

Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Brown

Notes

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

The report includes only facilities located within the City of Green Bay. 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 114.00 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 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: ACS GREEN BAY (0011996)

Address: 2670 UNIVERSITY AVE, GREEN BAY, WI 54311

License Status: REGULAR

Licensed/Certified/Registered 08/31/2007 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148272 **End Date:** 09/16/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GN2Q11 Served 12/10/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION		
83.47(2)(d)	FIRE DRILLS		
83.47(2)(e)	OTHER EVACUATION DRILLS		

Survey ID: 0143640 **End Date:** 04/12/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138870 **End Date:** 03/03/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (ACS GREEN BAY--0011996)

Date: 12/10/2024 **SOD #GN2Q11** **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Complaint History (ACS GREEN BAY--0011996)

Date Complaint Received: 02/20/2023

Date Investigation Completed: 04/12/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 07/14/2022

Date Investigation Completed: 04/12/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Allouez Senior Living 1 by Frontida (0020960)

Address: 1901 Libal Street, Green Bay, WI 543012452

License Status: PROBATIONARY

Licensed/Certified/Registered 01/01/2025 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148429 **End Date:** 01/03/2024 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Allouez Senior Living 2 by Frontida (0020961)

Address: 1901 Libal Street, Green Bay, WI 54301

License Status: PROBATIONARY

Licensed/Certified/Registered 01/01/2025 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AUTUMNS PROMISE ASSISTED LIVING LLC (0014514)

Address: 1700 SPARTAN RD, GREEN BAY, WI 54311

License Status: REGULAR

Licensed/Certified/Registered 06/01/2014 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0145803 **End Date:** 03/04/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144588 **End Date:** 10/19/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143487 **End Date:** 05/18/2023 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IEO213 Served 06/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	10/16/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140558 End Date: 06/29/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IEO212 Served 08/23/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT	5/18/23	Yes
50.09(1)(l)	CARE	5/18/23	Yes
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	5/18/23	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	5/18/23	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	5/18/23	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	5/18/23	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	5/18/23	Yes
83.19	ORIENTATION	5/18/23	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	5/18/23	Yes
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY	5/18/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	5/18/23	Yes
83.37(3)(a)	MEDICATION STORAGE: ORIGINAL CONTAINERS	5/18/23	Yes
83.38(1)(g)	HEALTH MONITORING	5/18/23	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	5/18/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	5/18/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (AUTUMNS PROMISE ASSISTED LIVING LLC--0014514)

Date: 06/27/2023 **SOD #IEO213** **Appealed: No**

Sanctions

ORDER TO COMPLY

Date: 08/23/2022 **SOD #IEO212** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

REVOKE LICENSE

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---50.09(1)(e)

FORFEITURE---50.09(1)(L)

FORFEITURE---83.12(2)(a)

FORFEITURE---83.12(4)(c)

FORFEITURE---83.12(5)(a)

FORFEITURE---83.15(3)(a)

FORFEITURE---83.17(2)(a)

FORFEITURE---83.19

FORFEITURE---83.32(3)(n)

FORFEITURE---83.33(1)(d)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37(3)(a)

FORFEITURE---83.38(1)(g)

FORFEITURE---83.38(1)(H)

FORFEITURE---83.43(1)

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (AUTUMNS PROMISE ASSISTED LIVING LLC--0014514)

Date Complaint Received: 12/18/2023

Date Investigation Completed: 03/04/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 07/26/2022

Date Investigation Completed: 05/18/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 06/13/2022

Date Investigation Completed: 06/29/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

IEO212

Date Complaint Received: 05/31/2022

Date Investigation Completed: 06/29/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

IEO212

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

IEO212

Date Complaint Received: 05/24/2022

Date Investigation Completed: 06/29/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

IEO212

PROGRAM SERVICES

SUBSTANTIATED

IEO212

RESIDENT RIGHTS

SUBSTANTIATED

IEO212

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

IEO212

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: BROWN CO COMMUNITY TREATMENT CENTER BAY HAVEN (0014737)

Address: 3150 GERSHWIN DR, GREEN BAY, WI 54311

License Status: REGULAR

Licensed/Certified/Registered 12/13/2013 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147656 **End Date:** 09/19/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BUFFLEHEAD LANE (0016562)

Address: 2084 BUFFLEHEAD LN, GREEN BAY, WI 54311

License Status: REGULAR

Licensed/Certified/Registered 06/06/2017 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148415 **End Date:** 10/29/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #HNT012 Served 01/02/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	2/16/25	

Survey ID: 0147100 **End Date:** 06/06/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HNT011 Served 07/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	10/28/24	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	10/28/24	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	10/28/24	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	10/28/24	Yes
83.45(1)(b)	BUILDING INTEGRITY	10/28/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.47(2)(d)	FIRE DRILLS	10/28/24	Yes
83.55(3)	BATH AND TOILET AREAS: HAND DRYING	10/28/24	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	10/29/24	No

Enforcement History (BUFFLEHEAD LANE--0016562)

Date: 07/26/2024 **SOD #**HNT011 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.21 1
FORFEITURE---83.37 1g

Complaint History (BUFFLEHEAD LANE--0016562)

Date Complaint Received: 07/02/2024 **Date Investigation Completed:** 10/29/2024

Subject Area(s)
ADMINISTRATION

Result SOD #
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CARATON COMMONS GREEN BAY 1 (0017255)

Address: 653 WOODSIDE RD, GREEN BAY, WI 54311

License Status: REGULAR

Licensed/Certified/Registered 05/01/2020 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148456 **End Date:** 12/27/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144222 **End Date:** 09/13/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142260 **End Date:** 02/21/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140515 **End Date:** 08/19/2022 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CARATON COMMONS GREEN BAY 1--0017255)

Date Complaint Received: 09/18/2024

Date Investigation Completed: 12/27/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 10/03/2022

Date Investigation Completed: 02/21/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 05/23/2022

Date Investigation Completed: 02/21/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CARATON COMMONS GREEN BAY 2 (0017256)

