

## Provider Inspection Summary

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

Dane

### Notes

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

**The report includes only facilities located within the City of MADISON. 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 174.00 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 CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** ALL SAINTS ASSISTED LIVING AND MEMORY CARE (0012409)

**Address:** 8210 HIGHVIEW DRIVE, MADISON, WI 53719

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/2009 12:00:00AM

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

### Survey History

**Survey ID:** 0146221      **End Date:** 04/23/2024      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144109      **End Date:** 08/30/2023      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140526      **End Date:** 07/26/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (ALL SAINTS ASSISTED LIVING AND MEMORY CARE--0012409)

**Date Complaint Received:** 06/16/2022

**Date Investigation Completed:** 07/26/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**This is Page 2 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** ALL SAINTS ASSISTED LIVING CENTER INC (0016266)

**Address:** 519 COMMERCE DR, MADISON, WI 53719

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0147049    **End Date:** 06/27/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146048    **End Date:** 02/29/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #NIS711    Served 04/03/2024

Deficiencies Cited

83.32(3)(k)

Subject Area

RIGHTS OF RESIDENTS:  
SELF-DETERMINATION

Compliance

Verified

6/27/24

Corrected

Yes

**Survey ID:** 0145573    **End Date:** 02/07/2024    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140306    **End Date:** 07/19/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 3 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

**Disclaimer:** This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (ALL SAINTS ASSISTED LIVING CENTER INC--0016266)

**Date:** 04/03/2024

**SOD #**NIS711

**Appealed:**

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.32(3)(k)

**This is Page 4 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** ARC DAYTON ST (110328)

**Address:** 2009 E DAYTON ST, MADISON, WI 53704

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/31/1993 12:00:00AM

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

### Survey History

**Survey ID:** 0140914    **End Date:** 09/22/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140499    **End Date:** 05/06/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #U38O11    Served 08/18/2022

Deficiencies Cited  
83.25

Subject Area  
CONTINUING EDUCATION

Compliance  
Verified  
9/22/22

Corrected  
Yes

### Enforcement History (ARC DAYTON ST--110328)

**Date:** 08/18/2022    **SOD #**U38O11    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.25

***This is Page 5 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** ARC HOUSE (110002)

**Address:** 202 N PATERSON ST, MADISON, WI 53703

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/31/1982 12:00:00AM

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

### Survey History

**Survey ID:** 0147527    **End Date:** 08/15/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #220N11    Served 09/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY		
83.35(2)	TEMPORARY SERVICE PLAN		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.43(2)(b)	CLEAN, COMFORTABLE MATTRESS AND PAD		
83.45(4)	PEST CONTROL		
83.47(2)(b)	EXIT DIAGRAM		
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION		

***This is Page 6 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

**Survey ID:** 0146202    **End Date:** 04/02/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #IG4G11    Served 04/23/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	6/7/24	Yes
83.59(1)(c)	EXIT DOORS, PASSAGEWAYS 32 INCHES CLEAR	6/7/24	Yes

### Enforcement History (ARC HOUSE--110002)

**Date:** 09/09/2024    **SOD #**220N11    **Appealed:**    **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY  
FORFEITURE---83.20(2)(a-d)

**Date:** 04/23/2024    **SOD #**IG4G11    **Appealed:** No

Sanctions

ORDER TO COMPLY

### Complaint History (ARC HOUSE--110002)

**Date Complaint Received:** 07/11/2024

**Date Investigation Completed:** 08/15/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	220N11
RESIDENT RIGHTS	SUBSTANTIATED	220N11

**This is Page 7 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** ARC MATERNAL & INFANT PROGRAM (110391)

**Address:** 4202 MONONA DR, MADISON, WI 53716

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/1995 12:00:00AM

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

### Survey History

**Survey ID:** 0145408    **End Date:** 01/24/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144740    **End Date:** 09/22/2023    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #PEPM11    Served 11/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	1/24/24	Yes
83.59(1)(e)	NO EXIT THROUGH RESIDENT ROOM, BATHROOM	1/24/24	Yes
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT	1/24/24	Yes

### Enforcement History (ARC MATERNAL & INFANT PROGRAM--110391)

**Date:** 11/07/2023    **SOD #**PEPM11    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.25

***This is Page 8 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***



## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** Ashwabay House (0020254)

**Address:** 7310 Ashwabay Lane, Madison, WI 53719

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 08/01/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0147678      **End Date:** 09/17/2024      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0147151      **End Date:** 08/01/2024      **Type:** INITIAL      **Purpose:** CHOW--DESK REVIEW

**Results:** LICENSE/CERT/REGISTRATION ISSUED

### Complaint History (Ashwabay House--0020254)

**Date Complaint Received:** 09/07/2024

**Date Investigation Completed:** 09/16/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

**This is Page 9 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** ATTIC CORRECTIONAL TREATMENT CENTER (110047)

**Address:** 4117 DWIGHT DR, MADISON, WI 53704

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/1980 12:00:00AM

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

### Survey History

**Survey ID:** 0140067      **End Date:** 05/05/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 10 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** Bay Harbor Memory Care Assisted Living of Madison (0019869)

**Address:** 1936 Tennyson Ln, Madison, WI 53704

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 01/11/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0148337    **End Date:** 12/10/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #MXVF14    Served 12/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	1/30/25	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	1/30/25	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	1/30/25	Yes
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE	1/30/25	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/30/25	Yes
83.38(1)(g)	HEALTH MONITORING	1/30/25	Yes

***This is Page 11 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0147669 End Date: 09/18/2024 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MXVF13 Served 09/30/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	12/10/24	No
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	12/10/24	No
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	12/10/24	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	12/10/24	Yes
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE	12/10/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	12/10/24	No
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	12/10/24	Yes
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS	12/10/24	Yes

Survey ID: 0147344 End Date: 07/31/2024 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #T7VK11 Served 08/16/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.38(1)(g)	HEALTH MONITORING	12/10/24	No

***This is Page 12 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0146803 End Date: 06/21/2024 Type: STANDARD Purpose: SURVEY/SELF REPORT/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MXVF12 Served 06/27/2024

<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	9/17/24	Yes
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	9/17/24	Yes
83.12(6)	DOCUMENTATION REQUIREMENTS FOR WRITTEN REPORT	9/17/24	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	9/17/24	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	9/17/24	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	9/17/24	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	9/17/24	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	9/17/24	No
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	9/17/24	No
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	9/17/24	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	9/17/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/17/24	No
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	9/17/24	No
83.38(1)(i)	BEHAVIOR MANAGEMENT	9/17/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	9/17/24	Yes
83.47(2)(f)	HORIZONTAL EVACUATION	9/17/24	Yes

**This is Page 13 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.59(2)(a)

ONE-HAND, ONE-MOTION DOOR OPERATION

9/17/24

Yes

**Survey ID: 0146200**    **End Date: 04/11/2024**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #MXVF11    Served 04/23/2024

Deficiencies Cited  
83.29(2)

Subject Area  
ADMISSION AGREEMENT

Compliance  
Verified  
6/17/24

Corrected  
Yes

**Survey ID: 0146041**    **End Date: 02/23/2024**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #CJWV11    Served 04/01/2024

Deficiencies Cited  
83.32(3)(i)

Subject Area  
RIGHTS OF RESIDENTS: PROMPT AND  
ADEQUATE TREATMENT

Compliance  
Verified  
6/18/24

Corrected  
Yes

**Survey ID: 0145249**    **End Date: 01/11/2024**    **Type: INITIAL**    **Purpose: CHOW--DESK REVIEW**

**Results:** LICENSE/CERT/REGISTRATION ISSUED

***This is Page 14 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (Bay Harbor Memory Care Assisted Living of Madison--0019869)

**Date:** 12/17/2024      **SOD #**MXVF14      **Appealed:**

Sanctions

NNAO EXTENDED  
ORDER TO COMPLY  
FORFEITURE---83.14(2)(a)  
FORFEITURE---83.28(4)(a)  
FORFEITURE---83.32(3)(h)  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.38(1)(g)

**Date:** 09/26/2024      **SOD #**MXVF13      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NNAO EXTENDED  
ORDER TO COMPLY  
FORFEITURE---83.14(2)(a)  
FORFEITURE---83.28(4)(a)  
FORFEITURE---83.32(3)(h)  
FORFEITURE---83.32(3)(i)  
FORFEITURE---83.35(3)(d)

**Date:** 08/16/2024      **SOD #**T7VK11      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.38(1)(g)

***This is Page 15 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date:** 06/27/2024      **SOD #**MXVF12      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.15(3)(a)

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

FORFEITURE---83.21(1-3)

FORFEITURE---83.32(3)(i)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(i)

---

**Date:** 04/23/2024      **SOD #**MXVF11      **Appealed:** No

Sanctions

ORDER TO COMPLY

---

**Date:** 04/01/2024      **SOD #**CJWV11      **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(i)

**This is Page 16 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***



## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (Bay Harbor Memory Care Assisted Living of Madison--0019869)

**Date Complaint Received: 08/12/2024**

**Date Investigation Completed: 09/17/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

MXVF13

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 07/02/2024**

**Date Investigation Completed: 07/30/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 06/21/2024**

**Date Investigation Completed: 07/30/2024**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

T7VK11

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 05/14/2024**

**Date Investigation Completed: 06/17/2024**

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 04/22/2024**

**Date Investigation Completed: 06/17/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

MXVF12

**This is Page 17 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 04/12/2024**

Subject Area(s)

ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY  
RESIDENT RIGHTS

**Date Investigation Completed: 06/17/2024**

Result

NOT SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

MXVF12

**Date Complaint Received: 04/01/2024**

Subject Area(s)

ADMINISTRATION  
RESIDENT RIGHTS

**Date Investigation Completed: 04/08/2024**

Result

SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

MXVF11

**Date Complaint Received: 02/12/2024**

Subject Area(s)

ADMINISTRATION

**Date Investigation Completed: 02/13/2024**

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 02/03/2024**

Subject Area(s)

ADMINISTRATION  
PROGRAM SERVICES

**Date Investigation Completed: 02/13/2024**

Result

NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #

CJWV11

**This is Page 18 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** BRIGHTER LIFE LIVING (0011577)

**Address:** 901 PFLAUM RD, MADISON, WI 53716

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2007 12:00:00AM

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

### Survey History

**Survey ID:** 0140271      **End Date:** 07/19/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #7BGK11      Served 07/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED	9/10/22	Yes

### Enforcement History (BRIGHTER LIFE LIVING--0011577)

**Date:** 07/27/2022      **SOD #**7BGK11      **Appealed:** Yes      **Decision:** DISMISSED

Sanctions

ORDER TO COMPLY

***This is Page 19 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** BRIGHTSTAR SENIOR LIVING (0015502)

**Address:** 6550 SCHROEDER RD, MADISON, WI 53711

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2016 12:00:00AM

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

### Survey History

**Survey ID:** 0143882    **End Date:** 08/01/2023    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142804    **End Date:** 02/01/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #Y8GO12    Served 04/18/2023

Deficiencies Cited  
83.35(3)(d)

Subject Area  
SERVICE PLANS UPDATED ANNUALLY OR ON  
CHANGES

Compliance  
Verified  
8/1/23

Corrected  
Yes

***This is Page 20 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0140930    **End Date:** 06/07/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #Y8GO11    Served 10/05/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.21(1)-(3)	ALL EMPLOYEE TRAINING	2/1/23	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	2/1/23	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	2/1/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	2/1/23	No

**Survey ID:** 0139221    **End Date:** 03/28/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (BRIGHTSTAR SENIOR LIVING--0015502)

**Date:** 04/18/2023    **SOD #**Y8GO12    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.35(3)(d)

**Date:** 10/05/2022    **SOD #**Y8GO11    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.21 (1)-(3)  
FORFEITURE---83.22 (1)-(4)  
FORFEITURE---83.32 (3)(i)  
FORFEITURE---83.35 (3)(d)

