

**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Community Based Residential Facility  
COUNTY: RACINE

**Notes**

**This report includes Provider Inspection Summaries (Facility Profiles) for Community Based Residential Facilities in Racine County.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 34 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 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

#### Facility Information

**Facility Name:** ARBOR VIEW COMMUNITIES (0011841)

**Address:** 34201 ARBOR LN, BURLINGTON, WI 53105

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2007

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

#### Survey History

**Survey ID:** 0107399    **End Date:** 09/22/2010    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #677T11    Served 11/12/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT		
83.25	CONTINUING EDUCATION		
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS		
83.35(2)	MODIFIED OR SPECIAL DIETS		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

**Survey ID: 0103637    End Date: 02/09/2009    Type: OTHER    Purpose: COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #2EQZ12    Served 03/27/2009**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(d)	REVIEW OF PROGRESS	04/01/2009	Yes
83.33(2)(a)	SUPERVISION	04/01/2009	Yes

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

#### Enforcement History (ARBOR VIEW COMMUNITIES)

**Date: 11/10/2010**      **SOD #677T11**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

PROVIDE TRAINING

FORFEITURE---50.09(1)(e)

FORFEITURE---83.25

FORFEITURE---83.35(3)

FORFEITURE---83.35(3)(d)

**Date: 03/24/2009**      **SOD #2EQZ12**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.32(2)(d)

FORFEITURE---83.33(2)(a)

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

#### Complaint History (ARBOR VIEW COMMUNITIES)

**Date Complaint Received: 08/18/2010**

**Date Investigation Completed: 09/22/2010**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	677T11
NUTRITION & FOOD SERVICES	SUBSTANTIATED	677T11
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

**Date Complaint Received: 11/26/2008**

**Date Investigation Completed: 01/09/2009**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	2EQZ12
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	

**Date Complaint Received: 11/25/2008**

**Date Investigation Completed: 02/09/2009**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	2EQZ12
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	

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## Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

### Facility Information

**Facility Name:** ARBOR VIEW MEMORY CARE (0013680)

**Address:** 34111 ARBOR LN, BURLINGTON, WI 53105

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 04/27/2011

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 04/01/2008 through 03/31/2011.

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## Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

### Facility Information

**Facility Name:** HIL HILLSIDE (0009760)

**Address:** 373 CHURCH ST, BURLINGTON, WI 53105

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/01/2002

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 04/01/2008 through 03/31/2011.

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

#### Facility Information

**Facility Name:** HIL KENDRICK HOME (0010610)

**Address:** 265 N KENDRICK AVE, BURLINGTON, WI 53105

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2006

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

#### Survey History

**Survey ID:** 0106119    **End Date:** 03/30/2010    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #VUPS11    Served 04/26/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	10/28/2010	Yes

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

#### Complaint History (HIL KENDRICK HOME)

**Date Complaint Received: 12/16/2009**

**Date Investigation Completed: 01/26/2010**

Subject Area(s)

RESTRAINTS  
STAFF ADEQUACY  
PROGRAM SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 11/10/2009**

**Date Investigation Completed: 03/31/2010**

Subject Area(s)

SUPERVISION

Result

NOT SUBSTANTIATED

SOD #

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**Provider Inspection Summary**

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

**Facility Information**

**Facility Name:** HIL WANDA FROGG VILLA/MEADOWHAVEN (0012315)

**Address:** 524 SUMMIT AVE, BURLINGTON, WI 53105

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2008

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0107169    **End Date:** 09/02/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #68XM11    Served 10/01/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS		

**Survey ID:** 0103026    **End Date:** 10/21/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0101914    **End Date:** 06/03/2008    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

#### Facility Information

**Facility Name:** PINE BROOK POINTE (0008582)

**Address:** 1001 S PINE ST, BURLINGTON, WI 53105

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2000

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

#### Survey History

**Survey ID:** 0106983    **End Date:** 06/02/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #J4LW11    Served 09/04/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(a)	SELF-ADMINISTERED BY RESIDENT	04/06/2011	Yes
83.37(3)(a)	MEDICATION STORAGE: ORIGINAL CONTAINERS	04/06/2011	Yes
83.47(2)(d)	FIRE DRILLS	04/06/2011	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	04/06/2011	Yes

**Survey ID:** 0102883    **End Date:** 10/22/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #7HHI13    Served 11/13/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(7)(b)	CONTINUING EDUCATION	04/01/2009	Yes

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**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)  
COUNTY: RACINE

**Enforcement History (PINE BROOK POINTE)**

**Date: 09/02/2010      SOD #J4LW11      Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.47(2)(d)

FORFEITURE---83.47(2)(e)

