

Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
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 includes only facilities located within the City of Racine. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.

The report is a PDF (Adobe Acrobat) document and includes a total of 37 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 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: RACINE

Facility Information

Facility Name: GENESIS CHATHAM HOUSE (0009385)

Address: 1636 CHATHAM ST, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 02/01/2002

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

Survey History

No survey activity during the period 01/01/2009 through 12/31/2011.

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: RACINE

Facility Information

Facility Name: GENESIS CROSSROADS (310621)

Address: 1725 1727 SPRING PL, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 10/01/1995

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

Survey History

No survey activity during the period 01/01/2009 through 12/31/2011.

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: RACINE

Facility Information

Facility Name: GENESIS SPRING PLACE (310435)
Address: 4107 4109 ST CLAIR ST, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 01/01/1991
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104002 **End Date:** 05/04/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #IJHQ11 Served 05/20/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0103382 **End Date:** 01/15/2009 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Facility Information

Facility Name: HARMONY OF RACINE (0008670)

Address: 8600 CORPORATE DR, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 02/01/2000

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

Survey History

Survey ID: 0109664 **End Date:** 12/07/2011 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104229 **End Date:** 06/10/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Facility Information

Facility Name: HIL KENNEDY HOME (0012307)

Address: 4305 4307 KENNEDY DR, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 07/01/2009

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

Survey History

Survey ID: 0104270 **End Date:** 06/02/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #N8QG11 Served 06/30/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Facility Information

Facility Name: NEW BEGINNINGS GROUP HOMES II (310482)

Address: 3509 S GREEN BAY RD, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 05/20/1991

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

Survey History

Survey ID: 0106029 **End Date:** 03/10/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103921 **End Date:** 04/23/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Complaint History (NEW BEGINNINGS GROUP HOMES II)

Date Complaint Received: 11/12/2009

Date Investigation Completed: 03/10/2010

Subject Area(s)
SUPERVISION
ADMINISTRATION

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/13/2009

Date Investigation Completed: 03/10/2010

Subject Area(s)
ABUSE

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/13/2009

Date Investigation Completed: 04/23/2009

Subject Area(s)
ADMINISTRATION
STAFF ADEQUACY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: RACINE

Facility Information

Facility Name: NEW BEGINNINGS GROUP HOMES IV (310600)

Address: 6545 LINCOLNSHIRE DR, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 03/01/1997

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

Survey History

Survey ID: 0107985 **End Date:** 01/03/2011 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WDF711 Served 02/17/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	02/01/2012	Yes
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS	02/01/2012	Yes
83.48(3)(b)	SENSITIVITY TESTING PERFORMED	02/01/2012	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	02/01/2012	Yes

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)
COUNTY: RACINE

Enforcement History (NEW BEGINNINGS GROUP HOMES IV)

Date: 02/16/2011 SOD #WDF711 Enforcement Appealed: No

Sanctions

FORFEITURE---83.25
FORFEITURE---83.48(3)(b)
FORFEITURE---83.55(6)(b)

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Facility Information

Facility Name: NEW BEGINNINGS GROUP HOMES V (0009068)

Address: 1449 N GREEN BAY RD, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 08/01/2001

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

Survey History

Survey ID: 0109265 **End Date:** 06/09/2011 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7GX711 Served 09/30/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: RACINE

Enforcement History (NEW BEGINNINGS GROUP HOMES V)

Date: 09/29/2011 SOD #7GX711 Enforcement Appealed: Yes Decision: PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.21(2)(a)

FORFEITURE---83.32(3)(i)

FORFEITURE---83.38(1)(g)

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Complaint History (NEW BEGINNINGS GROUP HOMES V)

Date Complaint Received: 03/22/2011

Date Investigation Completed: 06/09/2011

Subject Area(s)

Result

SOD #

MEDICATIONS

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

7GX711

Date Complaint Received: 01/26/2011

Date Investigation Completed: 06/09/2011

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

7GX711

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: RACINE

Facility Information

Facility Name: NEWMAN MANOR II (0009510)

Address: 4604 SPRING ST, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 10/01/2002

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

Survey History

Survey ID: 0104838 **End Date:** 09/10/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104384 **End Date:** 07/15/2009 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)
COUNTY: RACINE

Enforcement History (NEWMAN MANOR II)

Date: 02/03/2009 SOD #VX7K11 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

FORFEITURE---83.11(3)(a)

FORFEITURE---83.13(4)(a)

FORFEITURE---83.13(7)(a)

FORFEITURE---83.14(1)(a)

FORFEITURE---83.14(1)(d)

FORFEITURE---83.14(2)

FORFEITURE---83.14(3)

FORFEITURE---83.18(1)(d)

FORFEITURE---83.32(1)(a)