***This is Page 21 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** BROOKDALE MADISON WEST AL/MC (110331)

**Address:** 413 S YELLOWSTONE DR, MADISON, WI 53719

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/04/1992 12:00:00AM

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

### Survey History

**Survey ID:** 0148130      **End Date:** 11/11/2024      **Type:** OTHER      **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0147504      **End Date:** 08/29/2024      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0147239      **End Date:** 06/26/2024      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #KZS511      Served 08/06/2024

<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	11/11/24	Yes
83.38(1)(g)	HEALTH MONITORING	11/11/24	Yes

***This is Page 22 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0146720    **End Date:** 05/16/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #JTYV13    Served 06/18/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	8/29/24	Yes

**Survey ID:** 0145977    **End Date:** 01/10/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #JTYV12    Served 03/25/2024

<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	5/16/24	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	5/16/24	Yes
83.39(3)	HAND WASHING	5/16/24	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	5/16/24	No
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	5/16/24	Yes

**Survey ID:** 0144424    **End Date:** 10/03/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 23 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0144444 **End Date:** 08/01/2023 **Type:** OTHER **Purpose:** SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #JTYV11 Served 10/05/2023

<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	1/10/24	No
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	1/10/24	No

**Survey ID:** 0143033 **End Date:** 02/28/2023 **Type:** OTHER **Purpose:** SELF REPORT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #XXL912 Served 05/15/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	10/3/23	Yes
83.38(1)(b)	SUPERVISION	10/3/23	Yes

**Survey ID:** 0140943 **End Date:** 06/16/2022 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #XXL911 Served 10/06/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	2/28/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	2/28/23	Yes
83.25	CONTINUING EDUCATION	2/28/23	No
83.39(3)	HAND WASHING	2/28/23	Yes

**Survey ID:** 0139572 **End Date:** 04/19/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 24 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***



## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0139245      **End Date:** 03/29/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 25 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (BROOKDALE MADISON WEST AL/MC--110331)

**Date:** 08/06/2024      **SOD #**KZS511      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.38(1)(g)

**Date:** 06/18/2024      **SOD #**JTYV13      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.44(2)(a)

**Date:** 03/25/2024      **SOD #**JTYV12      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.35(3)(c)  
FORFEITURE---83.37(1)(i)  
FORFEITURE---83.39(3)  
FORFEITURE---83.44(2)(a)

**Date:** 10/05/2023      **SOD #**JTYV11      **Appealed:** Yes      **Decision:** DISMISSED

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.35(3)(c)

***This is Page 26 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date:** 05/15/2023      **SOD #**XXL912      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.25  
FORFEITURE---83.38(1)(b)

---

**Date:** 10/06/2022      **SOD #**XXL911      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.20(2)(a)-(d)  
FORFEITURE---83.21 (1)-(3)  
FORFEITURE---83.25

---

**Date:** 02/24/2022      **SOD #**J77X11      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.38(1)(b)

**This is Page 27 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (BROOKDALE MADISON WEST AL/MC--110331)

**Date Complaint Received: 05/28/2024**

**Date Investigation Completed: 06/24/2024**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

KZS511

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 12/07/2023**

**Date Investigation Completed: 01/05/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

NOT RECORDED

**Date Complaint Received: 05/03/2022**

**Date Investigation Completed: 06/16/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 03/24/2022**

**Date Investigation Completed: 03/29/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

***This is Page 28 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** BROOKDALE MADISON WEST AL (0015533)

**Address:** 429 S YELLOWSTONE DR, MADISON, WI 53719

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2015 12:00:00AM

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

### Survey History

**Survey ID:** 0148682    **End Date:** 11/18/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #XE2211    Served 02/05/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.13(1)(d)	MAINTAIN RECORDS HEATING SYSTEM MAINTENANCE		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS		
83.41(2)(c)	NUTRITION: MENUS		
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS		

**Survey ID:** 0140965    **End Date:** 10/04/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 29 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0140057    **End Date:** 06/28/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139472    **End Date:** 02/16/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #56PG11    Served 05/09/2022

<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	6/28/22	Yes

### Enforcement History (BROOKDALE MADISON WEST AL--0015533)

**Date:** 05/06/2022    **SOD #**56PG11    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.35(3)(d)

**Date:** 02/23/2022    **SOD #**LIEV11    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.23(3)(h)

***This is Page 30 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (BROOKDALE MADISON WEST AL--0015533)

**Date Complaint Received: 10/30/2024**

**Date Investigation Completed: 11/11/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 07/27/2022**

**Date Investigation Completed: 10/04/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 01/25/2022**

**Date Investigation Completed: 02/16/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

***This is Page 31 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** CAPITOL LAKES TERRACES (110509)

**Address:** 345 W MAIN ST, MADISON, WI 53703

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/1996 12:00:00AM

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

### Survey History

**Survey ID:** 0142352    **End Date:** 03/01/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #9YS011    Served 03/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	3/1/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/1/23	Yes

### Enforcement History (CAPITOL LAKES TERRACES--110509)

**Date:** 03/07/2023    **SOD #**9YS011    **Appealed:** No

Sanctions

ORDER TO COMPLY

***This is Page 32 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***



## Provider Inspection Summary

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

### Complaint History (CAPITOL LAKES TERRACES--110509)

**Date Complaint Received: 01/20/2023**

**Date Investigation Completed: 03/01/2023**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**This is Page 33 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** CHAMOMILE ASSISTED LIVING LTD II (0010867)

**Address:** 842 JUPITER DRIVE, MADISON, WI 53718

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2005 12:00:00AM

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

### Survey History

**Survey ID:** 0148515    **End Date:** 10/16/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #UHOY11    Served 01/16/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(k)	RIGHTS OF RESIDENTS:		
	SELF-DETERMINATION		
83.38(1)(i)	BEHAVIOR MANAGEMENT		

**Survey ID:** 0147774    **End Date:** 09/27/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 34 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0146754    **End Date:** 05/07/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #KWUX13    Served 06/20/2024

<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	9/27/24	Yes

**Survey ID:** 0145610    **End Date:** 01/04/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #KWUX12    Served 02/15/2024

<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	5/7/24	Yes

***This is Page 35 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0144688    **End Date:** 08/22/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #KWUX11    Served 11/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	1/4/24	Yes
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	1/4/24	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	1/4/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/4/24	No
83.37(3)(f)	MEDICATION STORAGE: INTERNALS AND EXTERNALS	1/4/24	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	1/4/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	1/4/24	Yes
83.45(3)	TOXIC SUBSTANCES	1/4/24	Yes

**Survey ID:** 0142459    **End Date:** 02/22/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #7C9311    Served 03/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.37(3)(f)	MEDICATION STORAGE: INTERNALS AND EXTERNALS	2/22/23	Yes
83.41(3)(b)	FOOD SAFETY	2/22/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	2/22/23	Yes

***This is Page 36 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0138998      **End Date:** 03/10/2022      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 37 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (CHAMOMILE ASSISTED LIVING LTD II--0010867)

**Date: 01/16/2025**      **SOD #UHOY11**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.32(3)(k)  
FORFEITURE---83.38(1)(i)

**Date: 06/20/2024**      **SOD #KWUX13**      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.35(3)(d)

**Date: 02/14/2024**      **SOD #KWUX12**      **Appealed:**

Sanctions

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

**Date: 11/07/2023**      **SOD #KWUX11**      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.12(4)(c)  
FORFEITURE---83.35(1)(a)  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.37(3)(f)  
FORFEITURE---83.43(1)

**Date: 03/14/2023**      **SOD #7C9311**      **Appealed: No**

Sanctions

ORDER TO COMPLY

**This is Page 38 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (CHAMOMILE ASSISTED LIVING LTD II--0010867)

**Date Complaint Received: 10/15/2024**

**Date Investigation Completed: 10/16/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

UHOY11

**Date Complaint Received: 03/26/2024**

**Date Investigation Completed: 05/07/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

KWUX13

**Date Complaint Received: 12/06/2023**

**Date Investigation Completed: 01/04/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 07/28/2023**

**Date Investigation Completed: 08/22/2023**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

KWUX11

RESIDENT RIGHTS

SUBSTANTIATED

KWUX11

**Date Complaint Received: 01/24/2023**

**Date Investigation Completed: 02/22/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

***This is Page 39 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** CHAMOMILE ASSISTED LIVING LTD (0008514)

**Address:** 22 MILO LANE, MADISON, WI 53714

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/30/1999 12:00:00AM

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

### Survey History

**Survey ID:** 0148546    **End Date:** 10/22/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #RS7917    Served 01/22/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.32(2)(b)	POST RESIDENT RIGHTS, GRIEVANCE PROCEDURE		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.47(2)(d)	FIRE DRILLS		
83.47(2)(e)	OTHER EVACUATION DRILLS		

***This is Page 40 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***



## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0147366    **End Date:** 07/02/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #RS7916    Served 08/19/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(g)	HEALTH MONITORING	10/23/24	No

**Survey ID:** 0146056    **End Date:** 03/13/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #RS7915    Served 04/08/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(6)	DOCUMENTATION REQUIREMENTS FOR WRITTEN REPORT	7/1/24	Yes
83.38(1)(g)	HEALTH MONITORING	7/1/24	No

**Survey ID:** 0144778    **End Date:** 11/01/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145195    **End Date:** 10/04/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #RS7914    Served 01/12/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(b)	SUPERVISION	3/12/24	Yes

***This is Page 41 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0143704    **End Date:** 07/11/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #RS7913    Served 07/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	9/3/23	Yes

**Survey ID:** 0143269    **End Date:** 04/25/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #RS7912    Served 06/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	7/11/23	Yes

**Survey ID:** 0142368    **End Date:** 02/14/2023    **Type:** OTHER    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #RS7911    Served 03/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	4/25/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	4/25/23	Yes

***This is Page 42 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (CHAMOMILE ASSISTED LIVING LTD--0008514)

**Date: 08/19/2024**      **SOD #RS7916**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

**Date: 04/08/2024**      **SOD #RS7915**      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.12(6)

**Date: 01/12/2024**      **SOD #RS7914**      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.38(1)(b)

**Date: 07/20/2023**      **SOD #RS7913**      **Appealed: No**

Sanctions

ORDER TO COMPLY

**Date: 06/05/2023**      **SOD #RS7912**      **Appealed: No**

Sanctions

ORDER TO COMPLY

**Date: 03/06/2023**      **SOD #RS7911**      **Appealed: No**

Sanctions

ORDER TO COMPLY

***This is Page 43 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (CHAMOMILE ASSISTED LIVING LTD--0008514)

**Date Complaint Received: 10/16/2024**

**Date Investigation Completed: 10/22/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

RS7917

**Date Complaint Received: 03/07/2024**

**Date Investigation Completed: 03/12/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 10/10/2023**

**Date Investigation Completed: 11/01/2023**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

**Date Complaint Received: 08/30/2023**

**Date Investigation Completed: 10/04/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

RS7914

**Date Complaint Received: 04/04/2023**

**Date Investigation Completed: 04/25/2023**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

RS7912

***This is Page 44 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** COTTAGES OF MADISON APPLEWOOD (0017703)

**Address:** 5565 BURKE RD, MADISON, WI 53718

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/03/2019 12:00:00AM

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

### Survey History

**Survey ID:** 0147956    **End Date:** 10/02/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #OCCY12    Served 10/29/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES		
83.13(3)(b)	POST HOUSE RULES, RESIDENT RIGHTS, GRIEVANCES		
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
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		
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION		