Address: 655 WOODSIDE RD, GREEN BAY, WI 54311

License Status: REGULAR

Licensed/Certified/Registered 05/01/2020 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148545 **End Date:** 01/03/2025 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #XLLQ11 Served 01/23/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	3/9/25	

Survey ID: 0143667 **End Date:** 07/18/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142999 **End Date:** 02/21/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #B4X111 Served 05/09/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	7/10/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142073 **End Date:** 10/24/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TR3Y11 Served 02/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	7/10/23	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	7/10/23	Yes
83.41(3)(b)	FOOD SAFETY	7/10/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	7/10/23	Yes

Survey ID: 0140516 **End Date:** 08/19/2022 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (CARATON COMMONS GREEN BAY 2--0017256)

Date: 05/09/2023 **SOD #**B4X111 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35 3A

Date: 02/07/2023 **SOD #**TR3Y11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35 3d

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CARATON COMMONS GREEN BAY 2--0017256)

Date Complaint Received: 10/15/2024

Date Investigation Completed: 01/03/2025

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 07/09/2024

Date Investigation Completed: 01/03/2025

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 01/31/2023

Date Investigation Completed: 02/21/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES

SUBSTANTIATED
SUBSTANTIATED
B4X111
B4X111

Date Complaint Received: 07/29/2022

Date Investigation Completed: 02/21/2023

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 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CARDINAL RIDGE RESIDENTIAL CARE (0010029)

Address: 713 CARDINAL LANE, GREEN BAY, WI 54313

License Status: REGULAR

Licensed/Certified/Registered 10/01/2003 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0145938 **End Date:** 03/20/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CARDINAL RIDGE RESIDENTIAL CARE--0010029)

Date Complaint Received: 11/09/2023

Date Investigation Completed: 03/20/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Carrington Assisted Living (0019492)

Address: 2626 Finger Road, Green Bay, WI 54302

License Status: REGULAR

Licensed/Certified/Registered 05/01/2024 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148297 **End Date:** 11/01/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IMO011 Served 12/12/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.09(1)(l)	CARE	1/30/25	Yes
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	1/30/25	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	1/30/25	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	1/30/25	Yes

Survey ID: 0145918 **End Date:** 03/18/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #4N3Y11 Served 03/19/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	4/30/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0145299 **End Date:** 01/17/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143106 **End Date:** 04/14/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (Carrington Assisted Living--0019492)

Date: 12/12/2024 **SOD #**IMO011 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---N0158 83.12(2)(a)
FORFEITURE---N0169 83.12(5)(a)
FORFEITURE---Y-3244 50.09(1)(L)

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (Carrington Assisted Living--0019492)

Date Complaint Received: 10/16/2024

Date Investigation Completed: 11/01/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

IMO011

Date Complaint Received: 09/25/2024

Date Investigation Completed: 11/01/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

IMO011

PROGRAM SERVICES

SUBSTANTIATED

IMO011

RESIDENT RIGHTS

SUBSTANTIATED

IMO011

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

IMO011

Date Complaint Received: 03/08/2024

Date Investigation Completed: 03/18/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

4N3Y11

PROGRAM SERVICES

SUBSTANTIATED

4N3Y11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

4N3Y11

Date Complaint Received: 09/14/2023

Date Investigation Completed: 01/17/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 09/08/2023

Date Investigation Completed: 01/17/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CENTURY RIDGE OF GREEN BAY I (0014023)
Address: 2498 BLUESTONE PL, GREEN BAY, WI 54311
License Status: REGULAR
Licensed/Certified/Registered 05/10/2012 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0146363 **End Date:** 05/09/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145159 **End Date:** 11/29/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #54L113 Served 01/03/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(h)	MEDICATION ADMINISTRATION	5/9/24	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	5/9/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144452 **End Date:** 08/09/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #54L112 Served 10/09/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	11/28/23	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	11/28/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	11/28/23	Yes
83.37(2)(c)	MEDICATION ADMINISTRATION NOT SUPERVISED	11/28/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	11/28/23	Yes
83.45(1)(e)	ELECTRICAL, MECHANICAL, WATER SUPPLY	11/28/23	Yes

Survey ID: 0143282 **End Date:** 03/15/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #54L111 Served 06/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	8/9/23	No

Survey ID: 0139531 **End Date:** 05/11/2022 **Type:** OTHER **Purpose:** SELF REPORT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (CENTURY RIDGE OF GREEN BAY I--0014023)

Date: 01/03/2024 **SOD #**54L113 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 10/09/2023 **SOD #**54L112 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 06/07/2023 **SOD #**54L111 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.20 2 A-D

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CENTURY RIDGE OF GREEN BAY I--0014023)

Date Complaint Received: 08/21/2023

Date Investigation Completed: 11/29/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

54L113

PROGRAM SERVICES

SUBSTANTIATED

54L113

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

54L113

Date Complaint Received: 07/18/2023

Date Investigation Completed: 08/09/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

54L112

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

54L112

PROGRAM SERVICES

SUBSTANTIATED

54L112

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

54L112

Date Complaint Received: 06/30/2023

Date Investigation Completed: 08/09/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

54L112

Date Complaint Received: 06/07/2023

Date Investigation Completed: 08/09/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

54L112

PROGRAM SERVICES

SUBSTANTIATED

54L112

RESIDENT RIGHTS

SUBSTANTIATED

54L112

Date Complaint Received: 03/27/2023

Date Investigation Completed: 08/09/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

54L112

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 02/28/2023

Subject Area(s)

PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 03/15/2023

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/02/2022

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 03/15/2023

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CENTURY RIDGE OF GREEN BAY II (0014024)

Address: 2510 BLUESTONE PL, GREEN BAY, WI 54311

License Status: REGULAR

Licensed/Certified/Registered 05/10/2012 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148475 **End Date:** 10/08/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YL3J12 Served 01/09/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19	ORIENTATION		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.22(1)-(4)	TASK SPECIFIC TRAINING		
83.47(2)(d)	FIRE DRILLS		

