 **End Date:** 01/23/2025 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140758 **End Date:** 09/07/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

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: 0148520 **End Date:** 01/15/2025 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147233 **End Date:** 08/05/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #K0QK11 Served 08/06/2024

Deficiencies Cited
88.03(8)(b)

Subject Area
AGENCY MAY VISIT HOME

Compliance
Verified
1/15/25

Corrected
Yes

Survey ID: 0140093 **End Date:** 06/27/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (AMANDA LINDNER ADULT FAMILY CARE HOME--390128)

Date: 01/16/2025 **SOD #**K0QK12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 08/06/2024 **SOD #**K0QK11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: BLACK ROCK ADULT LIVING LLC (0017481)
Address: W4715 POTTER RD, ELKHORN, WI 53121
License Status: REGULAR
Licensed/Certified/Registered 08/01/2019 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148047 **End Date:** 10/23/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #YTIC12 Served 11/07/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	12/22/24	Yes

Survey ID: 0146669 **End Date:** 05/22/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YTIC11 Served 06/11/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	10/22/24	Yes
88.07(2)(e)	ANNUAL HEALTH EXAM	10/22/24	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	10/22/24	Yes
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	10/22/24	No
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	10/22/24	Yes

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0143140 **End Date:** 05/10/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141720 **End Date:** 12/01/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #K66X11 Served 01/03/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	5/10/23	Yes
88.05(3)(a)	HOME ENVIRONMENT	5/10/23	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	5/10/23	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	5/10/23	Yes
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	5/10/23	Yes

Enforcement History (BLACK ROCK ADULT LIVING LLC--0017481)

Date: 11/07/2024 **SOD #**YTIC12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 06/11/2024 **SOD #**YTIC11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 01/03/2023 **SOD #**K66X11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Complaint History (BLACK ROCK ADULT LIVING LLC--0017481)

Date Complaint Received: 04/15/2024

Date Investigation Completed: 05/22/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: BMK ADULT LIVING LLC (0018211)

Address: W4753 POTTER RD, ELKHORN, WI 53121

License Status: REGULAR

Licensed/Certified/Registered 09/08/2020 12:00:00AM

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

Survey History

Survey ID: 0148026 **End Date:** 10/23/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147097 **End Date:** 06/17/2024 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1EKQ12 Served 07/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	10/23/24	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	10/23/24	Yes
88.05(3)(a)	HOME ENVIRONMENT	10/23/24	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	10/23/24	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	10/23/24	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	10/23/24	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	10/23/24	Yes
88.10(3)(e)	SELF-DIRECTION	10/23/24	Yes

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0145987 **End Date:** 02/29/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1EKQ11 Served 03/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	7/17/24	No
88.06(2)(c)	SERVICE AGREEMENT REQUIREMENTS	7/17/24	Yes
88.06(2)(c)7	CONDITIONS OF TRANSFER OR DISCHARGE	7/17/24	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	7/17/24	Yes
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	7/17/24	Yes
88.06(3)(d)2	LEVEL OF SUPERVISION	7/17/24	Yes
88.07(1)(e)	OVERNIGHT SUPERVISION	7/17/24	Yes
88.08	TERMINATION OF PLACEMENT	7/17/24	Yes
88.09(1)(a)	RESIDENT RECORDS	7/17/24	Yes
88.10(3)(b)	PRIVACY	7/17/24	Yes

Survey ID: 0142725 **End Date:** 03/21/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141557 **End Date:** 09/21/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #863B11 Served 12/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	3/21/23	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	3/21/23	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	3/21/23	Yes
88.06(3)(f)	REVIEW OF ISP	3/21/23	Yes
88.07(2)(b)1	SUPERVISNG & ASSISTING WITH ADLS	3/21/23	Yes
88.10(3)(q)	MEDICATIONS	3/21/23	Yes

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (BMK ADULT LIVING LLC--0018211)

Date: 07/25/2024 **SOD #**1EKQ12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 03/26/2024 **SOD #**1EKQ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 12/12/2022 **SOD #**863B11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

Complaint History (BMK ADULT LIVING LLC--0018211)

Date Complaint Received: 01/24/2024

Date Investigation Completed: 02/07/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

1EKQ11

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: JODIS HOME (0010620)

Address: W3928 POTTERS RD, ELKHORN, WI 53121

License Status: REGULAR

Licensed/Certified/Registered 02/09/2005 12:00:00AM

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

Survey History

Survey ID: 0146045 **End Date:** 03/27/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145421 **End Date:** 10/31/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EGB811 Served 01/29/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	3/27/24	Yes
88.05(3)(g)	WINDOWS AND VENTILATION	3/27/24	Yes
88.05(3)(i)	BATHROOM LOCK	3/27/24	Yes