***This is Page 45 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION
83.37(1)(j)	PROOF-OF-USE RECORD
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION
83.38(1)(a)	PERSONAL CARE
83.38(1)(b)	SUPERVISION
83.38(1)(g)	HEALTH MONITORING
83.38(1)(h)	MEDICATION ADMINISTRATION
83.41(3)(b)	FOOD SAFETY
83.42(1)	RESIDENT RECORD MAINTAINED
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE
83.47(2)(e)	OTHER EVACUATION DRILLS
83.55(3)	BATH AND TOILET AREAS: HAND DRYING
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT

---

**This is Page 46 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0146712    **End Date:** 04/30/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #OCCY11    Served 06/17/2024

<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	10/2/24	No
83.38(1)(a)	PERSONAL CARE	10/2/24	No
83.41(1)(a)	FOOD SUPPLY	10/2/24	Yes
83.41(2)(c)	NUTRITION: MENUS	10/2/24	Yes
83.41(3)(b)	FOOD SAFETY	10/2/24	No
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	10/2/24	No
83.55(3)	BATH AND TOILET AREAS: HAND DRYING	10/2/24	No

**Survey ID:** 0145339    **End Date:** 01/17/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144007    **End Date:** 08/22/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #FT8K13    Served 08/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	8/22/23	Yes
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT	8/22/23	Yes

***This is Page 47 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143380 End Date: 06/05/2023 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FT8K12 Served 06/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(3)(b)	DOCUMENTATION OF INVESTIGATIONS OF INJURIES	8/23/23	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	8/22/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	8/22/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	8/22/23	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	8/22/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/22/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	8/22/23	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	8/22/23	Yes
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED	8/22/23	Yes
83.59(7)(b)	REQUIRED EXIT SIGNS LIGHTED	8/22/23	Yes

**This is Page 48 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***



## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142494 End Date: 02/16/2023 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FT8K11 Served 03/17/2023

<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	5/24/23	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	5/24/23	No
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	5/24/23	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	5/24/23	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	5/24/23	Yes
83.41(3)(b)	FOOD SAFETY	5/24/23	Yes
83.46(1)(a)	COMFORTABLE AND SAFE TEMPERATURES	5/24/23	Yes

***This is Page 49 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0142420    **End Date:** 12/02/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #54DT11    Served 03/24/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	5/24/23	Yes
83.13(3)(b)	POST HOUSE RULES, RESIDENT RIGHTS, GRIEVANCES	5/24/23	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	5/24/23	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	5/24/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	5/24/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	5/24/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	5/24/23	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	5/24/23	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	5/24/23	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	5/24/23	Yes
83.38(1)(g)	HEALTH MONITORING	5/24/23	Yes
83.41(2)(c)	NUTRITION: MENUS	5/24/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	5/24/23	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	5/24/23	Yes
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	5/24/23	Yes
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED	5/24/23	Yes

***This is Page 50 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0139823    **End Date:** 05/10/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**Survey ID:** 0139659    **End Date:** 04/13/2022    **Type:** OTHER    **Purpose:** SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #OGLF11    Served 05/26/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.60(1)	TOTAL/OPENABLE WINDOW AREA	7/10/22	

**This is Page 51 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (COTTAGES OF MADISON APPLEWOOD--0017703)

Date: 10/29/2024

SOD #OCCY12

Appealed: No

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.12(2)(a)

FORFEITURE---83.14(2)(a)

FORFEITURE---83.19

FORFEITURE---83.21(1)-(3)

FORFEITURE---83.22 (1)-(4)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.35(3)(c)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37 (2)(d)

FORFEITURE---83.37(1)(g)

FORFEITURE---83.37(1)(h)

FORFEITURE---83.38(1)(b)

FORFEITURE---83.38(1)(g)

FORFEITURE---83.38(1)(h)

FORFEITURE---83.41(3)(b)

FORFEITURE---83.43(1)

FORFEITURE---83.55(3)

FORFEITURE---83.59(2)(b)

**This is Page 52 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date:** 06/17/2024      **SOD #**OCCY11      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(a)

FORFEITURE---83.41(3)(b)

FORFEITURE---83.43(1)

---

**Date:** 08/23/2023      **SOD #**FT8K13      **Appealed:** No

Sanctions

ORDER TO COMPLY

---

**Date:** 06/16/2023      **SOD #**FT8K12      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.35(3)(b)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.43(1)

FORFEITURE---83.44(1)(c)

FORFEITURE---83.59(7)(a)

---

**This is Page 53 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date:** 03/24/2023      **SOD #**54DT11      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

FORFEITURE---83.12(2)(a)  
FORFEITURE---83.14(2)(a)  
FORFEITURE---83.22(1-4)  
FORFEITURE---83.32(3)(h)  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.35(3)(a)  
FORFEITURE---83.38(1)(g)

---

**Date:** 03/17/2023      **SOD #**FT8K11      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

FORFEITURE---83.14(2)(a)  
FORFEITURE---83.32(3)(i)  
FORFEITURE---83.36(1)(b)

---

**Date:** 05/26/2022      **SOD #**OGLF11      **Appealed:** No

Sanctions

ORDER TO COMPLY

**This is Page 54 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (COTTAGES OF MADISON APPLEWOOD--0017703)

**Date Complaint Received: 08/01/2024**

**Date Investigation Completed: 08/29/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

OCCY12

PROGRAM SERVICES

SUBSTANTIATED

OCCY12

RESIDENT RIGHTS

SUBSTANTIATED

OCCY12

**Date Complaint Received: 07/22/2024**

**Date Investigation Completed: 08/29/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

OCCY12

PROGRAM SERVICES

SUBSTANTIATED

OCCY12

RESIDENT RIGHTS

SUBSTANTIATED

OCCY12

**Date Complaint Received: 04/08/2024**

**Date Investigation Completed: 04/24/2024**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

OCCY11

**Date Complaint Received: 03/19/2024**

**Date Investigation Completed: 04/24/2024**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

OCCY11

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 11/17/2023**

**Date Investigation Completed: 01/17/2024**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

***This is Page 55 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

**Date Complaint Received: 05/12/2023**

Subject Area(s)  
RESIDENT RIGHTS

**Date Investigation Completed: 05/24/2023**

Result  
SUBSTANTIATED

SOD #  
FT8K12

**Date Complaint Received: 04/17/2023**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 05/24/2023**

Result  
SUBSTANTIATED

SOD #  
FT8K12

**Date Complaint Received: 03/30/2023**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

**Date Investigation Completed: 05/24/2023**

Result  
NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #  
FT8K12

**Date Complaint Received: 01/25/2023**

Subject Area(s)  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 02/08/2023**

Result  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
FT8K11  
FT8K11

**Date Complaint Received: 01/19/2023**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 02/08/2023**

Result  
SUBSTANTIATED

SOD #  
FT8K11

**Date Complaint Received: 10/11/2022**

Subject Area(s)  
ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

**Date Investigation Completed: 11/09/2022**

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #  
54DT11

**This is Page 56 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***



## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 09/27/2022**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

**Date Investigation Completed: 11/09/2022**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	54DT11
SUBSTANTIATED	54DT11

**Date Complaint Received: 04/28/2022**

Subject Area(s)  
RESIDENT RIGHTS

**Date Investigation Completed: 05/10/2022**

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

**This is Page 57 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** COTTAGES OF MADISON ELMWOOD (0017701)

**Address:** 5575 BURKE RD, MADISON, WI 53718

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/03/2019 12:00:00AM

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

### Survey History

**Survey ID:** 0148339    **End Date:** 11/13/2024    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #88ZV16    Served 12/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	12/31/24	Yes

**Survey ID:** 0147757    **End Date:** 08/15/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #88ZV15    Served 10/07/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	11/13/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	11/13/24	No

***This is Page 58 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0146344    **End Date:** 03/20/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #88ZV14    Served 05/08/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	8/15/24	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	8/15/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/15/24	No
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	8/15/24	No

**Survey ID:** 0145022    **End Date:** 09/27/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #88ZV13    Served 12/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	3/20/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	3/20/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	3/20/24	No

***This is Page 59 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0142693    **End Date:** 01/26/2023    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #88ZV12    Served 04/25/2023

<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	9/27/23	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	9/27/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	9/27/23	No
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	9/27/23	No
83.47(2)(d)	FIRE DRILLS	9/27/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	9/27/23	Yes

**Survey ID:** 0140290    **End Date:** 07/05/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #88ZV11    Served 08/08/2022

<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	7/5/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	7/5/22	Yes

***This is Page 60 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (COTTAGES OF MADISON ELMWOOD--0017701)

**Date:** 12/17/2024      **SOD #**88ZV16      **Appealed:** No

Sanctions

**Date:** 10/07/2024      **SOD #**88ZV15      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.35(3)(b)  
FORFEITURE---83.43(1)

**Date:** 05/08/2024      **SOD #**88ZV14      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.32(3)(k)  
FORFEITURE---83.35(1)(a)  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.43(1)

**Date:** 12/11/2023      **SOD #**88ZV13      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.32(3)(d)  
FORFEITURE---83.37(2)(d)  
FORFEITURE---83.43(1)

**This is Page 61 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date:** 04/06/2023      **SOD #**88ZV12

**Appealed:**

Sanctions

ORDER TO COMPLY

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

FORFEITURE---83.35(5)(b)

**Date:** 08/08/2022      **SOD #**88ZV11

**Appealed:** No

Sanctions

ORDER TO COMPLY

### Complaint History (COTTAGES OF MADISON ELMWOOD--0017701)

**Date Complaint Received:** 06/26/2024

**Date Investigation Completed:** 08/13/2024

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD #

88ZV15

**Date Complaint Received:** 03/13/2024

**Date Investigation Completed:** 03/20/2024

Subject Area(s)

ADMINISTRATION

Result

SUBSTANTIATED

SOD #

88ZV14

**Date Complaint Received:** 02/06/2024

**Date Investigation Completed:** 03/15/2024

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

88ZV14

**Date Complaint Received:** 09/08/2023

**Date Investigation Completed:** 09/26/2023

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD #

88ZV13

**Date Complaint Received:** 06/30/2022

**Date Investigation Completed:** 07/05/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

***This is Page 62 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** COTTAGES OF MADISON OAKWOOD (0017702)

**Address:** 5555 BURKE RD, MADISON, WI 53718

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/03/2019 12:00:00AM

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

### Survey History

**Survey ID:** 0148357    **End Date:** 10/18/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #EC0P1B    Served 01/25/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION		
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		
83.38(1)(g)	HEALTH MONITORING		
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS		
83.45(3)	TOXIC SUBSTANCES		

***This is Page 63 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0147130    **End Date:** 06/11/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #EC0P1A    Served 07/30/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	10/24/24	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	10/24/24	No
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	10/24/24	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	10/18/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	10/24/24	No
83.38(1)(a)	PERSONAL CARE	10/18/24	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	10/18/24	Yes
83.38(1)(g)	HEALTH MONITORING	10/24/24	No
83.41(2)(c)	NUTRITION: MENUS	10/18/24	Yes
83.44(2)(b)	TOILET AND BATHING AREA	10/18/24	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	10/24/24	No
83.45(3)	TOXIC SUBSTANCES	10/24/24	No

---

**Survey ID:** 0146007    **End Date:** 03/20/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

***This is Page 64 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***



## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0145980 End Date: 02/23/2024 Type: STANDARD Purpose: SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EC0P19 Served 03/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	6/10/24	No
83.31(4)(a)	NOTICE OF FACILITY INITIATED DISCHARGES	6/11/24	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	6/10/24	No
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	6/10/24	No
83.38(1)(g)	HEALTH MONITORING	6/10/24	Yes
83.44(2)(b)	TOILET AND BATHING AREA	6/10/24	No
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	6/10/24	No
83.47(3)	FIRE INSPECTION	6/10/24	Yes

