

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 is a PDF (Adobe Acrobat) document and includes a total of 275.00 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: HOMETOWN ASSISTED LIVING INC (0013853)

Address: 2 HERITAGE LANE, BELLEVILLE, WI 53508

License Status: REGULAR

Licensed/Certified/Registered 10/01/2012 12:00:00AM

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

Survey History

Survey ID: 0146408 **End Date:** 05/06/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145502 **End Date:** 11/28/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GQR412 Served 02/07/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.21(1)-(3)	ALL EMPLOYEE TRAINING	5/6/24	Yes
83.29(2)	ADMISSION AGREEMENT	5/6/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	5/6/24	Yes
83.35(4)	RESIDENT SATISFACTION EVALUATION	5/6/24	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	5/6/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144213 **End Date:** 07/19/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GQR411 Served 09/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	11/27/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	11/27/23	No
83.38(1)(b)	SUPERVISION	11/27/23	Yes

Survey ID: 0143391 **End Date:** 06/12/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143016 **End Date:** 03/01/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TXSE14 Served 05/10/2023

<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	6/12/23	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	6/12/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	6/12/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	6/12/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141536 **End Date:** 12/06/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TXSE13 Served 12/08/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	3/1/23	Yes

Survey ID: 0140755 **End Date:** 08/16/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TXSE12 Served 09/15/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	12/6/22	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	12/6/22	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	12/6/22	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	12/26/22	Yes
83.38(1)(b)	SUPERVISION	12/6/22	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	12/6/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140829 End Date: 06/24/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OH0J11 Served 09/26/2022

<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	12/5/22	Yes
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	12/5/22	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	12/5/22	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	12/5/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139812 End Date: 05/13/2022 Type: OTHER Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TXSE11 Served 06/09/2022

<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	8/16/22	No
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	8/16/22	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	8/16/22	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	8/16/22	No
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	8/16/22	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	8/16/22	Yes
83.19	ORIENTATION	8/16/22	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	8/16/22	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	8/16/22	Yes
83.25	CONTINUING EDUCATION	8/16/22	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	8/16/22	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	8/16/22	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	8/16/22	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	8/16/22	No
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	8/16/22	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	8/16/22	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	8/16/22	No

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.41(3)(b)	FOOD SAFETY	8/16/22	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	8/16/22	No
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	8/16/22	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	8/16/22	Yes
83.48(3)(b)	SENSITIVITY TESTING PERFORMED	8/11/22	Yes

Survey ID: 0140398 End Date: 05/05/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RY4K11 Served 08/09/2022

<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	12/5/22	Yes
83.12(2)(c)	REPORT TO LAW ENFORCEMENT AND CORONER	12/5/22	Yes
83.12(5)(b)	NOTIFICATION: ABUSE AND NEGLECT ALLEGATIONS	12/5/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (HOMETOWN ASSISTED LIVING INC--0013853)

Date: 02/07/2024 **SOD #**GQR412 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.21(1-3)
FORFEITURE---83.35(3)(d)

Date: 09/13/2023 **SOD #**GQR411 **Appealed:**

Sanctions

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

Date: 05/10/2023 **SOD #**TXSE14 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.12(2)(a)
FORFEITURE---83.32(3)(d)
FORFEITURE---83.35(1)(a)

Date: 12/08/2022 **SOD #**TXSE13 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 09/26/2022 **SOD #**OH0J11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.14(2)(j)
FORFEITURE---83.32(3)(i)
FORFEITURE---83.38(1)(i)

Date: 09/15/2022 **SOD #**TXSE12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.12(2)(a)
FORFEITURE---83.15(3)(a)
FORFEITURE---83.35(3)(a)
FORFEITURE---83.37(1)(i)
FORFEITURE---83.38(1)(b)
FORFEITURE---83.46(1)(c)

Date: 08/09/2022 **SOD #**RY4K11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.12(2)(a)
FORFEITURE---83.12(2)(c)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 06/09/2022

SOD #TXSE11

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---83.15(3)(a)

FORFEITURE---83.19

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

FORFEITURE---83.25

FORFEITURE---83.35(3)(a)

FORFEITURE---83.36(1)(b)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (HOMETOWN ASSISTED LIVING INC--0013853)