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0146236 **End Date:** 01/29/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YL3J11 Served 04/25/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	10/8/24	Yes
83.19	ORIENTATION	10/8/24	No
83.21(1)-(3)	ALL EMPLOYEE TRAINING	10/8/24	No
83.22(1)-(4)	TASK SPECIFIC TRAINING	10/8/24	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/8/24	Yes
83.47(2)(d)	FIRE DRILLS	10/8/24	No
83.47(2)(e)	OTHER EVACUATION DRILLS	10/8/24	Yes

Enforcement History (CENTURY RIDGE OF GREEN BAY II--0014024)

Date: 01/09/2025 **SOD #**YL3J12 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---N0230 83.19

FORFEITURE---N0239 83.20(2)(a)-(d)

FORFEITURE---N0243 83.21(1-3)

FORFEITURE---N0247 83.22(1-4)

Date: 04/25/2024 **SOD #**YL3J11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---83.12 5a

FORFEITURE---83.19

FORFEITURE---83.21 1-3

FORFEITURE---83.22 1-4

FORFEITURE---83.35 3d

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CENTURY RIDGE OF GREEN BAY II--0014024)

Date Complaint Received: 07/18/2023

Date Investigation Completed: 01/29/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	YL3J11
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	YL3J11
PROGRAM SERVICES	SUBSTANTIATED	YL3J11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	YL3J11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CFAA INC (0015405)

Address: 1308 S NORWOOD AVE, GREEN BAY, WI 54304

License Status: REGULAR

Licensed/Certified/Registered 01/29/2015 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0146298 **End Date:** 05/02/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144314 **End Date:** 09/20/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143605 **End Date:** 05/01/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3HLW11 Served 07/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(e)	RIGHTS OF RESIDENTS: FREE OF SECLUSION	9/20/23	Yes

Survey ID: 0140222 **End Date:** 07/25/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (CFAA INC--0015405)

Date: 07/11/2023 **SOD #**3HLW11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32 3E

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CFAA INC--0015405)

Date Complaint Received: 01/29/2024

Subject Area(s)
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 05/02/2024

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

Date Complaint Received: 12/14/2023

Subject Area(s)
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 05/02/2024

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

Date Complaint Received: 11/29/2023

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 05/02/2024

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

Date Complaint Received: 11/10/2022

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Date Investigation Completed: 05/01/2023

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

Date Complaint Received: 10/31/2022

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 05/01/2023

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	3HLW11

Date Complaint Received: 10/24/2022

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Date Investigation Completed: 05/01/2023

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	3HLW11
SUBSTANTIATED	3HLW11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 06/28/2022

Subject Area(s)

ADMINISTRATION
RESIDENT RIGHTS

Date Investigation Completed: 07/25/2022

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/17/2022

Subject Area(s)

PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 07/25/2022

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/17/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Date Investigation Completed: 07/25/2022

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CLARITY CARE BERNARD ON HOFFMAN (0008949)

Address: 898 E HOFFMAN RD, GREEN BAY, WI 54301

License Status: REGULAR

Licensed/Certified/Registered 01/01/2001 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148333 **End Date:** 09/30/2024 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #YTBM12 Served 12/18/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	2/1/25	

Survey ID: 0145174 **End Date:** 10/16/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YTBM11 Served 01/04/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	9/24/24	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	9/24/24	Yes
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	9/24/24	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	9/24/24	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	9/24/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	9/24/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/24/24	Yes
83.38(1)(b)	SUPERVISION	9/24/24	Yes
83.41(3)(b)	FOOD SAFETY	9/24/24	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	9/24/24	Yes
83.45(3)	TOXIC SUBSTANCES	9/24/24	Yes
83.55(3)	BATH AND TOILET AREAS: HAND DRYING	9/24/24	Yes

Survey ID: 0143539 **End Date: 06/29/2023** **Type: OTHER** **Purpose: COMPLAINT/VV**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141606 **End Date: 10/18/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8QL411 Served 12/14/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	6/28/23	Yes

Survey ID: 0140332 **End Date: 08/01/2022** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT/SELF REPORT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (CLARITY CARE BERNARD ON HOFFMAN--0008949)

Date: 01/04/2024 **SOD #**YTBM11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.12 5A
FORFEITURE---83.32 3I
FORFEITURE---83.32 3N
FORFEITURE---83.35 3C
FORFEITURE---83.35 3D
FORFEITURE---83.38 1B

Date: 12/14/2022 **SOD #**8QL411 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(n)

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CLARITY CARE BERNARD ON HOFFMAN--0008949)

Date Complaint Received: 08/17/2023

Date Investigation Completed: 10/16/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

YTBM11

RESIDENT RIGHTS

SUBSTANTIATED

YTBM11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

YTBM11

Date Complaint Received: 08/03/2023

Date Investigation Completed: 10/16/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

YTBM11

Date Complaint Received: 12/14/2022

Date Investigation Completed: 06/29/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 10/12/2022

Date Investigation Completed: 10/18/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

8QL411

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Facility Information

Facility Name: CLARITY CARE MANETTE (0018275)

Address: 1796 CABINET MAKER COURT, GREEN BAY, WI 54303

License Status: REGULAR

Licensed/Certified/Registered 11/01/2021 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0145884 **End Date:** 03/14/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144436 **End Date:** 08/31/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CUGG12 Served 10/04/2023

Deficiencies Cited
83.12(3)(a)

Subject Area
INVESTIGATE INJURIES OF UNKNOWN
SOURCE

Compliance
Verified
11/18/23

Corrected
Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Survey ID: 0142985 End Date: 02/22/2023 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CUGG11 Served 05/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT	8/31/23	Yes
50.09(1)(i)	PERSONAL POSSESSIONS	8/31/23	Yes
83.28(3)	PROVIDE ADMISSION AGREEMENT AS REQUIRED	8/31/23	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	8/31/23	Yes
83.28(6)	RESIDENT RIGHTS, GRIEVANCE PROCEDURE, RULES	8/31/23	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	8/31/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/31/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	8/31/23	Yes
83.47(2)(d)	FIRE DRILLS	8/31/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	8/31/23	Yes
83.47(3)	FIRE INSPECTION	8/31/23	Yes

Enforcement History (CLARITY CARE MANETTE--0018275)