**This is Page 65 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0145509 End Date: 11/21/2023 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #M20M12 Served 02/07/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	6/11/24	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	6/11/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	6/11/24	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	6/11/24	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	6/11/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	6/11/24	Yes
83.38(1)(a)	PERSONAL CARE	6/11/24	Yes
83.41(1)(c)	DISHWASHING	6/11/24	Yes
83.41(2)(c)	NUTRITION: MENUS	6/11/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	6/11/24	Yes
83.44(1)(b)	SEPARATE LAUNDRY STORAGE AREAS OR CONTAINERS	6/11/24	Yes
83.45(3)	TOXIC SUBSTANCES	6/11/24	Yes

**This is Page 66 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144861 End Date: 09/13/2023 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EC0P18 Served 11/21/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	2/22/24	Yes
83.38(1)(g)	HEALTH MONITORING	2/22/24	No

**This is Page 67 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0144032    **End Date:** 07/11/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #M20M11    Served 08/28/2023

	<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
			<u>Verified</u>	
	83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	11/2/23	Yes
	83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	11/2/23	No
	83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	11/2/23	No
	83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	11/2/23	No
	83.37(1)(j)	PROOF-OF-USE RECORD	11/2/23	No
	83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	11/2/23	Yes
	83.38(1)(c)	LEISURE TIME ACTIVITIES	11/2/23	Yes
	83.41(2)(c)	NUTRITION: MENUS	11/2/23	Yes
	83.42(1)	RESIDENT RECORD MAINTAINED	11/2/23	Yes
	83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	11/2/23	No
	83.44(1)(b)	SEPARATE LAUNDRY STORAGE AREAS OR CONTAINERS	11/2/23	Yes
	83.45(3)	TOXIC SUBSTANCES	11/2/23	Yes
<hr/>				
<b>Survey ID:</b> 0142806	<b>End Date:</b> 04/06/2023	<b>Type:</b> OTHER	<b>Purpose:</b> COMPLAINT	
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED				
	83.38(1)(g)	HEALTH MONITORING	9/13/23	No

***This is Page 68 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141852 End Date: 10/07/2022 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EC0P16 Served 01/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	4/4/23	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	4/4/23	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	4/4/23	Yes
83.38(1)(g)	HEALTH MONITORING	4/4/23	No

**This is Page 69 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140425 End Date: 07/13/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EC0P15 Served 08/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(h)	POSTING: LICENSE, DEFICIENCIES, REVOCATIONS	10/4/22	Yes
83.25	CONTINUING EDUCATION	10/4/22	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	10/4/22	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	10/4/22	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	10/4/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/4/22	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	10/5/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	10/4/22	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	10/4/22	Yes

**This is Page 70 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139311 End Date: 03/29/2022 Type: OTHER Purpose: COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EC0P14 Served 04/20/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	7/7/22	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	7/7/22	No
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	7/7/22	Yes
83.38(1)(b)	SUPERVISION	7/7/22	Yes
83.45(3)	TOXIC SUBSTANCES	7/7/22	Yes

**This is Page 71 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (COTTAGES OF MADISON OAKWOOD--0017702)

**Date:** 01/02/2025      **SOD #**EC0P1B      **Appealed:**      **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.28(4)9a)

FORFEITURE---83.37(3)(c)

FORFEITURE---83.38(1)(g)

FORFEITURE---83.44(2)(c)

FORFEITURE---83.45(3)

**Date:** 07/30/2024      **SOD #**EC0P1A      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.28(4)(a)

FORFEITURE---83.35(1)(a)

FORFEITURE---83.36(1)(b)2

FORFEITURE---83.37(2)(d)

FORFEITURE---83.38(1)(a)

FORFEITURE---83.38(1)(g)

FORFEITURE---83.41(2)(c)

FORFEITURE---83.44(2)(b)

FORFEITURE---83.44(2)(c)

FORFEITURE---83.45(3)

**This is Page 72 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***



## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date:** 03/25/2024      **SOD #**EC0P19      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

FORFEITURE---83.35(1)(a)

FORFEITURE---83.36(1)(b)

FORFEITURE---83.38(1)(g)

---

**Date:** 02/07/2024      **SOD #**M20M12      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.32(3)(i)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37(1)(j)

FORFEITURE---83.37(2)(d)

FORFEITURE---83.43(1)

FORFEITURE---83.45(3)

---

**Date:** 11/21/2023      **SOD #**EC0P18      **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(d)

FORFEITURE---83.38(1)(g)

---

**This is Page 73 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date:** 08/24/2023      **SOD #**M20M11      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

FORFEITURE---83.12(4)(b)  
FORFEITURE---83.14(2)(a)  
FORFEITURE---83.35(1)(a)  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.37(1)(j)  
FORFEITURE---83.37(3)(c)  
FORFEITURE---83.38(1)(c)  
FORFEITURE---83.43(1)  
FORFEITURE---83.45(3)

---

**Date:** 06/14/2023      **SOD #**EC0P17      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

FORFEITURE---83.38(1)(g)

---

**Date:** 01/13/2023      **SOD #**EC0P16      **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)  
FORFEITURE---83.38(1)(c)  
FORFEITURE---83.38(1)(g)

---

***This is Page 74 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date:** 08/12/2022      **SOD #**EC0P15      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NNAO EXTENDED  
ORDER TO COMPLY  
FORFEITURE---83.25  
FORFEITURE---83.32(3)(i)  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.37(1)(j)  
FORFEITURE---83.38(1)(c )  
FORFEITURE---83.43(1)

---

**Date:** 04/20/2022      **SOD #**EC0P14      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS  
ORDER TO COMPLY  
FORFEITURE---83.14(2)(j)  
FORFEITURE---83.37(1)(j)  
FORFEITURE---83.37(3)(c )  
FORFEITURE---83.38(1)(b)  
FORFEITURE---83.45(3)

---

**Date:** 03/07/2022      **SOD #**8H2511      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.38(1)(b)

---

**Date:** 02/07/2022      **SOD #**32ME11      **Appealed:** No

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.45 (3) 2nd violation

**This is Page 75 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (COTTAGES OF MADISON OAKWOOD--0017702)

**Date Complaint Received: 08/01/2024**

Subject Area(s)

PROGRAM SERVICES

STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 10/18/2024**

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 05/12/2024**

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

PROGRAM SERVICES

**Date Investigation Completed: 06/10/2024**

Result

SUBSTANTIATED

SUBSTANTIATED

SOD #

EC0P1A

EC0P1A

**Date Complaint Received: 03/19/2024**

Subject Area(s)

RESIDENT RIGHTS

**Date Investigation Completed: 03/20/2024**

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 02/05/2024**

Subject Area(s)

RESIDENT RIGHTS

**Date Investigation Completed: 02/21/2024**

Result

SUBSTANTIATED

SOD #

EC0P19

**Date Complaint Received: 10/10/2023**

Subject Area(s)

PROGRAM SERVICES

**Date Investigation Completed: 11/02/2023**

Result

SUBSTANTIATED

SOD #

M20M12

**Date Complaint Received: 08/24/2023**

Subject Area(s)

RESIDENT RIGHTS

**Date Investigation Completed: 09/11/2023**

Result

SUBSTANTIATED

SOD #

EC0P18

***This is Page 76 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

**Date Complaint Received: 06/26/2023**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 07/05/2023**

Result  
SUBSTANTIATED

SOD #  
M20M11

**Date Complaint Received: 06/14/2023**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

**Date Investigation Completed: 07/05/2023**

Result  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
M20M11  
M20M11

**Date Complaint Received: 04/06/2023**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 04/06/2023**

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 09/27/2022**

Subject Area(s)  
RESIDENT RIGHTS

**Date Investigation Completed: 10/07/2022**

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 09/22/2022**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

**Date Investigation Completed: 10/07/2022**

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 06/17/2022**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 07/13/2022**

Result  
SUBSTANTIATED

SOD #  
EC0P15

**This is Page 77 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 03/23/2022**

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 03/29/2022**

Result

SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #

EC0P14  
  
EC0P14

**This is Page 78 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** COVENANT OAKS (0008572)  
**Address:** 6165 MINERAL POINT RD, MADISON, WI 53705  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/01/2000 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0144852    **End Date:** 11/13/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144148    **End Date:** 07/12/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV  
**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ECDG13    Served 09/11/2023

Deficiencies Cited  
83.35(3)(d)

Subject Area  
SERVICE PLANS UPDATED ANNUALLY OR ON  
CHANGES

Compliance  
Verified  
11/13/23

Corrected  
Yes

***This is Page 79 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0143129    **End Date:** 03/22/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ECDG12    Served 05/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.22(1)-(4)	TASK SPECIFIC TRAINING	7/12/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	7/12/23	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	7/12/23	Yes
83.45(3)	TOXIC SUBSTANCES	7/12/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	7/12/23	Yes

**Survey ID:** 0141902    **End Date:** 10/04/2022    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ECDG11    Served 01/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.38(1)(b)	SUPERVISION	3/21/23	Yes

***This is Page 80 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***



## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (COVENANT OAKS--0008572)

**Date:** 09/11/2023      **SOD #**ECDG13      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.54(4)(d)

**Date:** 05/22/2023      **SOD #**ECDG12      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.22(1-4)

**Date:** 01/19/2023      **SOD #**ECDG11      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

### Complaint History (COVENANT OAKS--0008572)

**Date Complaint Received:** 10/03/2022

**Date Investigation Completed:** 10/04/2022

Subject Area(s)

PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

ECDG11

**This is Page 81 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** FOSTER COMMUNITY CORRECTIONS CENTER (110377)

**Address:** 5706 ODANA RD, MADISON, WI 53719

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/28/1994 12:00:00AM

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

### Survey History

**Survey ID:** 0145366    **End Date:** 11/03/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #8VK112    Served 01/24/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	1/28/25	Yes

**Survey ID:** 0144028    **End Date:** 08/08/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #8VK111    Served 08/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	11/3/23	Yes

***This is Page 82 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Enforcement History (FOSTER COMMUNITY CORRECTIONS CENTER--110377)

**Date:** 01/24/2024      **SOD #**8VK112      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

**Date:** 08/28/2023      **SOD #**8VK111      **Appealed:** No

Sanctions

ORDER TO COMPLY

**This is Page 83 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** Hammersley House (0020250)

**Address:** 5222 Hammersley Road, Madison, WI 53711

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 08/01/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0147153      **End Date:** 08/01/2024      **Type:** INITIAL      **Purpose:** CHOW--DESK REVIEW

**Results:** LICENSE/CERT/REGISTRATION ISSUED

**This is Page 84 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** HANNAHS HOUSE WEST (0015882)

**Address:** 510 N GAMMON RD, MADISON, WI 53717

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0148147    **End Date:** 09/23/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ILRL11    Served 11/22/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT		
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED		
83.37(1)(j)	PROOF-OF-USE RECORD		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.45(3)	TOXIC SUBSTANCES		

***This is Page 85 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

**Survey ID:** 0144849    **End Date:** 10/24/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #EZB312    Served 11/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	1/1/24	Yes

---

**Survey ID:** 0143513    **End Date:** 04/17/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #EZB311    Served 06/29/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	10/20/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	10/20/23	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	10/20/23	Yes
83.47(2)(d)	FIRE DRILLS	10/20/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	10/20/23	Yes
83.47(3)	FIRE INSPECTION	10/20/23	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	10/20/23	Yes

---

**Survey ID:** 0139821    **End Date:** 05/13/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 86 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Enforcement History (HANNAHS HOUSE WEST--0015882)

**Date:** 11/22/2024      **SOD #**ILRL11      **Appealed:**      **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---50.09(1)(e)  
FORFEITURE---83.32(3)(h)  
FORFEITURE---83.43(1)

**Date:** 11/16/2023      **SOD #**EZB312      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 06/28/2023      **SOD #**EZB311      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.35(1)(c)  
FORFEITURE---83.43(1)