Enforcement History (JODIS HOME--0010620)

Date: 01/29/2024 **SOD #**EGB811 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: KINDRED HEARTS FAMILY HOMES II (0014674)

Address: 1005 N PHEASANT WAY, ELKHORN, WI 53121

License Status: REGULAR

Licensed/Certified/Registered 06/15/2013 12:00:00AM

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

Survey History

Survey ID: 0148705 **End Date:** 01/29/2025 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139757 **End Date:** 04/29/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

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: 0140921 **End Date:** 09/20/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: HARRIET HOUSE (0019073)

Address: 530 SOUTH JANESVILLE ST, WHITEWATER, WI 53190

License Status: REGULAR

Licensed/Certified/Registered 07/15/2022 12:00:00AM

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

Survey History

Survey ID: 0140145 **End Date:** 07/15/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: JENNIES PLACE (0014215)

Address: 213 S WHITON ST, WHITEWATER, WI 53190

License Status: REGULAR

Licensed/Certified/Registered 06/20/2012 12:00:00AM

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

Survey History

Survey ID: 0147478 **End Date:** 08/27/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139801 **End Date:** 04/28/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CDGE11 Served 06/09/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(b)	AWAKE STAFF FOR CONTINUOUS CARE	4/28/22	No
88.05(3)(b)	FREE OF HAZARDS	4/28/22	No

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Provider Inspection Summary

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

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 12/01/2008 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148711 **End Date:** 01/29/2025 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139629 **End Date:** 04/28/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: LOHFFS ASSISTED LIVING NORTH (0015044)

Address: 11046 E COUNTY RD N, WHITEWATER, WI 53190

License Status: REGULAR

Licensed/Certified/Registered 05/09/2014 12:00:00AM

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

Survey History

Survey ID: 0147448 **End Date:** 08/20/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146566 **End Date:** 05/09/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HOEJ11 Served 05/30/2024

Deficiencies Cited
88.10(3)(p)

Subject Area
PROMPT AND ADEQUATE TREATMENT

Compliance
Verified
8/20/24

Corrected
Yes

Survey ID: 0142376 **End Date:** 03/02/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0141499 **End Date:** 08/23/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HSUE11 Served 12/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	3/2/23	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	3/2/23	Yes
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	3/2/23	Yes
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	3/2/23	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	3/2/20	Yes

Enforcement History (LOHFFS ASSISTED LIVING NORTH--0015044)

Date: 05/30/2024 **SOD #**HOEJ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 12/05/2022 **SOD #**HSUE11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (LOHFFS ASSISTED LIVING NORTH--0015044)

Date Complaint Received: 03/29/2024 **Date Investigation Completed:** 05/07/2024

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

HOEJ11

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: LOHFFS ASSISTED LIVING (0014915)

Address: 11044 E COUNTY RD N, WHITEWATER, WI 53190

License Status: REGULAR

Licensed/Certified/Registered 01/29/2014 12:00:00AM

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

Survey History

Survey ID: 0142375 **End Date:** 03/02/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141503 **End Date:** 11/03/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #30XS11 Served 12/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	11/3/22	Yes
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	11/3/22	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	11/3/22	Yes
88.05(6)(a)	HOUSEHOLD PETS	11/3/22	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	11/3/22	Yes
88.07(2)(b)	SERVICES DIRECTED TO GOALS	11/3/22	Yes
88.08	TERMINATION OF PLACEMENT	11/3/22	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	11/30/22	Yes

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (LOHFFS ASSISTED LIVING--0014915)

Date: 12/09/2022 **SOD #**30XS11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (LOHFFS ASSISTED LIVING--0014915)

Date Complaint Received: 10/03/2022

Date Investigation Completed: 10/31/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

30XS11

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: OPAL HOUSE (0011300)

Address: N9633 HOWARD RD, WHITEWATER, WI 53190

License Status: REGULAR

Licensed/Certified/Registered 01/26/2006 12:00:00AM

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

Survey History

Survey ID: 0144227 **End Date:** 08/30/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140983 **End Date:** 10/10/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (OPAL HOUSE--0011300)

Date Complaint Received: 07/13/2023

Date Investigation Completed: 08/24/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: Pinnacle Assisted Living Services Pioneer (0018952)

Address: 13048 E Pioneer Rd, Whitewater, WI 53190

License Status: REGULAR

Licensed/Certified/Registered 10/24/2023 12:00:00AM

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

Survey History

Survey ID: 0144670 **End Date:** 10/24/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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