FORFEITURE---83.32(2)(c)1;83.32(2)(c)2;83.32(2)(d)

FORFEITURE---83.33(2)(d)

FORFEITURE---83.41(10)(a)

FORFEITURE---83.42(3)(f)

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: RACINE

Complaint History (NEWMAN MANOR II)

Date Complaint Received: 08/25/2009

Date Investigation Completed: 09/10/2009

Subject Area(s)

Result

SOD #

PHYSICAL PLANTS & SAFETY HAZARDS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: RACINE

Facility Information

Facility Name: PROSPECT HEIGHTS COMMUNITY LIVING CENTER (0009768)

Address: 2015 PROSPECT ST, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 11/01/2003

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

Survey History

No survey activity during the period 01/01/2009 through 12/31/2011.

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: RACINE

Facility Information

Facility Name: SERENITY TERRACE LLC (0008997)

Address: 4606 W JOHNSON AVE, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 11/01/2000

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

Survey History

Survey ID: 0109332 **End Date:** 09/08/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #F9I211 Served 11/10/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0109028 **End Date:** 04/19/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #K05W12 Served 08/31/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: RACINE

Survey ID: 0106529 **End Date: 05/20/2010** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #K05W11 Served 07/13/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	04/12/2011	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	04/12/2011	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	04/12/2011	Yes
83.44(2)(b)	LIVING UNITS SHALL BE SEPARATE ENTITIES	04/12/2011	Yes
83.47(2)(d)	FIRE DRILLS	04/12/2011	No
83.47(2)(e)	OTHER EVACUATION DRILLS	04/12/2011	No
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	04/12/2011	Yes
83.59(1)(c)	EXIT DOORS, PASSAGEWAYS 32 INCHES CLEAR	04/12/2011	No
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT	04/12/2011	No

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)
COUNTY: RACINE

Enforcement History (SERENITY TERRACE LLC)

Date: 10/11/2011 **SOD #F9I211** **Enforcement Appealed: Yes** **Decision: PENDING**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.12(4)(a)

FORFEITURE---83.14(1)(b)

FORFEITURE---83.14(2)(a)

FORFEITURE---83.35(3)(f)

FORFEITURE---83.38(1)(b)

Date: 08/12/2011 **SOD #K05W12** **Enforcement Appealed: Yes** **Decision: PENDING**

Sanctions

NO NEW ADMISSIONS

FORFEITURE---83.14(2)(a)

FORFEITURE---83.35(3)(f)

FORFEITURE---83.35(4)

FORFEITURE---83.47(2)(3)

FORFEITURE---83.47(2)(d)

FORFEITURE---83.59(1)(c)

FORFEITURE---83.59(2)(b)

FORFEITURE---83.59(7)(a)

Date: 06/28/2010 **SOD #K05W11** **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 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: RACINE

Complaint History (SERENITY TERRACE LLC)

Date Complaint Received: 07/21/2011

Date Investigation Completed: 09/08/2011

Subject Area(s)
SUPERVISION

Result
SUBSTANTIATED

SOD #
F9I211

Date Complaint Received: 02/09/2011

Date Investigation Completed: 04/19/2011

Subject Area(s)
RESIDENT RIGHTS
ADMINISTRATION

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/04/2010

Date Investigation Completed: 05/20/2010

Subject Area(s)
RESIDENT RIGHTS
MEDICATIONS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/25/2010

Date Investigation Completed: 05/20/2010

Subject Area(s)
SUPERVISION
RESIDENT RIGHTS
ABUSE
NUTRITION & FOOD SERVICES
MEDICATIONS
STAFF TRAINING AND PROFICIENCY
QUALITY OF LIFE

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

K05W11

Date Complaint Received: 08/17/2009

Date Investigation Completed: 05/20/2010

Subject Area(s)
RESIDENT RIGHTS
ABUSE
MEDICATIONS
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: RACINE

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Facility Information

Facility Name: ST MONICAS SENIOR CITIZENS HOME (310557)

Address: 3920 N GREEN BAY RD, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 10/16/1991

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

Survey History

Survey ID: 0108552 **End Date:** 02/09/2011 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #I84711 Served 05/18/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	01/25/2012	Yes