**Date:** 03/17/2022      **SOD #**S6VU11      **Appealed:**

Sanctions

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

***This is Page 87 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** Harbor at Renaissance (The) (0018781)

**Address:** 602 N Segoe Road, Madison, WI 53705

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/14/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0144816      **End Date:** 11/08/2023      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143512      **End Date:** 04/20/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #4JR311      Served 06/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	11/8/23	Yes
83.27(2)(d)	WAIVER NEEDING MORE THAN 3 HOURS	11/8/23	Yes
	NURSING CARE		
83.38(1)(g)	HEALTH MONITORING	11/8/23	Yes

**Survey ID:** 0142552      **End Date:** 03/17/2023      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 88 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***



## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0141952    **End Date:** 01/13/2023    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #BZY511    Served 01/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.19	ORIENTATION	3/17/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	3/17/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	3/17/23	Yes
83.28(6)	RESIDENT RIGHTS, GRIEVANCE PROCEDURE, RULES	3/17/23	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	3/17/23	Yes
83.41(3)(b)	FOOD SAFETY	3/17/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	3/17/23	Yes

**Survey ID:** 0139406    **End Date:** 04/14/2022    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

### Enforcement History (Harbor at Renaissance (The)--0018781)

**Date:** 06/28/2023    **SOD #**4JR311    **Appealed:**    **Decision:** PENDING

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.38(1)(g)

**Date:** 01/26/2023    **SOD #**BZY511    **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY  
FORFEITURE---83.19  
FORFEITURE---83.20(2)(a)-(d)  
FORFEITURE---83.21 (1)-(3)

***This is Page 89 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Complaint History (Harbor at Renaissance (The)--0018781)

**Date Complaint Received: 03/30/2023**

**Date Investigation Completed: 04/20/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

4JR311

**This is Page 90 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** Hope Reality, LLC (0018161)

**Address:** 5510 Forge Drive, Madison, WI 53716

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/06/2021 12:00:00AM

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

### Survey History

**Survey ID:** 0141983    **End Date:** 01/23/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #L8W612    Served 01/31/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	3/17/23	Yes

**Survey ID:** 0141323    **End Date:** 08/15/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #L8W611    Served 11/10/2022

<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	1/23/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	1/23/23	Yes
83.31(4)(c)	INVOLUNTARY DISCHARGE NOTICE REQUIREMENTS	1/23/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/23/23	Yes

***This is Page 91 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

83.37(1)(h)

SCHEDULED PSYCHOTROPIC MEDICATIONS

1/23/23

Yes

### Enforcement History (Hope Reality, LLC--0018161)

**Date: 01/31/2023**      **SOD #L8W612**      **Appealed: No**

Sanctions

ORDER TO COMPLY

**Date: 11/10/2022**      **SOD #L8W611**      **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.21(1-3)

FORFEITURE---83.41(4)(c)

**This is Page 92 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** Madison AL Operations LLC (0019059)

**Address:** 1601 Wheeler Rd, Madison, WI 53704

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/19/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0147721    **End Date:** 08/16/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #KRV011    Served 10/01/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.35(2)	TEMPORARY SERVICE PLAN		
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(1)(b)	MEDICATION LABEL PERMANENTLY ATTACHED		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		
83.38(1)(h)	MEDICATION ADMINISTRATION		
83.38(1)(k)	TRANSPORTATION		

**This is Page 93 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.40	OXYGEN STORAGE
83.41(3)(b)	FOOD SAFETY
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS
83.45(3)	TOXIC SUBSTANCES
83.46(1)(a)	COMFORTABLE AND SAFE TEMPERATURES
83.47(2)(d)	FIRE DRILLS
83.47(2)(e)	OTHER EVACUATION DRILLS

---

**Survey ID:** 0146520    **End Date:** 05/16/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**Survey ID:** 0145834    **End Date:** 01/12/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #LQL013    Served 03/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	5/16/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	5/16/24	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	5/16/24	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	5/16/24	Yes

---

**Survey ID:** 0144744    **End Date:** 10/05/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #VWSN11    Served 11/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.44(2)(b)	TOILET AND BATHING AREA	9/21/23	Yes

---

***This is Page 94 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0144193    **End Date:** 07/25/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #LQL012    Served 09/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	1/12/24	No

**Survey ID:** 0143177    **End Date:** 03/29/2023    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #LQL011    Served 05/24/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(1)-(3)	ALL EMPLOYEE TRAINING	7/25/23	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	7/25/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	7/25/23	No
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	7/25/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	7/25/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	7/25/23	Yes

**Survey ID:** 0141676    **End Date:** 12/22/2022    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

***This is Page 95 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (Madison AL Operations LLC--0019059)

**Date: 10/01/2024**      **SOD #KRV011**      **Appealed:**      **Decision: PENDING**

Sanctions

ORDER TO COMPLY

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

FORFEITURE---83.35(1)(a)

FORFEITURE---83.35(1)(d)

**Date: 03/13/2024**      **SOD #LQL013**      **Appealed: No**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

FORFEITURE---83.32(3)(i)

FORFEITURE---83.37(1)(j)

**Date: 11/07/2023**      **SOD #VWSN11**      **Appealed: No**

Sanctions

ORDER TO COMPLY

**Date: 09/13/2023**      **SOD #LQL012**      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

***This is Page 96 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***



## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date:** 05/24/2023

**SOD #**LQL011

**Appealed:**

### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

FORFEITURE---83.21(1-3)

FORFEITURE---83.32(3)(d)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.32(3)(i)

FORFEITURE---83.35(1)(a)

FORFEITURE---83.35(3)(d)

**This is Page 97 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Complaint History (Madison AL Operations LLC--0019059)

**Date Complaint Received: 07/23/2024**

**Date Investigation Completed: 08/12/2024**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 03/25/2024**

**Date Investigation Completed: 05/16/2024**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 01/02/2024**

**Date Investigation Completed: 01/02/2024**

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

Result  
SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
LQL013  
LQL013  
LQL013

**Date Complaint Received: 09/06/2023**

**Date Investigation Completed: 10/05/2023**

Subject Area(s)  
PROGRAM SERVICES  
PROGRAM SERVICES

Result  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
VWSN11  
VWSN11

**Date Complaint Received: 06/20/2023**

**Date Investigation Completed: 07/25/2023**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 03/28/2023**

**Date Investigation Completed: 03/30/2023**

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

***This is Page 98 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 03/24/2023**

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 03/29/2023**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 03/14/2023**

Subject Area(s)

ADMINISTRATION  
PROGRAM SERVICES  
RESIDENT RIGHTS

**Date Investigation Completed: 03/29/2023**

Result

SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #

LQL011  
  
LQL011

**This is Page 99 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** MADISON POINTE SENIOR LIVING (0015621)

**Address:** 705 ZIEGLER RD, MADISON, WI 53714

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/2016 12:00:00AM

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

### Survey History

**Survey ID:** 0146117      **End Date:** 04/09/2024      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143840      **End Date:** 07/31/2023      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143358      **End Date:** 04/03/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #W6Z611      Served 06/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	7/31/23	Yes
83.39(1)	INFECTION CONTROL PROGRAM	7/31/23	Yes

**Survey ID:** 0142202      **End Date:** 01/26/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 100 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0140263    **End Date:** 04/27/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #Y87R11    Served 07/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.41(3)(b)	FOOD SAFETY	9/10/22	Yes
83.43(2)(b)	CLEAN, COMFORTABLE MATTRESS AND PAD	9/10/22	Yes

### Enforcement History (MADISON POINTE SENIOR LIVING--0015621)

**Date:** 06/14/2023    **SOD #**W6Z611    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

**Date:** 07/27/2022    **SOD #**Y87R11    **Appealed:** No

Sanctions

ORDER TO COMPLY

***This is Page 101 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (MADISON POINTE SENIOR LIVING--0015621)

**Date Complaint Received: 03/04/2024**

**Date Investigation Completed: 04/09/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 03/28/2023**

**Date Investigation Completed: 04/03/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

W6Z611

**Date Complaint Received: 12/28/2022**

**Date Investigation Completed: 01/26/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 03/22/2022**

**Date Investigation Completed: 04/27/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

***This is Page 102 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** Maher Home (THE) (0013573)  
**Address:** 5225 Maher Ave, Madison, WI 53716  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/02/1993 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0145129      **End Date:** 12/13/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142735      **End Date:** 03/30/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (Maher Home (THE)--0013573)

**Date Complaint Received:** 10/26/2023

**Date Investigation Completed:** 12/05/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

***This is Page 103 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** NORTHPORT GROUP HOME (110130)

**Address:** 1602 NORTHPORT DR, MADISON, WI 53704

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/31/1982 12:00:00AM

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

### Survey History

**Survey ID:** 0147785    **End Date:** 08/16/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #WKZG11    Served 10/09/2024

Deficiencies Cited  
83.32(3)(i)

Subject Area  
RIGHTS OF RESIDENTS: PROMPT AND  
ADEQUATE TREATMENT

Compliance  
Verified

Corrected

**Survey ID:** 0144679    **End Date:** 10/24/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 104 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***



## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

**Survey ID:** 0143913    **End Date:** 06/06/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #YG5611    Served 08/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	10/24/23	Yes
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	10/24/23	Yes
83.42(3)	ACCESS TO RESIDENT RECORDS	10/24/23	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	10/24/23	Yes

### Enforcement History (NORTHPORT GROUP HOME--110130)

**Date:** 10/09/2024    **SOD #**WKZG11    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

**Date:** 08/11/2023    **SOD #**YG5611    **Appealed:**

Sanctions

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

***This is Page 105 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Complaint History (NORTHPORT GROUP HOME--110130)

**Date Complaint Received: 07/31/2024**

**Date Investigation Completed: 08/02/2024**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
NOT RECORDED  
NOT RECORDED

**Date Complaint Received: 05/14/2023**

**Date Investigation Completed: 05/31/2023**

Subject Area(s)  
RESIDENT RIGHTS

Result  
SUBSTANTIATED

SOD #  
YG5611

***This is Page 106 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## 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 AUTUMN LANE II (0014642)

**Address:** 719 JUPITER DR, MADISON, WI 53718

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/21/2013 12:00:00AM

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

### Survey History

**Survey ID:** 0148613    **End Date:** 01/16/2025    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #16CP11    Served 01/28/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	1/16/25	Yes

**Survey ID:** 0146313    **End Date:** 05/02/2024    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145821    **End Date:** 01/10/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #Q29H18    Served 03/08/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	5/2/24	Yes

***This is Page 107 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0145470    **End Date:** 11/22/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ZV1411    Served 02/05/2024

<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	5/2/24	Yes

---

**Survey ID:** 0145540    **End Date:** 10/11/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #UFS813    Served 02/08/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	5/2/24	Yes

---

**Survey ID:** 0144540    **End Date:** 08/17/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #Q29H17    Served 10/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT	1/10/24	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	1/10/24	Yes

---

***This is Page 108 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0143838    **End Date:** 06/22/2023    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #UFS812    Served 08/04/2023

<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	10/11/23	No
83.45(3)	TOXIC SUBSTANCES	10/11/23	Yes

**Survey ID:** 0143352    **End Date:** 05/04/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #Q29H16    Served 06/14/2023

<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	8/17/23	Yes

**Survey ID:** 0142700    **End Date:** 01/04/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #UFS811    Served 04/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	6/22/23	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	6/22/23	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	6/22/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	6/22/23	No

***This is Page 109 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142170 End Date: 10/28/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q29H15 Served 02/15/2023

<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	5/4/23	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	5/4/23	Yes
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	5/4/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	5/4/23	No
83.25	CONTINUING EDUCATION	5/4/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	5/4/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	5/4/23	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	5/4/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	5/4/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	5/4/23	No
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	5/4/23	Yes
83.38(1)(g)	HEALTH MONITORING	5/4/23	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	5/4/23	Yes
83.47(2)(d)	FIRE DRILLS	5/4/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	5/4/23	Yes