Date: 05/08/2023 SOD #CUGG11 Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.35 3C
FORFEITURE---83.35 3D

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Complaint History (CLARITY CARE MANETTE--0018275)

Date Complaint Received: 10/17/2023

Subject Area(s)

PROGRAM SERVICES

RESIDENT RIGHTS

STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 03/14/2024

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/01/2023

Subject Area(s)

PROGRAM SERVICES

RESIDENT RIGHTS

Date Investigation Completed: 08/31/2023

Result

SUBSTANTIATED

SUBSTANTIATED

SOD #

CUGG12

CUGG12

Date Complaint Received: 02/15/2023

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 02/22/2023

Result

SUBSTANTIATED

SOD #

CUGG11

Date Complaint Received: 02/02/2023

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 02/22/2023

Result

SUBSTANTIATED

SOD #

CUGG11

Date Complaint Received: 12/14/2022

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 02/22/2023

Result

SUBSTANTIATED

SOD #

CUGG11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CLARITY CARE SHAWANO AVENUE APARTMENTS (410443)

Address: 1297 SHAWANO AVE, GREEN BAY, WI 54303

License Status: REGULAR

Licensed/Certified/Registered 01/29/1996 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0144925 **End Date:** 11/29/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144042 **End Date:** 06/01/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YQBC11 Served 08/25/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	11/29/23	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	11/29/23	Yes

Survey ID: 0142849 **End Date:** 04/04/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139916 **End Date:** 06/22/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (CLARITY CARE SHAWANO AVENUE APARTMENTS--410443)

Date: 08/25/2023 **SOD #**YQBC11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.14 2J

FORFEITURE---83.32 3I

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CLARITY CARE SHAWANO AVENUE APARTMENTS--410443)

Date Complaint Received: 05/12/2023

Date Investigation Completed: 06/01/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
RESIDENT RIGHTS

SUBSTANTIATED
SUBSTANTIATED

YQBC11
YQBC11

Date Complaint Received: 12/14/2022

Date Investigation Completed: 04/04/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 10/06/2022

Date Investigation Completed: 04/04/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 05/24/2022

Date Investigation Completed: 06/22/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 03/14/2022

Date Investigation Completed: 06/22/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COTTONWOOD MANOR ASSISTED LIVING (0015625)
Address: 1450 S MILITARY AVE, GREEN BAY, WI 54304
License Status: REGULAR
Licensed/Certified/Registered 08/01/2016 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0144313 **End Date:** 09/20/2023 **Type:** OTHER **Purpose:** SELF REPORT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143520 **End Date:** 04/27/2023 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6WDT11 Served 06/29/2023

Deficiencies Cited
83.38(1)(g)

Subject Area
HEALTH MONITORING

Compliance
Verified
9/20/23

Corrected
Yes

Survey ID: 0140955 **End Date:** 10/06/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140599 **End Date:** 05/06/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #17B411 Served 08/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	10/6/22	Yes

Enforcement History (COTTONWOOD MANOR ASSISTED LIVING--0015625)

Date: 06/29/2023 **SOD #**6WDT11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 08/29/2022 **SOD #**17B411 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.35(3)(C)

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (COTTONWOOD MANOR ASSISTED LIVING--0015625)

Date Complaint Received: 01/17/2023

Date Investigation Completed: 04/27/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 12/19/2022

Date Investigation Completed: 04/27/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

6WDT11

RESIDENT RIGHTS

SUBSTANTIATED

6WDT11

Date Complaint Received: 09/27/2022

Date Investigation Completed: 10/06/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 06/02/2022

Date Investigation Completed: 04/27/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 04/19/2022

Date Investigation Completed: 05/06/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 04/05/2022

Date Investigation Completed: 05/06/2022

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

17B411
17B411
17B411

Date Complaint Received: 03/16/2022

Date Investigation Completed: 05/06/2022

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: DURHAM (0014170)

Address: 2671-2673 DURHAM RD, GREEN BAY, WI 54311

License Status: REGULAR

Licensed/Certified/Registered 08/13/2012 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147738 **End Date:** 09/27/2024 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145322 **End Date:** 10/16/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZRX511 Served 01/19/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	9/27/24	Yes
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	9/27/24	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	9/27/24	Yes
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	9/27/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	9/27/24	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	9/27/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	9/27/24	Yes
83.38(1)(g)	HEALTH MONITORING	9/27/24	Yes

Survey ID: 0140423 End Date: 08/11/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (DURHAM--0014170)

Date: 01/19/2024 SOD #ZRX511 Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32 3b
FORFEITURE---83.32 3h
FORFEITURE---83.38 1g

Complaint History (DURHAM--0014170)

Date Complaint Received: 06/13/2023 Date Investigation Completed: 10/16/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	ZRX511
PROGRAM SERVICES	SUBSTANTIATED	ZRX511
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	ZRX511

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: GRANCARE GARDENS (0012738)

Address: 1551 DOUSMAN ST, GREEN BAY, WI 54303

License Status: REGULAR

Licensed/Certified/Registered 05/01/2010 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0144323 **End Date:** 09/22/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (GRANCARE GARDENS--0012738)

Date Complaint Received: 05/31/2023

Date Investigation Completed: 09/22/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Green Bay II AL Operations LLC (0019004)

Address: 289 E Saint Joseph St, Green Bay, WI 54301

License Status: REGULAR

Licensed/Certified/Registered 11/22/2022 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147247 **End Date:** 08/06/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145458 **End Date:** 01/31/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144875 **End Date:** 11/21/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143582 **End Date:** 07/05/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144079 End Date: 04/05/2023 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EVYY11 Served 08/31/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	11/21/23	Yes
83.39(1)	INFECTION CONTROL PROGRAM	11/21/23	Yes

Survey ID: 0141400 End Date: 11/22/2022 Type: INITIAL Purpose: CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (Green Bay II AL Operations LLC--0019004)

Date: 08/31/2023 SOD #EVYY11 Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---N 439 83.39(1)

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (Green Bay II AL Operations LLC--0019004)

Date Complaint Received: 06/18/2024

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 08/06/2024

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/29/2024

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 08/07/2024

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/05/2023

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 01/31/2024

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/12/2023

Subject Area(s)