Date Complaint Received: 07/07/2023

Date Investigation Completed: 07/19/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

GQR411

Date Complaint Received: 02/14/2023

Date Investigation Completed: 02/22/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

TXSE14

ADMINISTRATION

SUBSTANTIATED

TXSE14

Date Complaint Received: 08/09/2022

Date Investigation Completed: 08/16/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 06/08/2022

Date Investigation Completed: 06/24/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

OH0J11

PROGRAM SERVICES

SUBSTANTIATED

OH0J11

Date Complaint Received: 05/10/2022

Date Investigation Completed: 06/24/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

OH0J11

RESIDENT RIGHTS

SUBSTANTIATED

OH0J11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HOME AGAIN ASSISTED LIVING INC (0015855)

Address: 308 ENGLAND STREET, CAMBRIDGE, WI 53523

License Status: REGULAR

Licensed/Certified/Registered 11/01/2016 12:00:00AM

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

Survey History

Survey ID: 0146309 **End Date:** 04/25/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145104 **End Date:** 12/20/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145364 **End Date:** 11/15/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VRSU11 Served 01/24/2024

<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	4/25/24	Yes
83.47(3)	FIRE INSPECTION	4/25/24	Yes
83.59(4)(b)	DELAYED EGRESS: LOCKING DEVICE SIGN POSTED	4/25/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (HOME AGAIN ASSISTED LIVING INC--0015855)

Date: 01/24/2024

SOD #VRSU11

Appealed:

Sanctions

ORDER TO COMPLY

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OUR HOUSE CAMBRIDGE ASSISTED CARE (0013377)

Address: 201 W MADISON ST, CAMBRIDGE, WI 53523

License Status: REGULAR

Licensed/Certified/Registered 10/01/2011 12:00:00AM

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

Survey History

Survey ID: 0145525 **End Date:** 01/22/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #GJ6C11 Served 02/08/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	3/24/24	Yes
83.45(3)	TOXIC SUBSTANCES	3/24/24	Yes
83.47(3)	FIRE INSPECTION	3/24/24	Yes

Survey ID: 0142937 **End Date:** 04/19/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139137 **End Date:** 03/16/2022 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (OUR HOUSE CAMBRIDGE ASSISTED CARE--0013377)

Date: 02/08/2024 SOD #GJ6C11 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (OUR HOUSE CAMBRIDGE ASSISTED CARE--0013377)

Date Complaint Received: 12/26/2023

Date Investigation Completed: 01/18/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 02/12/2022

Date Investigation Completed: 03/16/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: DRUMLIN RESERVE (0018103)

Address: 111 East REYNOLDS ST, COTTAGE GROVE, WI 53527

License Status: REGULAR

Licensed/Certified/Registered 05/01/2021 12:00:00AM

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

Survey History

Survey ID: 0147973 **End Date:** 10/30/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147970 **End Date:** 10/02/2024 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3LB311 Served 10/30/2024

Deficiencies Cited
83.38(1)(b)

Subject Area
SUPERVISION

Compliance
Verified

Corrected

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0145589 **End Date:** 12/04/2023 **Type:** OTHER **Purpose:** SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6MT213 Served 02/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(5)(b)	NOTIFICATION: ABUSE AND NEGLECT ALLEGATIONS	10/30/24	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	10/30/24	Yes

Survey ID: 0142662 **End Date:** 01/25/2023 **Type:** OTHER **Purpose:** SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6MT212 Served 04/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	11/28/23	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	11/28/23	Yes

Survey ID: 0141434 **End Date:** 08/31/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6MT211 Served 11/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	1/25/23	Yes
83.25	CONTINUING EDUCATION	1/25/23	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/25/23	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	1/25/23	Yes
83.47(2)(d)	FIRE DRILLS	1/25/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (DRUMLIN RESERVE--0018103)

Date: 10/30/2024 **SOD #**3LB311 **Appealed:** **Decision:** PENDING

Sanctions

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

Date: 02/13/2024 **SOD #**6MT213 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(d)

Date: 04/05/2023 **SOD #**6MT212 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25
FORFEITURE---83.32(3)(n)

Date: 11/28/2022 **SOD #**6MT211 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.17(2)(a)
FORFEITURE---83.25
FORFEITURE---83.35(3)(d)