***This is Page 110 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0140641    **End Date:** 06/02/2022    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #Q29H14    Served 09/06/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	10/28/22	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/28/22	No
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	10/28/22	No

**Survey ID:** 0138887    **End Date:** 02/03/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #SYL411    Served 03/07/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY	6/2/22	
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	6/2/22	Yes

***This is Page 111 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (OAK PARK PLACE AUTUMN LANE II--0014642)

**Date:** 03/08/2024      **SOD #**Q29H18      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.35(3)(c)

**Date:** 02/08/2024      **SOD #**UFS813      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.43(1)

**Date:** 10/17/2023      **SOD #**Q29H17      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---50.09(1)(e)  
FORFEITURE---83.32(3)(i)

**Date:** 08/03/2023      **SOD #**UFS812      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.43(1)

**Date:** 06/14/2023      **SOD #**Q29H16      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.35(3)(d)

***This is Page 112 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***



## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date:** 04/11/2023

**SOD #**UFS811

**Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(i)

FORFEITURE---83.43(1)

---

**Date:** 02/15/2023

**SOD #**Q29H15

**Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.12 (5)(a)

FORFEITURE---83.14(2)(a)

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

FORFEITURE---83.25

FORFEITURE---83.32(3)(h)

FORFEITURE---83.34 (3)

FORFEITURE---83.35(1)(a)

FORFEITURE---83.35(1)(C)

FORFEITURE---83.35(1)(g)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37(1)(h)

---

**Date:** 09/06/2022

**SOD #**Q29H14

**Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.35(3)(a)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37(1)(h)

---

***This is Page 113 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date: 03/14/2022**      **SOD #Q29H13**

**Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.37(1)(h)

---

**Date: 03/07/2022**      **SOD #SYL411**

**Appealed: No**

Sanctions

ORDER TO COMPLY

**This is Page 114 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## 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 AUTUMN LANE II--0014642)

**Date Complaint Received: 12/26/2024**

**Date Investigation Completed: 01/16/2025**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

16CP11

**Date Complaint Received: 12/28/2023**

**Date Investigation Completed: 01/02/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

Q29H18

**Date Complaint Received: 10/05/2023**

**Date Investigation Completed: 11/22/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 07/18/2023**

**Date Investigation Completed: 08/16/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

Q29H17

PROGRAM SERVICES

SUBSTANTIATED

Q29H17

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 06/09/2023**

**Date Investigation Completed: 06/22/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

UFS812

RESIDENT RIGHTS

SUBSTANTIATED

UFS812

**Date Complaint Received: 05/26/2023**

**Date Investigation Completed: 06/22/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

***This is Page 115 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

**Date Complaint Received: 12/19/2022**

**Date Investigation Completed: 01/03/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 12/08/2022**

**Date Investigation Completed: 01/03/2023**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

UFS811

PROGRAM SERVICES

SUBSTANTIATED

UFS811

RESIDENT RIGHTS

SUBSTANTIATED

UFS811

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

UFS811

**Date Complaint Received: 12/02/2022**

**Date Investigation Completed: 01/03/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 08/23/2022**

**Date Investigation Completed: 10/26/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 05/17/2022**

**Date Investigation Completed: 06/02/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 02/01/2022**

**Date Investigation Completed: 02/03/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

SYL411

***This is Page 116 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## 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 AUTUMN LANE (0011449)  
**Address:** 702 JUPITER DR, MADISON, WI 53718  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/01/2006 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0140560      **End Date:** 08/17/2022      **Type:** STANDARD      **Purpose:** SURVEY/VV  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (OAK PARK PLACE AUTUMN LANE--0011449)

**Date:** 04/15/2022      **SOD #** 1J6T11      **Appealed:** Yes      **Decision:** STIPULATION

Sanctions

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

### Complaint History (OAK PARK PLACE AUTUMN LANE--0011449)

**Date Complaint Received:** 02/09/2022      **Date Investigation Completed:** 04/15/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Result

NOT SUBSTANTIATED

SOD #

***This is Page 117 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## 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 NAKOMA (0017289)

**Address:** 4327 NAKOMA RD, MADISON, WI 53711

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/04/2019 12:00:00AM

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

### Survey History

**Survey ID:** 0147133    **End Date:** 07/12/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145398    **End Date:** 01/18/2024    **Type:** OTHER    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144708    **End Date:** 10/13/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #2HW015    Served 11/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	1/18/24	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	1/18/24	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	1/18/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	1/18/24	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	1/18/24	Yes

***This is Page 118 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	1/18/24	Yes
83.37(1)(b)	MEDICATION LABEL PERMANENTLY ATTACHED	1/18/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	1/18/24	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	1/18/24	Yes

**Survey ID:** 0144710    **End Date:** 09/01/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #4BI011    Served 11/03/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	7/12/23	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	7/12/23	Yes

**Survey ID:** 0143660    **End Date:** 06/20/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #D0TF11    Served 07/18/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	9/1/23	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	9/1/23	Yes

***This is Page 119 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143648 End Date: 05/17/2023 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2HW014 Served 07/17/2023

<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	10/11/23	No
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	10/11/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/11/23	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	10/11/23	No
83.38(1)(c)	LEISURE TIME ACTIVITIES	10/11/23	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	10/11/23	No
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	10/11/23	Yes

**This is Page 120 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***



## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142275    End Date: 11/22/2022    Type: STANDARD    Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2HW013    Served 02/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.13(1)(d)	MAINTAIN RECORDS HEATING SYSTEM MAINTENANCE	5/16/23	Yes
83.13(1)(i)	MAINTAIN RECORDS OF ANNUAL FIRE INSPECTION	5/16/23	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	5/16/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	5/16/23	No
83.25	CONTINUING EDUCATION	5/16/23	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	5/16/23	No
83.35(1)(d)	RETAIN WRITTEN REPORT OF ASSESSMENT	5/16/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	5/16/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	5/16/23	No
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	5/16/23	No
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	5/16/23	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	5/16/23	Yes
83.38(1)(g)	HEALTH MONITORING	5/16/23	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	5/16/23	No
83.47(2)(d)	FIRE DRILLS	5/16/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	5/16/23	Yes

**This is Page 121 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0140764    **End Date:** 06/06/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #2HW012    Served 09/15/2022

Deficiencies Cited

83.35(3)(c)

Subject Area

IMPLEMENT, FOLLOW THE INDIVIDUAL  
SERVICE PLAN

Compliance

Verified

11/22/23

Corrected

Yes

**This is Page 122 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (OAK PARK PLACE OF NAKOMA--0017289)

**Date:** 11/06/2023      **SOD #**2HW015      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS  
ORDER TO COMPLY  
FORFEITURE---83.12(5)(a)  
FORFEITURE---83.14(2)(a)  
FORFEITURE---83.20(2)(a-d)  
FORFEITURE---83.32(3)(h)  
FORFEITURE---83.36(1)(a)  
FORFEITURE---83.36(1)(b)2  
FORFEITURE---83.38(1)(h)

**Date:** 11/03/2023      **SOD #**4BI011      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.36(1)(b)

**Date:** 07/17/2023      **SOD #**2HW014      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.20(2)(a-d)  
FORFEITURE---83.28(4)(a)  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.36(1)(a)  
FORFEITURE---83.38(1)(h)

**This is Page 123 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date: 02/23/2023**      **SOD #2HW013**      **Appealed:**

Sanctions

ORDER TO COMPLY

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

FORFEITURE---83.25

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(g)

---

**Date: 09/15/2022**      **SOD #2HW012**      **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.31(4)(a)

---

**Date: 03/01/2022**      **SOD #2HW011**      **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.35(3)(c)

**This is Page 124 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## 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 NAKOMA--0017289)

**Date Complaint Received: 05/09/2024**

**Date Investigation Completed: 06/27/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 01/10/2024**

**Date Investigation Completed: 01/18/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 12/05/2023**

**Date Investigation Completed: 01/18/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 10/10/2023**

**Date Investigation Completed: 10/11/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

2HW015

RESIDENT RIGHTS

SUBSTANTIATED

2HW015

**Date Complaint Received: 10/03/2023**

**Date Investigation Completed: 10/13/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

2HW015

**Date Complaint Received: 07/30/2023**

**Date Investigation Completed: 10/11/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

***This is Page 125 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 07/24/2023**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 08/31/2023**

Result  
SUBSTANTIATED

SOD #  
4BI011

**Date Complaint Received: 05/30/2023**

Subject Area(s)  
ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

**Date Investigation Completed: 06/20/2023**

Result  
NOT SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #  
D0TF11

**Date Complaint Received: 05/02/2023**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 05/17/2023**

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 10/25/2022**

Subject Area(s)  
RESIDENT RIGHTS

**Date Investigation Completed: 11/21/2022**

Result  
SUBSTANTIATED

SOD #  
2HW013

**This is Page 126 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** OAKWOOD KNOLL (0009395)

**Address:** 5565 TANCHO DR, MADISON, WI 53718

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2002 12:00:00AM

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

### Survey History

**Survey ID:** 0148444    **End Date:** 12/17/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0147780    **End Date:** 09/27/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145611    **End Date:** 12/08/2023    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #DTMF11    Served 02/14/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	9/27/24	Yes
83.25	CONTINUING EDUCATION	9/27/24	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	9/27/24	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	9/27/24	No
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	9/27/24	Yes

***This is Page 127 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.45(3)

TOXIC SUBSTANCES

9/27/24

Yes

**Survey ID:** 0139226    **End Date:** 04/06/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (OAKWOOD KNOLL--0009395)

**Date:** 02/14/2024    **SOD #**DTMF11    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.25

**Date:** 01/24/2022    **SOD #**6DUX12    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.38(1)(i)

### Complaint History (OAKWOOD KNOLL--0009395)

**Date Complaint Received:** 09/17/2024

**Date Investigation Completed:** 12/17/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received:** 09/13/2024

**Date Investigation Completed:** 12/17/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

***This is Page 128 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***



## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** OAKWOOD MEADOWS (0011119)

**Address:** 5565 TANCHO DR, MADISON, WI 53718

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2006 12:00:00AM

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

### Survey History

**Survey ID:** 0147238    **End Date:** 06/27/2024    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #BEGP11    Served 08/06/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF		
83.35(3)(c)	MISTREATMENT		
83.47(2)(e)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN OTHER EVACUATION DRILLS		

**Survey ID:** 0143662    **End Date:** 07/11/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #24X611    Served 07/18/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(3)	TOXIC SUBSTANCES	9/1/23	Yes

***This is Page 129 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0141891    **End Date:** 01/05/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141057    **End Date:** 10/10/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #WYHN11    Served 10/17/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	12/1/22	Yes

**Survey ID:** 0140902    **End Date:** 07/18/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #JG4511    Served 10/03/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	1/5/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	1/5/23	Yes
83.47(2)(d)	FIRE DRILLS	1/5/23	Yes

**This is Page 130 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (OAKWOOD MEADOWS--0011119)

**Date:** 08/06/2024      **SOD #** BEGP11      **Appealed:** No

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.35(3)(c)

**Date:** 10/03/2022      **SOD #** JG4511      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.20(2)(a)-(d)

### Complaint History (OAKWOOD MEADOWS--0011119)

**Date Complaint Received:** 07/06/2023

**Date Investigation Completed:** 07/11/2023

Subject Area(s)  
PROGRAM SERVICES

Result      SOD #  
NOT SUBSTANTIATED

**Date Complaint Received:** 10/04/2022

**Date Investigation Completed:** 10/04/2022

Subject Area(s)  
PROGRAM SERVICES

Result      SOD #  
NOT SUBSTANTIATED

***This is Page 131 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** OAKWOOD SEASONS (0009394)

**Address:** 5565 TANCHO DR, MADISON, WI 53718

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2002 12:00:00AM

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

### Survey History

**Survey ID:** 0146666    **End Date:** 06/04/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144293    **End Date:** 09/12/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143626    **End Date:** 05/04/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #KHPH11    Served 07/14/2023