ADMINISTRATION
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 11/21/2023

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/03/2023

Subject Area(s)

ADMINISTRATION

Date Investigation Completed: 07/05/2023

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 06/27/2023

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 07/05/2023

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/02/2023

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 07/05/2023

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/27/2023

Subject Area(s)

PROGRAM SERVICES
PROGRAM SERVICES

Date Investigation Completed: 04/05/2023

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

EVYY11
EVYY11

Date Complaint Received: 03/07/2023

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 04/05/2023

Result

SUBSTANTIATED

SOD #

EVYY11

Date Complaint Received: 02/06/2023

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 04/05/2023

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 12/06/2022

Date Investigation Completed: 04/05/2023

Subject Area(s)

PROGRAM SERVICES
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

EVYY11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HIL ORIOLE (0013593)

Address: 503 PLATTEN ST, GREEN BAY, WI 54303

License Status: REGULAR

Licensed/Certified/Registered 12/21/2010 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0142350 **End Date:** 03/01/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HIL ROCKWOOD HEIGHTS (0009812)

Address: 2744 ROCKWOOD HEIGHTS, GREEN BAY, WI 54313

License Status: REGULAR

Licensed/Certified/Registered 01/01/2002 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0140238 **End Date:** 07/25/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: HIL WESTPLAIN (0014177)

Address: 335-339 WESTPLAIN DR, GREEN BAY, WI 54303

License Status: REGULAR

Licensed/Certified/Registered 06/13/2012 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0142371 **End Date:** 03/01/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: LAFRANK CBRF (0014492)

Address: 1713 FRANK ST, GREEN BAY, WI 54304

License Status: REGULAR

Licensed/Certified/Registered 05/13/2013 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147001 **End Date:** 07/16/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: LSS PREBLE HOUSE (410202)

Address: 830-832 EDGEWOOD DR, GREEN BAY, WI 54311

License Status: REGULAR

Licensed/Certified/Registered 03/07/1990 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0142731 **End Date:** 04/03/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142591 **End Date:** 03/27/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Marla Vista Assisted Living (0019487)

Address: 1006 North Military Avenue, Green Bay, WI 54303

License Status: REGULAR

Licensed/Certified/Registered 05/09/2023 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0145344 **End Date:** 01/18/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143100 **End Date:** 04/14/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

Complaint History (Marla Vista Assisted Living--0019487)

Date Complaint Received: 10/03/2023

Date Investigation Completed: 01/18/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 08/21/2023

Date Investigation Completed: 01/18/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Marla Vista Gardens (0019489)

Address: 1016 North Military Avenue, Green Bay, WI 54303

License Status: REGULAR

Licensed/Certified/Registered 05/09/2023 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148512 **End Date:** 01/14/2025 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147826 **End Date:** 10/14/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145511 **End Date:** 01/18/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143102 **End Date:** 04/14/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (Marla Vista Gardens--0019489)

Date Complaint Received: 10/21/2024

Date Investigation Completed: 01/14/2025

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 06/25/2024

Date Investigation Completed: 10/14/2024

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MCCORMICK ASSISTED LIVING (0017398)

Address: 212 IROQUOIS AVENUE, GREEN BAY, WI 54301

License Status: REGULAR

Licensed/Certified/Registered 02/08/2019 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0146866 **End Date:** 04/25/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #NSMB11 Served 07/08/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(2)	TEMPORARY SERVICE PLAN	8/22/24	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	8/22/24	Yes

Survey ID: 0144788 **End Date:** 11/08/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143690 End Date: 04/28/2023 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0YPS11 Served 07/21/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	11/8/23	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	11/8/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	11/8/23	Yes
83.38(1)(g)	HEALTH MONITORING	11/8/23	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	11/8/23	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	11/8/23	Yes

Enforcement History (MCCORMICK ASSISTED LIVING--0017398)

Date: 07/21/2023 SOD #0YPS11 Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---N 389 83.35(3)(d)

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (MCCORMICK ASSISTED LIVING--0017398)

Date Complaint Received: 02/12/2024

Date Investigation Completed: 04/25/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/15/2023

Date Investigation Completed: 04/25/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

NSMB11

PROGRAM SERVICES

SUBSTANTIATED

NSMB11

RESIDENT RIGHTS

SUBSTANTIATED

NSMB11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

NSMB11

Date Complaint Received: 07/31/2023

Date Investigation Completed: 11/08/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 02/22/2023

Date Investigation Completed: 04/28/2023

Subject Area(s)

RESIDENT RIGHTS
ADMINISTRATION

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

0YPS11

Date Complaint Received: 01/30/2023

Date Investigation Completed: 04/28/2023

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

0YPS11
0YPS11
0YPS11
0YPS11

Date Complaint Received: 12/19/2022

Date Investigation Completed: 04/28/2023

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY
ADMINISTRATION
PROGRAM SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

0YPS11
0YPS11
0YPS11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OAK PARK PLACE OF GREEN BAY (0016397)
Address: 421 ERIE RD, GREEN BAY, WI 54311
License Status: REGULAR
Licensed/Certified/Registered 05/01/2018 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148340 **End Date:** 12/16/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147007 **End Date:** 05/02/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2ML611 Served 07/22/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS		

Survey ID: 0142339 **End Date:** 03/01/2023 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142823 **End Date:** 11/03/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #1X0C11 Served 04/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(2)(b)	NON-CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	6/2/23	Yes
83.32(2)(b)	POST RESIDENT RIGHTS, GRIEVANCE PROCEDURE	6/2/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	6/2/23	Yes

Enforcement History (OAK PARK PLACE OF GREEN BAY--0016397)

Date: 07/22/2024 **SOD #**2ML611 **Appealed:** Yes **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---N 381 83.35(1)(a)
FORFEITURE---N 489 83.44(2)(a)

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (OAK PARK PLACE OF GREEN BAY--0016397)

Date Complaint Received: 11/22/2024

Date Investigation Completed: 12/16/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 11/06/2024

Date Investigation Completed: 12/16/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 05/24/2024