Survey ID: 0107114 **End Date:** 08/25/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106781 **End Date:** 06/24/2010 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106121 **End Date:** 03/24/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Survey ID: 0104383 **End Date: 07/15/2009** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103692 **End Date: 03/03/2009** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UJ8X14 Served 04/01/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	07/15/2009	Yes
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	07/15/2009	Yes
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	Yes
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	04/01/2009	Yes
83.13(7)(a)	EMPLOYEE PERSONNEL RECORD	04/01/2009	Yes
83.14(1)(a)	CLIENT RELATED TRAINING	04/01/2009	Yes
83.14(1)(c)	UNIVERSAL PRECAUTIONS	04/01/2009	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	Yes
83.14(7)(b)	CONTINUING EDUCATION	04/01/2009	Yes
83.16(1)	ADMISSIONS AGREEMENT	04/01/2009	Yes
83.17(3)(a)1	HOLDING RESIDENT FUNDS-MORE THAN \$200	04/01/2009	Yes
83.17(3)(a)3	WRITTEN REPORT OF RESIDENT'S ACCOUNT	04/01/2009	Yes
83.18(1)(d)	RESIDENT RECORD SHALL INCLUDE	04/01/2009	Yes
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	Yes
83.32(1)(a)	ASSESSMENT AND ISP	04/01/2009	Yes
83.32(2)(d)	REVIEW OF PROGRESS	04/01/2009	Yes
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE	04/01/2009	Yes
83.33(3)(e)2.a	WRITTEN ORDER TO ADMINISTER MEDICATIONS	04/01/2009	Yes
83.35(7)(b)1	WORK AREAS AND EQUIPMENT	04/01/2009	Yes
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	Yes
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	04/01/2009	Yes
83.41(5)(a)5	BATHROOMS SHALL BE CLEAN	04/01/2009	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	04/01/2009	Yes
83.43(7)(b)	INSTALLATION AND MAINTENANCE	04/01/2009	Yes

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Enforcement History (ST MONICAS SENIOR CITIZENS HOME)

Date: 03/30/2009

SOD #UJ8X14

Enforcement Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

--Facility Compliant 07/07/2009

NO NEW ADMISSIONS

--Facility Compliant 07/07/2009

FORFEITURE---50.065(2)(b)

FORFEITURE---83.11(3)(a)

FORFEITURE---83.13(4)(a)

FORFEITURE---83.13(7)(a)

FORFEITURE---83.14(1)(a)

FORFEITURE---83.14(1)(c)

FORFEITURE---83.14(1)(d)

FORFEITURE---83.14(7)(b)

FORFEITURE---83.16(1)

FORFEITURE---83.17(3)(a)1

FORFEITURE---83.17(3)(a)3

FORFEITURE---83.18(1)(d)

FORFEITURE---83.32(1)(a)

FORFEITURE---83.33(3)(e)2.a.

FORFEITURE---83.42(3)(e)

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Complaint History (ST MONICAS SENIOR CITIZENS HOME)

Date Complaint Received: 07/28/2010

Date Investigation Completed: 08/25/2010

Subject Area(s)

Result

SOD #

HOMELIKE ENVIRONMENT & CLEANLINESS

SUBSTANTIATED

NOT RECORDED

Date Complaint Received: 06/02/2010

Date Investigation Completed: 06/24/2010

Subject Area(s)

Result

SOD #

QUALITY OF LIFE

NOT SUBSTANTIATED

Date Complaint Received: 03/12/2010

Date Investigation Completed: 03/24/2010

Subject Area(s)

Result

SOD #

HOMELIKE ENVIRONMENT & CLEANLINESS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Facility Information

Facility Name: STAFFORD MANOR (0012143)

Address: 4208 MARQUETTE DR, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 06/01/2008

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

Survey History

Survey ID: 0109448 **End Date:** 09/19/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #87B012 Served 11/10/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0107092 **End Date:** 07/13/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #87BO11 Served 09/22/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(f)	PRIVACY	09/19/2011	Yes
50.09(1)(i)	PERSONAL POSSESSIONS	09/19/2011	Yes
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS	09/19/2011	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	09/19/2011	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	09/19/2011	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	09/19/2011	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	09/19/2011	Yes

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

83.38(1)(h)	MEDICATION ADMINISTRATION	09/19/2011	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	09/19/2011	Yes
83.59(1)(c)	EXIT DOORS, PASSAGEWAYS 32 INCHES CLEAR	09/19/2011	Yes
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	09/19/2011	No

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: RACINE

Enforcement History (STAFFORD MANOR)

Date: 09/20/2010 SOD #87BO11 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 09/19/2011

COMPLY WITH REQUIREMENT --Facility Compliant 09/19/2011

FORFEITURE---50.09(1)(f)

FORFEITURE---83.35(1)(a)

FORFEITURE---83.37(1)(e)

FORFEITURE---83.37(1)(h)

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Complaint History (STAFFORD MANOR)

Date Complaint Received: 05/20/2010

Date Investigation Completed: 07/13/2010

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
HOMELIKE ENVIRONMENT & CLEANLINESS	SUBSTANTIATED	87BO11
MEDICATIONS	SUBSTANTIATED	87BO11
ADMINISTRATION	NOT SUBSTANTIATED	