Deficiencies Cited  
83.32(3)(h)

Subject Area  
RIGHTS OF RESIDENTS: TO RECEIVE  
MEDICATION

Compliance  
Verified  
9/12/23

Corrected  
Yes

***This is Page 132 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142916 End Date: 02/21/2023 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XX1C11 Served 04/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	9/12/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/12/23	Yes

### Enforcement History (OAKWOOD SEASONS--0009394)

Date: 07/13/2023 SOD #KHPH11 Appealed: Decision: PENDING

Sanctions

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

Date: 04/28/2023 SOD #XX1C11 Appealed: Decision: PENDING

Sanctions

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

### Complaint History (OAKWOOD SEASONS--0009394)

Date Complaint Received: 03/21/2023 Date Investigation Completed: 05/04/2023

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

***This is Page 133 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** OAKWOOD VILLAGE TABOR OAKS (110198)  
**Address:** 6175 MINERAL POINT RD, MADISON, WI 53705  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/01/1993 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0146231    **End Date:** 04/19/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145630    **End Date:** 12/20/2023    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #JDJH11    Served 12/16/2023

Deficiencies Cited  
83.32(3)(h)

Subject Area  
RIGHTS OF RESIDENTS: TO RECEIVE  
MEDICATION

Compliance  
Verified  
4/19/24

Corrected  
Yes

**Survey ID:** 0145138    **End Date:** 12/07/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144428    **End Date:** 09/28/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 134 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0143808    **End Date:** 06/27/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #DL2411    Served 08/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	9/28/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	9/28/23	Yes

---

**Survey ID:** 0143388    **End Date:** 06/07/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**Survey ID:** 0142513    **End Date:** 03/09/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**Survey ID:** 0141927    **End Date:** 01/17/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**Survey ID:** 0141970    **End Date:** 10/20/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #BEHR12    Served 02/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	6/7/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	6/7/23	Yes

---

***This is Page 135 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0141668    **End Date:** 09/16/2022    **Type:** OTHER    **Purpose:** SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #T2Y111    Served 12/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	3/9/23	Yes
83.38(1)(b)	SUPERVISION	3/9/23	Yes

**Survey ID:** 0141115    **End Date:** 06/28/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #T06011    Served 10/25/2022

<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	1/17/23	Yes

**Survey ID:** 0140219    **End Date:** 04/21/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #BEHR11    Served 07/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	10/20/22	No
83.21(1)-(3)	ALL EMPLOYEE TRAINING	10/20/22	No

***This is Page 136 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***



## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (OAKWOOD VILLAGE TABOR OAKS--110198)

**Date: 02/16/2024**      **SOD #JDJH11**      **Appealed: No**

Sanctions

ORDER TO COMPLY

**Date: 08/07/2023**      **SOD #DL2411**      **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

**Date: 02/16/2023**      **SOD #BEHR12**      **Appealed:**

Sanctions

ORDER TO COMPLY

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

FORFEITURE---83.21(1-3)

**Date: 12/21/2022**      **SOD #T2Y111**      **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.38(1)(b)

**Date: 10/25/2022**      **SOD #T06011**      **Appealed: No**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.36(1)(a)

**Date: 07/25/2022**      **SOD #BEHR11**      **Appealed:**

Sanctions

ORDER TO COMPLY

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

FORFEITURE---83.21(1-3)

***This is Page 137 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (OAKWOOD VILLAGE TABOR OAKS--110198)

**Date Complaint Received: 01/25/2024**

**Date Investigation Completed: 04/19/2024**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 12/05/2023**

**Date Investigation Completed: 12/20/2023**

Subject Area(s)  
RESIDENT RIGHTS

Result  
SUBSTANTIATED

SOD #  
JDJH11

**Date Complaint Received: 11/20/2023**

**Date Investigation Completed: 12/05/2023**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 05/31/2023**

**Date Investigation Completed: 06/27/2023**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
DL2411

**Date Complaint Received: 01/09/2023**

**Date Investigation Completed: 01/18/2023**

Subject Area(s)  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 06/21/2022**

**Date Investigation Completed: 06/28/2022**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

Result  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
T06011  
T06011

***This is Page 138 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** OFFSHORE GROUP HOME (110075)

**Address:** 6418 OFFSHORE DR, MADISON, WI 53705

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/31/1984 12:00:00AM

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

### Survey History

**Survey ID:** 0145189    **End Date:** 11/01/2023    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #9FWC11    Served 01/08/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	2/21/24	Yes

**Survey ID:** 0139646    **End Date:** 03/15/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #U7NI12    Served 05/24/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(2)(b)	TOILET AND BATHING AREA	7/8/22	Yes

***This is Page 139 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Enforcement History (OFFSHORE GROUP HOME--110075)

**Date:** 01/08/2024      **SOD #**9FWC11      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 05/24/2022      **SOD #**U7NI12      **Appealed:** No

Sanctions

ORDER TO COMPLY

**This is Page 140 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** PORCHLIGHT (110310)

**Address:** 902 NORTHPORT DR, MADISON, WI 53704

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/30/1992 12:00:00AM

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

### Survey History

**Survey ID:** 0144292    **End Date:** 09/13/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143000    **End Date:** 03/27/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #R38911    Served 05/09/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	9/13/23	Yes
83.13(1)(g)	MAINTAIN RECORDS OF QUARTERLY FIRE DRILLS	9/13/23	Yes
83.29(2)	ADMISSION AGREEMENT	9/13/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	9/13/23	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	9/13/23	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	9/13/23	Yes
83.41(3)(b)	FOOD SAFETY	9/13/23	Yes

***This is Page 141 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	9/13/23	Yes
83.44(1)(a)	ADEQUATE LAUNDRY APPLIANCES AVAILABLE	9/13/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	9/13/23	Yes

Survey ID: 0139741 End Date: 05/03/2022 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (PORCHLIGHT--110310)

Date: 05/09/2023 SOD #R38911 Appealed: No

#### Sanctions

ORDER TO COMPLY

### Complaint History (PORCHLIGHT--110310)

Date Complaint Received: 03/13/2023 Date Investigation Completed: 03/22/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	R38911

***This is Page 142 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** RISE AT OAKWOOD VILLAGE PRAIRIE RIDGE (THE) (0017713)

**Address:** 5565 TANCHU DR, MADISON, WI 53718

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/07/2019 12:00:00AM

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

### Survey History

**Survey ID:** 0148443      **End Date:** 01/02/2025      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146663      **End Date:** 06/05/2024      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144764      **End Date:** 10/31/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139948      **End Date:** 06/14/2022      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 143 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (RISE AT OAKWOOD VILLAGE PRAIRIE RIDGE (THE)--0017713)

**Date Complaint Received: 10/26/2024**

**Date Investigation Completed: 01/02/2025**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 09/15/2023**

**Date Investigation Completed: 10/31/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

***This is Page 144 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***



## Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

### Facility Information

**Facility Name:** SCHWERT AODA TREATMENT CENTER (110289)

**Address:** 3501 KIPLING DR, MADISON, WI 53704

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/08/1991 12:00:00AM

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

### Survey History

**Survey ID:** 0138716      **End Date:** 02/08/2022      **Type:** OTHER      **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Survey History

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

**This is Page 145 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** SEBRING ASSISTED CARE RESIDENCE (0015333)

**Address:** 7710 SOUTH BROOKLINE DRIVE, MADISON, WI 53719

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0148470    **End Date:** 10/11/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #Z1LL14    Served 01/08/2025

Deficiencies Cited  
83.36(1)(a)

Subject Area  
ADEQUATE STAFF TO MEET RESIDENT NEEDS

Compliance  
Verified

Corrected

**Survey ID:** 0147308    **End Date:** 07/09/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #Z1LL13    Served 08/13/2024

Deficiencies Cited  
83.32(3)(h)

Subject Area  
RIGHTS OF RESIDENTS: TO RECEIVE  
MEDICATION

Compliance  
Verified  
10/11/24

Corrected  
Yes

***This is Page 146 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0146072    **End Date:** 02/20/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #Z1LL12    Served 04/08/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.07	PROHIBITED ACTS	7/9/24	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	7/9/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	7/9/24	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	7/9/24	Yes
83.38(1)(g)	HEALTH MONITORING	7/9/24	Yes

**Survey ID:** 0144782    **End Date:** 11/03/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144902    **End Date:** 09/22/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #Z1LL11    Served 11/29/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.38(1)(g)	HEALTH MONITORING	2/20/24	No

***This is Page 147 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0143910    **End Date:** 06/02/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #KSK211    Served 08/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.25	CONTINUING EDUCATION	11/3/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	11/3/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	11/3/23	Yes

---

**Survey ID:** 0140172    **End Date:** 07/13/2022    **Type:** OTHER    **Purpose:** SELF REPORT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**Survey ID:** 0139237    **End Date:** 04/12/2022    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**Survey ID:** 0139043    **End Date:** 03/23/2022    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #D6QB12    Served 03/24/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	3/10/22	Yes

---

***This is Page 148 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139598    End Date: 02/10/2022    Type: OTHER    Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #62US14    Served 05/26/2022

<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	7/13/22	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	7/13/22	Yes
83.35(1)(b)	SOURCES USED FOR ASSESSMENT INFORMATION	7/13/22	Yes

**This is Page 149 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (SEBRING ASSISTED CARE RESIDENCE--0015333)

**Date:** 01/08/2025      **SOD #**Z1LL14      **Appealed:**      **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.36(1)(a)

**Date:** 08/13/2024      **SOD #**Z1LL13      **Appealed:**

Sanctions

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

**Date:** 04/08/2024      **SOD #**Z1LL12      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---50.07(b)  
FORFEITURE---83.15(3)(a)  
FORFEITURE---83.32(3)(h)  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.38(1)(g)

**Date:** 12/04/2023      **SOD #**Z1LL11      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.38(1)(g)

***This is Page 150 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date:** 08/11/2023      **SOD #**KSK211      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.25  
FORFEITURE---83.32(3)(h)  
FORFEITURE---83.37(2)(d)

---

**Date:** 05/26/2022      **SOD #**62US14      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.32(3)(i)

---

**Date:** 03/24/2022      **SOD #**D6QB12      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS  
ORDER TO COMPLY  
ACCRUING FORFEITURE

---

**Date:** 01/24/2022      **SOD #**D6QB11      **Appealed:** No

Sanctions

ORDER TO COMPLY

**This is Page 151 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (SEBRING ASSISTED CARE RESIDENCE--0015333)

**Date Complaint Received: 08/27/2024**

**Date Investigation Completed: 10/08/2024**

Subject Area(s)  
ADMINISTRATION

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 08/19/2024**

**Date Investigation Completed: 10/08/2024**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
Z1LL14  
Z1LL14

**Date Complaint Received: 01/23/2024**

**Date Investigation Completed: 02/07/2024**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
Z1LL12

**Date Complaint Received: 01/04/2024**

**Date Investigation Completed: 02/07/2024**

Subject Area(s)  
RESIDENT RIGHTS

Result  
SUBSTANTIATED

SOD #  
Z1LL12

**Date Complaint Received: 12/15/2023**

**Date Investigation Completed: 02/07/2024**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
Z1LL12

**Date Complaint Received: 09/29/2023**

**Date Investigation Completed: 11/03/2023**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 08/10/2023**

**Date Investigation Completed: 09/12/2023**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
Z1LL11

**This is Page 152 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***



## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 08/01/2023**

**Date Investigation Completed: 09/12/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 04/05/2023**

**Date Investigation Completed: 05/31/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**This is Page 153 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** TELLURIAN ACEWOOD HOUSE (110326)