Date Investigation Completed: 12/16/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 04/09/2024

Date Investigation Completed: 05/02/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 01/24/2024

Date Investigation Completed: 05/02/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 11/30/2023

Subject Area(s)

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 05/02/2024

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/07/2023

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 05/02/2024

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/15/2022

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 11/03/2022

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/19/2022

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 11/03/2022

Result

SUBSTANTIATED

SOD #

1X0C11

Date Complaint Received: 03/10/2022

Subject Area(s)

ADMINISTRATION

Date Investigation Completed: 11/03/2022

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: OAKS FAM CARE CTR CARI HOUSE (410014)

Address: 1485 PLYMOUTH LN, GREEN BAY, WI 54303

License Status: REGULAR

Licensed/Certified/Registered 05/01/1981 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: OAKS FAM CARE CTR CHRISTIANA (410158)

Address: 1643 CHRISTIANA ST, GREEN BAY, WI 54303

License Status: REGULAR

Licensed/Certified/Registered 07/01/1986 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0141820 **End Date:** 11/22/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #QKMB11 Served 01/12/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	2/26/22	
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	2/26/23	

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Complaint History (OAKS FAM CARE CTR CHRISTIANA--410158)

Date Complaint Received: 09/12/2022

Date Investigation Completed: 11/22/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 02/08/2022

Date Investigation Completed: 11/22/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

QKMB11

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

QKMB11

PROGRAM SERVICES

SUBSTANTIATED

QKMB11

RESIDENT RIGHTS

SUBSTANTIATED

QKMB11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

QKMB11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: OAKS FAM CARE CTR DAMIAN HOUSE (410097)

Address: 1481 PLYMOUTH LANE, GREEN BAY, WI 54303

License Status: REGULAR

Licensed/Certified/Registered 10/31/1980 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: OAKS FAM CARE CTR OAKLAND HOUSE (410156)

Address: 126 N OAKLAND AVE, GREEN BAY, WI 54303

License Status: REGULAR

Licensed/Certified/Registered 01/01/1989 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147223 **End Date:** 08/01/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146459 **End Date:** 03/12/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #B4LZ11 Served 05/20/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(f)	ENSURE COPY OF THIS CHAPTER IS IN CBRF	8/1/24	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	8/1/24	Yes
83.25	CONTINUING EDUCATION	8/1/24	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	8/1/24	Yes
83.46(1)(f)	COMBUSTIBLES	8/1/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	8/1/24	Yes
83.47(3)	FIRE INSPECTION	8/1/24	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	8/1/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (OAKS FAM CARE CTR OAKLAND HOUSE--410156)

Date: 05/20/2024 **SOD #**B4LZ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

FORFEITURE---N 239 83.20(2)(a)-(d)

FORFEITURE---N 277 83.25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: OUR PLACE (0009922)

Address: 1501 N IRWIN ST, GREEN BAY, WI 54302

License Status: REGULAR

Licensed/Certified/Registered 07/01/2003 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147262 **End Date:** 08/06/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PATIENT PINES ASSISTED LIVING INC 1715 (0013896)

Address: 1715 WESTMINSTER DR, GREEN BAY, WI 543025431

License Status: REGULAR

Licensed/Certified/Registered 11/01/2012 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147559 **End Date:** 09/10/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142794 **End Date:** 04/12/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (PATIENT PINES ASSISTED LIVING INC 1715--0013896)

Date Complaint Received: 12/16/2022

Date Investigation Completed: 04/12/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PATIENT PINES ASSISTED LIVING INC 1721 (0013897)

Address: 1721 WESTMINSTER DR, GREEN BAY, WI 543025431

License Status: REGULAR

Licensed/Certified/Registered 11/01/2012 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0145017 **End Date:** 11/09/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: REFLECTIONS AT MORAINES RIDGE (0016822)

Address: 2919 ST ANTHONY DR, GREEN BAY, WI 54311

License Status: REGULAR

Licensed/Certified/Registered 10/09/2017 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147897 **End Date:** 10/18/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146269 **End Date:** 04/17/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145132 **End Date:** 10/18/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TTM311 Served 12/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	2/26/24	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	2/26/24	Yes
83.47(2)(f)	HORIZONTAL EVACUATION	2/26/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142739 End Date: 01/19/2023 Type: OTHER Purpose: COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UF0313 Served 04/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	4/17/24	Yes
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	6/5/23	Withdrawn
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	4/17/24	Yes
83.13(3)(d)	POSTING ACTIVITY SCHEDULE	6/5/23	Withdrawn
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	6/5/23	Withdrawn
83.14(2)(h)	POSTING: LICENSE, DEFICIENCIES, REVOCATIONS	4/17/24	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	4/17/24	Yes
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT	6/5/23	Withdrawn
83.23	EMPLOYEE SUPERVISION	4/17/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	4/17/24	Yes
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	4/17/24	Yes
83.32(3)(m)	RIGHTS OF RESIDENTS: RECORDING AND FILMING	4/17/24	Yes
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE	6/5/23	Withdrawn
83.37(1)(j)	PROOF-OF-USE RECORD	6/5/23	Withdrawn
83.38(1)(b)	SUPERVISION	4/17/24	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	6/5/23	Withdrawn
83.38(1)(g)	HEALTH MONITORING	6/5/23	Withdrawn
83.38(1)(h)	MEDICATION ADMINISTRATION	4/17/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.42(1)	RESIDENT RECORD MAINTAINED	6/5/23	Withdrawn
83.47(2)(d)	FIRE DRILLS	6/5/23	Withdrawn

Survey ID: 0140287 End Date: 05/09/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UF0312 Served 07/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
50.09(1)(l)	CARE	1/19/23	Yes
83.12(4)(a)	REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN	1/19/23	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	1/19/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	1/19/23	No
83.38(1)(b)	SUPERVISION	1/19/23	No

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (REFLECTIONS AT MORAINES RIDGE--0016822)

Date: 04/11/2023 **SOD #**UF0313 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NNAO EXTENDED