Complaint History (DRUMLIN RESERVE--0018103)

Date Complaint Received: 09/02/2024 **Date Investigation Completed:** 10/29/2024

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: KINDREDHEARTS OF COTTAGE GROVE (0011775)

Address: 325 W COTTAGE GROVE RD, COTTAGE GROVE, WI 53527

License Status: REGULAR

Licensed/Certified/Registered 08/01/2007 12:00:00AM

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

Survey History

Survey ID: 0148550 **End Date:** 12/18/2024 **Type:** OTHER **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G0WL18 Served 01/23/2025

<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		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION		
83.29(2)	ADMISSION AGREEMENT		
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION
83.37(1)(j)	PROOF-OF-USE RECORD
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE
83.45(3)	TOXIC SUBSTANCES
83.46(1)(c)	HEATING SYSTEM MAINTENANCE
83.47(2)(d)	FIRE DRILLS
83.47(2)(e)	OTHER EVACUATION DRILLS
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE

Survey ID: 0147902 **End Date:** 09/04/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #K48W11 Served 10/21/2024

<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	12/18/24	No
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	12/27/24	No
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	12/18/24	No

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0147438 End Date: 07/24/2024 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q19B11 Served 08/28/2024

<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		
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION		

Survey ID: 0147267 End Date: 06/18/2024 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G0WL17 Served 08/08/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(f)	PRIVACY	12/18/24	No
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	12/18/24	No
83.29(2)	ADMISSION AGREEMENT	12/18/24	No
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	12/18/24	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	12/18/24	No
83.35(4)	RESIDENT SATISFACTION EVALUATION	12/16/24	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	12/17/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0146017 End Date: 02/23/2024 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G0WL16 Served 04/01/2024

<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	6/18/24	No
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	6/18/24	Yes
83.29(2)	ADMISSION AGREEMENT	6/18/24	No
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	6/18/24	No
83.35(4)	RESIDENT SATISFACTION EVALUATION	6/18/24	No
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	6/18/24	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	6/18/24	Yes
83.41(2)(c)	NUTRITION: MENUS	6/18/24	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	6/18/24	No
83.45(3)	TOXIC SUBSTANCES	6/18/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144871 End Date: 09/11/2023 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G0WL15 Served 11/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	2/16/24	No
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	2/16/24	No
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	2/16/24	Yes
83.29(2)	ADMISSION AGREEMENT	2/16/24	No
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	2/16/24	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	2/16/24	No
83.35(4)	RESIDENT SATISFACTION EVALUATION	2/16/24	No
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	2/16/24	No
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	2/16/24	No
83.41(1)(c)	DISHWASHING	2/16/24	No
83.41(3)(b)	FOOD SAFETY	2/16/24	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	2/16/24	Yes
83.45(3)	TOXIC SUBSTANCES	2/16/24	No
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	2/16/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142432 **End Date:** 02/23/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G0WL14 Served 06/08/2023

<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	9/11/23	Yes
83.25	CONTINUING EDUCATION	9/11/23	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	9/11/23	No
83.29(2)	ADMISSION AGREEMENT	9/11/23	No
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	9/11/23	No
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	9/11/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/11/23	No
83.35(4)	RESIDENT SATISFACTION EVALUATION	9/11/23	No
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	9/11/23	No
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	9/11/23	No
83.41(2)(c)	NUTRITION: MENUS	9/11/23	No
83.41(3)(b)	FOOD SAFETY	9/11/23	No
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	9/11/23	No
83.45(3)	TOXIC SUBSTANCES	9/11/23	Yes
83.47(2)(d)	FIRE DRILLS	9/11/23	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	9/11/23	No

Survey ID: 0138761 **End Date:** 02/22/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (KINDREDHEARTS OF COTTAGE GROVE--0011775)

Date: 10/21/2024 **SOD #**K48W11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(i)

FORFEITURE---83.35(1)(a)

Date: 08/28/2024 **SOD #**Q19B11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

FORFEITURE---83.37(1)(k)

Date: 08/08/2024 **SOD #**G0WL17 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.29(2)

FORFEITURE---83.32(2)(a)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.35(4)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 04/01/2024