**Address:** 221 ACEWOOD BLVD, MADISON, WI 53714

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/31/1997 12:00:00AM

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

### Survey History

**Survey ID:** 0145623    **End Date:** 01/03/2024    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #HUT711    Served 02/15/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.47(2)(d)	FIRE DRILLS		
83.47(2)(e)	OTHER EVACUATION DRILLS		
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS		

**Survey ID:** 0142309    **End Date:** 02/23/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 154 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

**Survey ID:** 0141583    **End Date:** 09/08/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #1F3I12    Served 12/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	2/23/23	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	2/23/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	2/23/23	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	2/23/23	Yes

### Enforcement History (TELLURIAN ACEWOOD HOUSE--110326)

**Date:** 02/15/2024    **SOD #**HUT711    **Appealed:**    **Decision:** PENDING

#### Sanctions

ORDER TO COMPLY  
FORFEITURE---83.21(1-3)

**Date:** 12/13/2022    **SOD #**1F3I12    **Appealed:**

#### Sanctions

ORDER TO COMPLY  
FORFEITURE---83.17(2)(a)  
FORFEITURE---83.37(1)(e)  
FORFEITURE---83.47(2)(e)  
FORFEITURE---83.48(1)(b)

***This is Page 155 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

### Facility Information

**Facility Name:** TELLURIAN CRAWFORD HOUSE (110366)

**Address:** 4326 CRAWFORD DR, MADISON, WI 53711

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/26/1994 12:00:00AM

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

### Survey History

**Survey ID:** 0147422    **End Date:** 08/22/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146476    **End Date:** 04/18/2024    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ZSEU11    Served 05/22/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	8/22/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	8/22/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	8/22/24	Yes

**Survey ID:** 0144815    **End Date:** 11/07/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 156 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

**Survey ID:** 0141308    **End Date:** 07/27/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ZW8313    Served 11/09/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.04(2)(e)	CLASS C SEMI-AMBULATORY (CS)	11/7/23	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	11/7/23	Yes
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION	11/7/23	Yes

**Survey ID:** 0139595    **End Date:** 02/17/2022    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ZW8312    Served 05/26/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	7/26/22	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	7/26/22	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	7/26/22	Yes

***This is Page 157 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

### Enforcement History (TELLURIAN CRAWFORD HOUSE--110366)

**Date:** 05/22/2024      **SOD #**ZSEU11      **Appealed:** No

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.43(1)

**Date:** 11/09/2022      **SOD #**ZW8313      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.35(5)(b)  
FORFEITURE---83.37(2)(d)

**Date:** 05/26/2022      **SOD #**ZW8312      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.37(1)(e)  
FORFEITURE---83.37(2)(d)

**This is Page 158 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** TIMBERWOOD LODGE LLC (0017222)

**Address:** 7102 TIMBERWOOD DR, MADISON, WI 53719

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/23/2018 12:00:00AM

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

### Survey History

**Survey ID:** 0141511      **End Date:** 11/09/2022      **Type:** OTHER      **Purpose:** SURVEY/VV

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #LMGY12    Served 12/07/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(3)	TOXIC SUBSTANCES	11/9/22	Yes

**Survey ID:** 0140509      **End Date:** 07/14/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #LMGY11    Served 08/19/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE	11/9/22	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	11/9/22	Yes

***This is Page 159 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (TIMBERWOOD LODGE LLC--0017222)

**Date:** 12/07/2022      **SOD #**LMGY12      **Appealed:** No

Sanctions  
ORDER TO COMPLY

**Date:** 08/19/2022      **SOD #**LMGY11      **Appealed:** No

Sanctions  
ORDER TO COMPLY

### Complaint History (TIMBERWOOD LODGE LLC--0017222)

**Date Complaint Received:** 07/19/2022

**Date Investigation Completed:** 07/14/2022

Subject Area(s)  
ADMINISTRATION  
RESIDENT RIGHTS

Result  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
LMGY11  
LMGY11

***This is Page 160 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***



## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** TRADITIONS OF MADISON (0018175)

**Address:** 734 MESTA LANE, MADISON, WI 53704

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/03/2021 12:00:00AM

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

### Survey History

**Survey ID:** 0147217    **End Date:** 06/20/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #6XI915    Served 08/05/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.41(3)(b)	FOOD SAFETY		

***This is Page 161 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0146084    **End Date:** 02/08/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #6XI914    Served 04/09/2024

<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	6/20/24	No
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	6/20/24	Yes
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION	6/20/24	Yes

**Survey ID:** 0144870    **End Date:** 09/05/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #6XI913    Served 12/04/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	2/8/24	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	2/8/24	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	2/8/24	Yes
83.39(5)	PETS VACCINATED	2/8/24	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	2/8/24	Yes
83.47(2)(d)	FIRE DRILLS	2/8/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	2/8/24	Yes

***This is Page 162 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142994 End Date: 02/02/2023 Type: STANDARD Purpose: SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6XI912 Served 05/09/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	9/5/23	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	9/5/23	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	9/5/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	11/21/23	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/5/23	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	9/5/23	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	9/5/23	No
83.39(5)	PETS VACCINATED	9/5/23	No
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	9/5/23	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	9/5/23	Yes
83.45(3)	TOXIC SUBSTANCES	9/5/23	Yes
83.47(2)(d)	FIRE DRILLS	9/5/23	No
83.47(2)(e)	OTHER EVACUATION DRILLS	9/5/23	No
83.47(3)	FIRE INSPECTION	9/5/23	Yes
83.48(3)(b)	SENSITIVITY TESTING PERFORMED	9/5/23	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	9/5/23	Yes

**This is Page 163 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0140787    **End Date:** 08/10/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #6XI911    Served 09/19/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	2/2/23	Yes
83.34(2)(b)	ACCOUNTING METHOD FOR TRACKING RESIDENT CASH	2/2/23	Yes

---

**Survey ID:** 0140619    **End Date:** 05/23/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #H5KO12    Served 08/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	2/2/23	Yes

***This is Page 164 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (TRADITIONS OF MADISON--0018175)

**Date: 08/05/2024**      **SOD #6XI915**      **Appealed:**      **Decision: PENDING**

Sanctions

ORDER TO COMPLY

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

FORFEITURE---83.35(3)(d)

**Date: 04/09/2024**      **SOD #6XI914**      **Appealed:**

Sanctions

ORDER TO COMPLY

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

FORFEITURE---83.36(1)(b)

**Date: 12/04/2023**      **SOD #6XI913**      **Appealed: No**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.35(1)(a)

FORFEITURE---83.37(1)(h)

FORFEITURE---83.42(1)

FORFEITURE---83.47(2)(d)

FORFEITURE---83.47(2)(f)

**Date: 05/09/2023**      **SOD #6XI912**      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.32(3)(d)

FORFEITURE---83.35(1)(a)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.35(5)(b)

**This is Page 165 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date:** 09/19/2022      **SOD #**6XI911      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 08/31/2022      **SOD #**H5KO12      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.47(4)(a)

**Date:** 02/01/2022      **SOD #**H5KO11      **Appealed:** No

Sanctions

ORDER TO COMPLY

### Complaint History (TRADITIONS OF MADISON--0018175)

**Date Complaint Received:** 05/16/2024

**Date Investigation Completed:** 06/19/2024

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 03/22/2024

**Date Investigation Completed:** 06/19/2024

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

6XI915

**Date Complaint Received:** 09/19/2023

**Date Investigation Completed:** 02/08/2024

Subject Area(s)

PROGRAM SERVICES

RESIDENT RIGHTS

STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SUBSTANTIATED

SOD #

6XI914

**Date Complaint Received:** 07/28/2023

**Date Investigation Completed:** 09/05/2023

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

***This is Page 166 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** VISTA WEST (0018637)

**Address:** 150 BELLA VISTA DRIVE, MADISON, WI 53717

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0146062    **End Date:** 03/27/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145306    **End Date:** 10/20/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #SUJW11    Served 01/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	3/27/24	Yes
83.38(1)(b)	SUPERVISION	3/27/24	Yes
83.45(3)	TOXIC SUBSTANCES	3/27/24	Yes
83.47(2)(d)	FIRE DRILLS	3/27/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	3/27/24	Yes
83.47(2)(f)	HORIZONTAL EVACUATION	3/27/24	Yes

**Survey ID:** 0139262    **End Date:** 04/07/2022    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 167 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (VISTA WEST--0018637)

**Date:** 01/26/2024

**SOD #**SUJW11

**Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.25

FORFEITURE---83.38(1)(b)

**This is Page 168 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***



## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

### Facility Information

**Facility Name:** WHITNEY LODGE II (THE) (0011717)

**Address:** 209 N WHITNEY WAY, MADISON, WI 53705

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2007 12:00:00AM

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

### Survey History

**Survey ID:** 0146091      **End Date:** 04/04/2024      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145869      **End Date:** 01/10/2024      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #4IJ912      Served 03/13/2024

Deficiencies Cited  
83.20(2)(a)-(d)

Subject Area  
DEPARTMENT-APPROVED TRAINING COURSE

Compliance  
Verified

Corrected

***This is Page 169 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

**Survey ID:** 0144608    **End Date:** 08/22/2023    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #4IJ911    Served 10/25/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.14(1)(b)	LICENSEE: CAREGIVER BACKGROUND REQUIREMENTS	1/10/24	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	1/10/24	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/10/24	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	1/10/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	1/10/24	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	1/10/24	Yes
83.46(1)(f)	COMBUSTIBLES	1/10/24	Yes

**Survey ID:** 0143736    **End Date:** 07/11/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142871    **End Date:** 04/07/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #N13111    Served 04/25/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	7/11/23	Yes
83.38(1)(a)	PERSONAL CARE	7/11/23	Yes

***This is Page 170 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

**Survey ID:** 0142840    **End Date:** 01/06/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #8CB711    Served 04/24/2023

<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	7/11/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	7/11/23	Yes

---

**Survey ID:** 0140577    **End Date:** 08/18/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**Survey ID:** 0139167    **End Date:** 03/23/2022    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

83.29(2)	ADMISSION AGREEMENT	8/18/22	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	8/18/22	Yes

***This is Page 171 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

### Enforcement History (WHITNEY LODGE II (THE)--0011717)

**Date:** 03/13/2024      **SOD #**4IJ912      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.20(2)(a-d)

**Date:** 10/25/2023      **SOD #**4IJ911      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.20(2)a-d  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.35(5)(b)  
FORFEITURE---83.43(1)

**Date:** 04/21/2023      **SOD #**N13111      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.32(3)(d)  
FORFEITURE---83.38(1)(a)  
FORFEITURE---83.43(1)

**Date:** 06/27/2022      **SOD #**G08411      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.32(2)(d)

**Date:** 01/21/2022      **SOD #**Y2TZ11      **Appealed:** No

Sanctions

ORDER TO COMPLY

***This is Page 172 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

### Complaint History (WHITNEY LODGE II (THE)--0011717)

**Date Complaint Received: 04/02/2024**

**Date Investigation Completed: 04/04/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

**Date Complaint Received: 03/20/2023**

**Date Investigation Completed: 03/29/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

N13111

**Date Complaint Received: 12/20/2022**

**Date Investigation Completed: 01/05/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

8CB711

**Date Complaint Received: 02/14/2022**

**Date Investigation Completed: 03/25/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

***This is Page 173 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** WOMEN IN TRANSITION (110025)

**Address:** 2842 MOLAND ST, MADISON, WI 53704

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/30/1981 12:00:00AM

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

### Survey History

**Survey ID:** 0147952    **End Date:** 10/23/2024    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139488    **End Date:** 05/02/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #YX2W11    Served 05/03/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.31(4)(c)	INVOLUNTARY DISCHARGE NOTICE REQUIREMENTS	7/17/22	Yes

### Enforcement History (WOMEN IN TRANSITION--110025)

**Date:** 05/09/2022    **SOD #**YX2W11    **Appealed:** No

Sanctions

ORDER TO COMPLY

***This is Page 174 of 174 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***