ORDER TO COMPLY

FORFEITURE---83.12 3A

FORFEITURE---83.14 2A

FORFEITURE---83.23

FORFEITURE---83.32 3H

FORFEITURE---83.36 2

FORFEITURE---83.37 1J

FORFEITURE---83.38 1B

FORFEITURE---83.38 1H

FORFEITURE---83.47 2D

Date: 07/29/2022 **SOD #**UF0312 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---50.09(1)(l)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.38(1)(b)

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (REFLECTIONS AT MORaine RIDGE--0016822)

Date Complaint Received: 07/16/2024

Date Investigation Completed: 10/18/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 05/30/2024

Date Investigation Completed: 10/18/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 06/20/2023

Date Investigation Completed: 10/18/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

TTM311

PROGRAM SERVICES

SUBSTANTIATED

TTM311

RESIDENT RIGHTS

SUBSTANTIATED

TTM311

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

TTM311

Date Complaint Received: 11/21/2022

Date Investigation Completed: 01/19/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

UF0313

RESIDENT RIGHTS

SUBSTANTIATED

UF0313

Date Complaint Received: 11/19/2022

Date Investigation Completed: 01/19/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

UF0313

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

UF0313

Date Complaint Received: 09/08/2022

Date Investigation Completed: 01/19/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

UF0313

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 08/24/2022

Date Investigation Completed: 01/19/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

UF0313

Date Complaint Received: 04/08/2022

Date Investigation Completed: 05/09/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

UF0312

PROGRAM SERVICES

SUBSTANTIATED

UF0312

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

UF0312

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: RIDGE POINTE CBRF (0012658)

Address: 204 S ONEIDA ST, GREEN BAY, WI 54303

License Status: REGULAR

Licensed/Certified/Registered 03/25/2009 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0142605 **End Date:** 03/29/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: Rockwell Manor CBRF (0019250)

Address: 1265 Rockwell Rd, Green Bay, WI 54313

License Status: REGULAR

Licensed/Certified/Registered 03/06/2024 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0145983 **End Date:** 03/06/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SCHUMACHER HOUSE (0010929)

Address: 2831 FERNDAL DRIVE, GREEN BAY, WI 54313

License Status: REGULAR

Licensed/Certified/Registered 03/31/2005 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148156 **End Date:** 11/19/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144975 **End Date:** 11/30/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (SCHUMACHER HOUSE--0010929)

Date Complaint Received: 09/05/2024

Date Investigation Completed: 11/19/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 11/09/2023

Date Investigation Completed: 11/30/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CA (AMBULATORY)

Facility Information

Facility Name: SERVAIS POINTE CBRF (0013912)

Address: 1398 SERVAIS ST, GREEN BAY, WI 54304

License Status: REGULAR

Licensed/Certified/Registered 10/10/2011 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0139687 **End Date:** 05/26/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025
Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: SHERWOOD PLACE (0010552)
Address: 4893 FINGER RD, GREEN BAY, WI 54311
License Status: REGULAR
Licensed/Certified/Registered 06/15/2004 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0138512 **End Date:** 01/26/2022 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: TENDER HEARTS ASSISTED LIVING BLDNG 2 (0018271)

Address: 320 CARDINAL LANE, GREEN BAY, WI 54313

License Status: REGULAR

Licensed/Certified/Registered 01/14/2021 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0146295 **End Date:** 04/26/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144267 **End Date:** 09/14/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142799 **End Date:** 04/10/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142822 **End Date:** 11/01/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #PTV211 Served 04/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	6/3/23	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	6/3/23	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	6/3/23	Yes

Survey ID: 0140528 **End Date:** 08/19/2022 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (TENDER HEARTS ASSISTED LIVING BLDNG 2--0018271)

Date Complaint Received: 10/10/2023

Date Investigation Completed: 04/26/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 06/06/2023

Date Investigation Completed: 09/14/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 04/03/2023

Date Investigation Completed: 09/14/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 01/03/2023

Date Investigation Completed: 04/10/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/29/2022

Date Investigation Completed: 04/10/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 08/01/2022

Date Investigation Completed: 11/01/2022

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

PTV211
PTV211
PTV211

Date Complaint Received: 07/23/2022

Date Investigation Completed: 11/01/2022

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: TENDER HEARTS ASSISTED LIVING BLDNG I (0018272)

Address: 300 CARDINAL LANE, GREEN BAY, WI 54313

License Status: REGULAR

Licensed/Certified/Registered 06/01/2020 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0146608 **End Date:** 04/26/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144739 **End Date:** 09/14/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #87V511 Served 11/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.05(4)	ZONED COMMERCIAL, INDUSTRIAL, MANUFACTURING	1/6/23	Yes
83.39(3)	HAND WASHING	1/6/23	Yes

Survey ID: 0142796 **End Date:** 04/10/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140531 **End Date:** 08/19/2022 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (TENDER HEARTS ASSISTED LIVING BLDNG I--0018272)

Date Complaint Received: 11/14/2023

Date Investigation Completed: 04/26/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 09/27/2022

Date Investigation Completed: 04/10/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: VERLIN ROAD (0016454)

Address: 2149 VERLIN RD, GREEN BAY, WI 54311

License Status: REGULAR

Licensed/Certified/Registered 06/06/2017 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0146245 **End Date:** 01/24/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KX5E11 Served 04/25/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	6/9/24	Yes
83.47(2)(d)	FIRE DRILLS	6/9/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	6/9/24	Yes

Survey ID: 0141379 **End Date:** 11/02/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (VERLIN ROAD--0016454)

Date Complaint Received: 08/04/2023

Date Investigation Completed: 01/24/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 07/27/2023

Date Investigation Completed: 01/24/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WOODSIDE MANOR I II III IV (410168)

Address: 1060 PILGRIM WAY, GREEN BAY, WI 54304

License Status: REGULAR

Licensed/Certified/Registered 01/01/1989 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148383 **End Date:** 12/17/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146648 **End Date:** 06/03/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145256 **End Date:** 01/10/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144883 **End Date:** 11/22/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142876 End Date: 04/05/2023 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DOQB11 Served 04/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	11/22/23	Yes

Enforcement History (WOODSIDE MANOR I II III IV--410168)