SOD #G0WL16

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---83.14(2)(a)
FORFEITURE---83.29(2)
FORFEITURE---83.32(2)(a)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.35(4)
FORFEITURE---83.35(5)(a)
FORFEITURE---83.35(5)(b)
FORFEITURE---83.41(2)(c)
FORFEITURE---83.44(2)(c)
FORFEITURE---83.45(3)

Date: 11/21/2023

SOD #G0WL15

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---83.14(2)(a)
FORFEITURE---83.29(2)
FORFEITURE---83.32(2)(a)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.35(4)
FORFEITURE---83.35(5)(a)
FORFEITURE---83.35(5)(b)
FORFEITURE---83.41(2)(c)
FORFEITURE---83.41(3)(b)
FORFEITURE---83.44(2)(c)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 06/08/2023

SOD #G0WL14

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.25

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.35(5)(b)

FORFEITURE---83.44(2)(c)

Date: 02/08/2022

SOD #8ITE11

Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (KINDREDHEARTS OF COTTAGE GROVE--0011775)

Date Complaint Received: 08/16/2024

Date Investigation Completed: 09/03/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

K48W11

PROGRAM SERVICES

SUBSTANTIATED

K48W11

RESIDENT RIGHTS

SUBSTANTIATED

K48W11

Date Complaint Received: 07/11/2024

Date Investigation Completed: 07/23/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

Q19B11

Date Complaint Received: 02/14/2024

Date Investigation Completed: 02/23/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: KINDREDHEARTS OF COTTAGE GROVE (0011776)

Address: 505 West LAWN DR, COTTAGE GROVE, WI 53527

License Status: REGULAR

Licensed/Certified/Registered 02/01/2008 12:00:00AM

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

Survey History

Survey ID: 0148551 **End Date:** 12/31/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VH4Z17 Served 01/23/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(6)	DOCUMENTATION REQUIREMENTS FOR WRITTEN REPORT		
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.41(3)(b)	FOOD SAFETY		
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0148085 End Date: 09/18/2024 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MVOW11

Deficiencies Cited

83.35(1)(a)

Subject Area

PRE-ADMISSION AND ONGOING
ASSESSMENTS

Compliance

Verified

Corrected

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0147270 End Date: 07/29/2024 Type: OTHER Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VH4Z16 Served 08/08/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	12/30/24	Yes
83.12(2)(c)	REPORT TO LAW ENFORCEMENT AND CORONER	12/30/24	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	12/30/24	Yes
83.15(1)	ADMINISTRATOR QUALIFICATIONS	12/30/24	No
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	12/30/24	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	12/30/24	Yes
83.18(2)	EMPLOYEE RECORDS AVAILABLE UPON REQUEST	12/30/24	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	12/30/24	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	12/30/24	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	12/30/24	Yes
83.29(2)	ADMISSION AGREEMENT	12/30/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	12/30/24	No
83.34(2)(b)	ACCOUNTING METHOD FOR TRACKING RESIDENT CASH	12/30/24	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	12/30/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	12/30/24	Yes
83.35(4)	RESIDENT SATISFACTION EVALUATION	12/30/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	12/30/24	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	12/30/24	No
83.37(1)(j)	PROOF-OF-USE RECORD	12/30/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	12/30/24	No
83.38(1)(c)	LEISURE TIME ACTIVITIES	12/30/24	Yes
83.41(2)(c)	NUTRITION: MENUS	12/30/24	Yes
83.41(3)(b)	FOOD SAFETY	12/30/24	No
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	12/30/24	No
83.45(3)	TOXIC SUBSTANCES	12/30/24	No
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	12/30/24	No
83.47(2)(d)	FIRE DRILLS	12/30/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	12/30/24	Yes
83.47(3)	FIRE INSPECTION	12/30/24	Yes
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	12/30/24	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	12/30/24	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	12/30/24	No

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0146294 End Date: 04/29/2024 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VH4Z15 Served 05/02/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	7/23/24	Yes
83.09	BIENNIAL REPORT AND FEES	7/23/24	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	7/23/24	No
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	7/23/24	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	7/23/24	No
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	7/23/24	No
83.41(3)(b)	FOOD SAFETY	7/23/24	No