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

#### Complaint History (PINE BROOK POINTE)

**Date Complaint Received: 05/11/2010**

**Date Investigation Completed: 06/02/2010**

Subject Area(s)  
STAFF ADEQUACY

Result  
NOT SUBSTANTIATED

SOD #

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

#### Facility Information

**Facility Name:** ELIZABETH RESIDENCE CALEDONIA (0013065)

**Address:** 5737 ERIE ST, CALEDONIA, WI 53108

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2011

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

#### Survey History

**Survey ID:** 0108010    **End Date:** 01/20/2011    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #LVSU13    Served 03/01/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

**Survey ID: 0107083**    **End Date: 07/13/2010**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #LVSU12    Served 09/21/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	05/17/2011	Yes
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS	01/20/2011	Yes
83.35(2)	MODIFIED OR SPECIAL DIETS	01/20/2011	Yes
83.35(3)(b)	MENU DATED AND KEPT ON FILE	01/20/2011	Yes
83.59(4)(f)	DELAYED EGRESS: DEPARTMENT APPROVAL	01/20/2011	Yes

**Survey ID: 0105986**    **End Date: 03/15/2010**    **Type: INITIAL**    **Purpose: SURVEY**

**Results:** PROBATIONARY LICENSE ISSUED

**Statement of Deficiency:** #LVSU11    Served 03/27/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.59(4)(b)	DELAYED EGRESS: LOCKING DEVICE SIGN POSTED	06/29/2010	Yes
83.59(4)(f)	DELAYED EGRESS: DEPARTMENT APPROVAL	06/29/2010	No

**Survey ID: 0105883**    **End Date: 02/18/2010**    **Type: OTHER**    **Purpose: OTHER**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #CGHP11    Served 02/27/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.03	LICENSING, POWERS AND DUTIES	03/15/2010	Yes

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

#### Enforcement History (ELIZABETH RESIDENCE CALEDONIA)

**Date: 09/20/2010**      **SOD #LVSW12**      **Enforcement Appealed: Yes**      **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.32(3)(i)

FORFEITURE---83.59(4)(f)

FORFEITURE---did not meet stip

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**Date: 03/12/2010**      **SOD #CGHP11**      **Enforcement Appealed: No**

Sanctions

ACCRUING FORFEITURE

NO NEW ADMISSIONS

FORFEITURE---50.03

FORFEITURE---Total accrued amount

--Facility Compliant 04/06/2010 12:00:00AM

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

#### Complaint History (ELIZABETH RESIDENCE CALEDONIA)

**Date Complaint Received: 11/19/2010**

**Date Investigation Completed: 01/20/2011**

Subject Area(s)  
SUPERVISION  
ADMINISTRATION

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 06/01/2010**

**Date Investigation Completed: 07/13/2010**

Subject Area(s)  
STAFF ADEQUACY

Result  
NOT SUBSTANTIATED

SOD #

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**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Community Based Residential Facility--CLASS AA (AMBULATORY)  
COUNTY: RACINE

**Facility Information**

**Facility Name:** EAGLE HOUSE (310369)  
**Address:** 807 53RD DR, UNION GROVE, WI 53182  
**License Status:** REGULAR  
**Licensed/Certified/Registered:** 11/01/1996  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0107639    **End Date:** 11/16/2010    **Type:** OTHER    **Purpose:** SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #KY0Z12    Served 12/20/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		

**Survey ID:** 0105897    **End Date:** 02/18/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #KY0Z11    Served 03/13/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.54(1)(a)	BEDROOMS: DESIGN	11/06/2010	Yes

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**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Community Based Residential Facility--CLASS AA (AMBULATORY)  
COUNTY: RACINE

**Enforcement History (EAGLE HOUSE)**

**Date: 12/17/2010      SOD #KY0Z12      Enforcement Appealed: Yes      Decision: PENDING**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.32(3)(k)

FORFEITURE---83.37(1)(i)

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**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Community Based Residential Facility--CLASS AA (AMBULATORY)  
COUNTY: RACINE

**Complaint History (EAGLE HOUSE)**

**Date Complaint Received: 01/27/2010**

**Date Investigation Completed: 02/18/2010**

Subject Area(s)

LICENSED CAPACITY /CLASS OF LICENSE  
HOMELIKE ENVIRONMENT & CLEANLINESS  
PROGRAM SERVICES

Result

NOT SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

KY0Z11

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## Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

### Facility Information

**Facility Name:** SHEPHERDS MAIN BUILDING COTTAGE (310529)

**Address:** 1805 15TH AVE, UNION GROVE, WI 53182

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/1981

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0106779      **End Date:** 06/17/2010      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102911      **End Date:** 10/30/2008      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