Date Complaint Received: 03/18/2010

Date Investigation Completed: 07/13/2010

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
HOMELIKE ENVIRONMENT & CLEANLINESS	SUBSTANTIATED	87BO11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	87BO11

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: RACINE

Facility Information

Facility Name: TLS BEHAVIORAL HEALTH (0013743)
Address: 3710 DOUGLAS AVE, RACINE, WI 53402
License Status: PROBATIONARY
Licensed/Certified/Registered 12/05/2011
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0109662 **End Date:** 12/05/2011 **Type:** INITIAL **Purpose:** SURVEY
Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Facility Information

Facility Name: WALNUT GROVE RACINE (0012649)

Address: 6109 BRAUN RD, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 12/01/2009

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

Survey History

Survey ID: 0108365 **End Date:** 03/23/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107006 **End Date:** 07/15/2010 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1MZF12 Served 09/07/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(b)	TRAINING IN FIRE SAFETY	03/23/2011	Yes
83.20(2)(c)	PROHIBITIONS AND EXCEPTIONS	03/23/2011	Yes

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Survey ID: 0104734 End Date: 07/23/2009 Type: OTHER Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1MZF11 Served 09/03/2009

<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	07/15/2010	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	07/15/2010	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	07/15/2010	Yes
83.38(1)(b)	SUPERVISION	07/15/2010	Yes

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: RACINE

Enforcement History (WALNUT GROVE RACINE)

Date: 09/03/2010 **SOD #1MZF12** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.20(2)(b)
FORFEITURE---83.20(2)(c)

Date: 09/01/2009 **SOD #1MZF11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.32(3)(i)
FORFEITURE---83.37(1)(k)2
FORFEITURE---83.38(1)(b)

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Facility Information

Facility Name: WILLOWGREEN (0010177)

Address: 4719 KINGDOM CT, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 05/01/2004

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

Survey History

Survey ID: 0109527 **End Date:** 09/22/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WMT011 Served 11/12/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	01/25/2012	Yes
83.15(3)(b)	ADMINISTRATOR RESPONSIBLE FOR STAFF TRAINING	01/25/2012	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	01/25/2012	Yes
83.20(2)(a)	CONDITIONS-INITIATED BY RESIDENT	01/25/2012	Yes
83.20(2)(b)	TRAINING IN FIRE SAFETY	01/25/2012	Yes
83.20(2)(c)	PROHIBITIONS AND EXCEPTIONS	01/25/2012	Yes
83.21(1)	TRAINING IN RESIDENT RIGHTS	01/25/2012	Yes
83.21(2)(a)	EXPLANATION OF RESIDENT RIGHTS	01/25/2012	Yes
83.21(3)	CORRECTIONAL CLIENTS	01/25/2012	Yes
83.25	CONTINUING EDUCATION	01/25/2012	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	01/25/2012	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	01/25/2012	Yes
83.39(3)	HAND WASHING	01/25/2012	Yes

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

83.40	OXYGEN STORAGE	01/25/2012	Yes
83.47(2)(d)	FIRE DRILLS	01/25/2012	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	01/25/2012	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	01/25/2012	Yes
83.55(3)	BATH AND TOILET AREAS: HAND DRYING	01/25/2012	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	01/25/2012	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	01/25/2012	Yes

Survey ID: 0103789 End Date: 02/23/2009 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #859012 Served 04/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	Yes
83.21(4)(h)	PRIVACY	04/01/2009	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	04/01/2009	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	Yes
83.42(6)(a)1	ANNUAL INSPECTION BY FIRE DEPARTMENT	04/01/2009	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	04/01/2009	Yes
83.43(7)(b)	INSTALLATION AND MAINTENANCE	04/01/2009	Yes
83.64(3)	INTERCONNECTED DETECTION SYSTEM INCORPORATION	04/01/2009	Yes

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: RACINE

Enforcement History (WILLOWGREEN)

Date: 11/10/2011 SOD #WMT011 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
FORFEITURE---83.14(2)(a)
FORFEITURE---83.15(3)(b)
FORFEITURE---83.17(2)(a)
FORFEITURE---83.25
FORFEITURE---83.35(5)(b)
FORFEITURE---83.47(2)(d)
FORFEITURE---83.47(2)(e)
FORFEITURE---83.48(3)(a)
FORFEITURE---83.55(6)(b)

Date: 04/08/2009 SOD #859012 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---50.065(2)(b)
FORFEITURE---83.14(1)(d)
FORFEITURE---83.42(3)(e)
FORFEITURE---83.42(3)(f)
FORFEITURE---83.42(6)(a)1
FORFEITURE---83.43(3)(b)1
FORFEITURE---83.43(7)(b)

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