Date: 04/24/2023 SOD #DOQB11 Appealed: Yes Decision: STIPULATION

Sanctions

ORDER TO COMPLY

FORFEITURE---N381 83.35(1)(a)

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (WOODSIDE MANOR I II III IV--410168)

Date Complaint Received: 09/27/2024

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 12/17/2024

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/06/2024

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 12/17/2024

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/12/2024

Subject Area(s)

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 06/03/2024

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/28/2023

Subject Area(s)

STAFF TRAINING AND PROFICIENCY
OTHER

Date Investigation Completed: 01/10/2024

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/21/2023

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 04/05/2023

Result

SUBSTANTIATED

SOD #

DOQB11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WYNDEMERE ASPEN HOUSE (0016472)

Address: 3001 RIVERSIDE DR, GREEN BAY, WI 54301

License Status: REGULAR

Licensed/Certified/Registered 03/01/2018 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0146461 **End Date:** 05/13/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145008 **End Date:** 10/02/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9HX511 Served 12/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	5/13/24	Yes
83.12(5)(b)	NOTIFICATION: ABUSE AND NEGLECT ALLEGATIONS	5/13/24	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	5/13/24	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	5/13/24	Yes

Survey ID: 0143659 **End Date:** 03/30/2023 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140781 **End Date:** 09/13/2022 **Type:** STANDARD **Purpose:** COMPLAINT/SELF REPORT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139065 **End Date:** 03/23/2022 **Type:** OTHER **Purpose:** OTHER

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ERZH11 Served 03/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	9/13/22	Yes

Enforcement History (WYNDEMERE ASPEN HOUSE--0016472)

Date: 12/08/2023 **SOD #**9HX511 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 03/28/2022 **SOD #**ERZH11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.48(1)(b)

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (WYNDEMERE ASPEN HOUSE--0016472)

Date Complaint Received: 01/18/2024

Date Investigation Completed: 05/13/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 11/15/2023

Date Investigation Completed: 05/13/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 09/18/2023

Date Investigation Completed: 10/02/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

9HX511

Date Complaint Received: 03/28/2023

Date Investigation Completed: 10/02/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 02/09/2023

Date Investigation Completed: 03/30/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 08/23/2022

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 09/13/2022

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/31/2022

Subject Area(s)

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 09/13/2022

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WYNDEMERE BIRCH HOUSE (0016473)

Address: 2999 RIVERSIDE DR, GREEN BAY, WI 54301

License Status: REGULAR

Licensed/Certified/Registered 03/01/2018 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147951 **End Date:** 08/20/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CTOY11 Served 11/01/2024

Deficiencies Cited
83.32(3)(h)

Subject Area
RIGHTS OF RESIDENTS: TO RECEIVE
MEDICATION

Compliance
Verified

Corrected

Survey ID: 0146405 **End Date:** 05/10/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145465 **End Date:** 11/21/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZWDS11 Served 02/02/2024

Deficiencies Cited
83.31(4)(a)

Subject Area
NOTICE OF FACILITY INITIATED DISCHARGES

Compliance
Verified
5/8/24

Corrected
Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143854 **End Date:** 04/13/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140658 **End Date:** 08/15/2022 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ENWE12 Served 09/07/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	10/22/22	
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	10/22/22	
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES	10/22/22	
83.39(1)	INFECTION CONTROL PROGRAM	10/22/22	

Enforcement History (WYNDEMERE BIRCH HOUSE--0016473)

Date: 11/01/2024 **SOD #**CTOY11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---N0352 DHS 83.32(3)(h)

Date: 02/02/2024 **SOD #**ZWDS11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---N 326 83.31(4)(a)

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (WYNDEMERE BIRCH HOUSE--0016473)

Date Complaint Received: 06/20/2024

Date Investigation Completed: 08/20/2024

Subject Area(s)

PROGRAM SERVICES
RESIDENT RIGHTS

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

CTOY11
CTOY11

Date Complaint Received: 05/31/2024

Date Investigation Completed: 08/20/2024

Subject Area(s)

RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/26/2024

Date Investigation Completed: 05/10/2024

Subject Area(s)

STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/30/2024

Date Investigation Completed: 05/10/2024

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/06/2023

Date Investigation Completed: 11/21/2023

Subject Area(s)

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 10/04/2023

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES

Date Investigation Completed: 11/21/2023

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

ZWDS11
ZWDS11

Date Complaint Received: 09/18/2023

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 11/21/2023

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/12/2023

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 11/21/2023

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/18/2022

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 04/13/2023

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WYNDEMERE CEDAR HOUSE (0016474)

Address: 2995 RIVERSIDE DR, GREEN BAY, WI 54301

License Status: REGULAR

Licensed/Certified/Registered 03/01/2018 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148080 **End Date:** 10/01/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IW1211 Served 11/12/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(l)	CARE		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		

Survey ID: 0146385 **End Date:** 05/10/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144167 **End Date:** 03/30/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #UQW511 Served 09/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(2)(b)	POST RESIDENT RIGHTS, GRIEVANCE PROCEDURE	11/10/23	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	11/10/23	Yes

Survey ID: 0142025 **End Date:** 01/31/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (WYNDEMERE CEDAR HOUSE--0016474)

Date: 11/12/2024 **SOD #** IWI211 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---N0389 DHS 83.35(3)(d)
FORFEITURE---Y3244 50.09(1)(L)

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (WYNDEMERE CEDAR HOUSE--0016474)

Date Complaint Received: 09/16/2024

Date Investigation Completed: 10/01/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

IWI211

RESIDENT RIGHTS

SUBSTANTIATED

IWI211

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 01/30/2024

Date Investigation Completed: 05/10/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 11/27/2023

Date Investigation Completed: 05/10/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 03/08/2023

Date Investigation Completed: 03/30/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

UQW511

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 11/17/2022

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 03/30/2023

Result

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

UQW511
UQW511
UQW511
UQW511

Date Complaint Received: 03/08/2022

Subject Area(s)

ADMINISTRATION

Date Investigation Completed: 01/31/2023

Result

NOT SUBSTANTIATED

SOD #

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