**Facility Information**

**Facility Name:** TIMBER OAKS (310564)

**Address:** 1390 8TH AVE, UNION GROVE, WI 53182

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/04/1991

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0104083    **End Date:** 05/14/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #0PWG11    Served 06/03/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(b)	TRAINING IN FIRE SAFETY		
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS		

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

#### Facility Information

**Facility Name:** WISCONSIN VETERANS HOME FAIRCHILD HALL (0009253)

**Address:** 21425 SPRING ST #D, UNION GROVE, WI 53182

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2002

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

#### Survey History

**Survey ID:** 0104594    **End Date:** 07/29/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102714    **End Date:** 08/13/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0101844    **End Date:** 05/09/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #POG511    Served 06/06/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	08/13/2008	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	08/13/2008	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	08/13/2008	Yes

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

#### Complaint History (WISCONSIN VETERANS HOME FAIRCHILD HALL)

**Date Complaint Received: 06/20/2008**

**Date Investigation Completed: 08/13/2008**

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE

Result

SUBSTANTIATED

SOD #

NOT RECORDED

**Date Complaint Received: 04/08/2008**

**Date Investigation Completed: 05/09/2008**

Subject Area(s)

MEDICATIONS

Result

NOT SUBSTANTIATED

SOD #

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**Provider Inspection Summary**

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

**Facility Information**

**Facility Name:** WISCONSIN VETERANS HOME SHEMANSKE HALL (0009423)

**Address:** 21425 SPRING ST #C, UNION GROVE, WI 53182

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/2002

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0103688      **End Date:** 02/13/2009      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

### Facility Information

**Facility Name:** APPLEWOOD COTTAGE (0013462)

**Address:** 7711 BIG BEND RD, WATERFORD, WI 53185

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 10/01/2010

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0107236      **End Date:** 09/30/2010      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

#### Facility Information

**Facility Name:** HIL FOX MEAD GROUP HOME (0009691)

**Address:** 516 FOX MEAD CROSSING, WATERFORD, WI 53185

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/01/2002

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

#### Survey History

**Survey ID:** 0103627    **End Date:** 03/12/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #HDOG11    Served 03/23/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	Yes

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## Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

### Facility Information

**Facility Name:** LAKEVIEW REHABILITATION CENTER (310445)

**Address:** 1701 SHARP RD, WATERFORD, WI 53185

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/1997

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0103929      **End Date:** 04/22/2009      **Type:** STANDARD      **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102673      **End Date:** 07/07/2008      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

#### Complaint History (LAKEVIEW REHABILITATION CENTER)

**Date Complaint Received: 05/30/2008**

**Date Investigation Completed: 07/07/2008**

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

### Facility Information

**Facility Name:** MAPLEWOOD COTTAGE (0013527)

**Address:** 7711 BIG BEND RD, WATERFORD, WI 53185

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 10/01/2010

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0107237      **End Date:** 09/30/2010      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

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**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Community Based Residential Facility--CLASS AA (AMBULATORY)  
COUNTY: RACINE

**Facility Information**

**Facility Name:** NEURORESTORATIVE WISCONSIN (0013091)  
**Address:** 5310 BUENA PARK RD, WATERFORD, WI 53185  
**License Status:** PROBATIONARY  
**Licensed/Certified/Registered** 11/08/2010  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0107511      **End Date:** 11/08/2010      **Type:** INITIAL      **Purpose:** CHOW--LICENSURE  
**Results:** PROBATIONARY LICENSE ISSUED

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**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Community Based Residential Facility--CLASS CA (AMBULATORY)  
COUNTY: RACINE

**Facility Information**

**Facility Name:** AFFINITY HEALTH CARE LLC (0011322)  
**Address:** 8208 RACINE AVE, WIND LAKE, WI 53185  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/01/2007  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0104078    **End Date:** 05/13/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #C37X11    Served 06/03/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(2)(a)	EXPLANATION OF RESIDENT RIGHTS		

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

#### Facility Information

**Facility Name:** ROLLING MEADOWS (0012246)

**Address:** 8212 RACINE AVE, WIND LAKE, WI 53185

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2009

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

#### Survey History

**Survey ID:** 0107230    **End Date:** 09/14/2010    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103628    **End Date:** 03/05/2009    **Type:** STANDARD    **Purpose:** SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #7PJY11    Served 03/24/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(a)1	PRACTITIONER'S WRITTEN ORDER FOR MEDS	04/01/2009	Yes

**Survey ID:** 0101661    **End Date:** 05/05/2008    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

#### Complaint History (ROLLING MEADOWS)

**Date Complaint Received: 08/12/2010**

**Date Investigation Completed: 09/14/2010**

Subject Area(s)

SUPERVISION  
HOMELIKE ENVIRONMENT & CLEANLINESS  
MEDICATIONS  
QUALITY OF LIFE

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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