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0145592 **End Date:** 12/07/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VH4Z14 Served 02/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	4/29/24	No
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	4/29/24	No
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	4/29/24	No
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	4/29/24	No
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	4/29/24	No
83.41(3)(b)	FOOD SAFETY	4/29/24	No
83.45(3)	TOXIC SUBSTANCES	4/29/24	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	4/29/24	Yes

Survey ID: 0144605 **End Date:** 09/27/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #IQS011 Served 10/23/2023

<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	12/7/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144349 End Date: 07/20/2023 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VH4Z13 Served 09/28/2023

<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	12/4/23	No
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	12/4/23	No
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	12/4/23	No
83.38(1)(g)	HEALTH MONITORING	12/4/23	No
83.41(3)(b)	FOOD SAFETY	12/4/23	No
83.45(3)	TOXIC SUBSTANCES	12/4/23	No
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	12/4/23	No
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	12/4/23	Yes
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT	12/4/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142423 End Date: 12/20/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VH4Z12 Served 03/17/2023

<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	7/13/23	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	7/13/23	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	7/13/23	No
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	7/13/23	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	7/13/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	7/13/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	7/13/23	Yes
83.39(3)	HAND WASHING	7/13/23	Yes
83.41(3)(b)	FOOD SAFETY	7/13/23	Yes
83.45(3)	TOXIC SUBSTANCES	7/13/23	No
83.47(3)	FIRE INSPECTION	7/13/23	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	7/13/23	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	7/13/23	No
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	7/13/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140766 **End Date:** 08/15/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VH4Z11 Served 09/15/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(2)(c)	REPORT TO LAW ENFORCEMENT AND CORONER	12/19/22	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	12/19/22	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	12/19/23	No
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	12/19/22	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	12/19/22	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	12/19/22	No
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	12/19/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	12/19/22	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	12/19/22	Yes
83.38(1)(a)	PERSONAL CARE	12/19/22	Yes
83.38(1)(g)	HEALTH MONITORING	12/19/22	Yes

Survey ID: 0140161 **End Date:** 07/11/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (KINDREDHEARTS OF COTTAGE GROVE--0011776)

Date: 11/15/2024 **SOD #**MVOW11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.35(1)(a)

Date: 08/08/2024 **SOD #**VH4Z16 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NNAO EXTENDED
ORDER TO COMPLY
FORFEITURE---83.12(2)(a)
FORFEITURE---83.14(2)(a)
FORFEITURE---83.17(1)(a)
FORFEITURE---83.17(2)(a)
FORFEITURE---83.21(1-3)
FORFEITURE---83.22(1-4)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(3)(c)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.41(3)(b)
FORFEITURE---83.47(3)
FORFEITURE---83.48(3)(a)
FORFEITURE---83.48(8)(b)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 05/02/2024 **SOD #**VH4Z15 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---50.065(2)(bb)
FORFEITURE---83.14(2)(a)
FORFEITURE---83.14(2)(e)
FORFEITURE---83.17(1)(a)
FORFEITURE---83.35(3)(c)
FORFEITURE---83.41(3)(b)

Date: 02/13/2024 **SOD #**VH4Z14 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.17(1)
FORFEITURE---83.35(3)(c)
FORFEITURE---83.41(3)(b)
FORFEITURE---83.45(3)
FORFEITURE---83.48(8)(b)

Date: 10/23/2023 **SOD #**IQS011 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 09/26/2023 **SOD #VH4Z13** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---83.14(2)(a)
FORFEITURE---83.17(1)(a)
FORFEITURE---83.38(1)(g)
FORFEITURE---83.41(3)(b)
FORFEITURE---83.45(3)
FORFEITURE---83.48(8)(b)
FORFEITURE---83.59(1)(g)

Date: 03/17/2023 **SOD #VH4Z12** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.15(3)(a)
FORFEITURE---83.22(1-4)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.39(3)
FORFEITURE---83.47(3)

Date: 09/15/2022 **SOD #VH4Z11** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---83.20(2)(a-d)
FORFEITURE---83.21(1-3)
FORFEITURE---83.22(1-4)
FORFEITURE---83.32(3)(d)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(a)
FORFEITURE---83.38(1)(g)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 04/22/2022

SOD #240211

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.12(2)(a)

FORFEITURE---83.12(5)(b)

FORFEITURE---83.32(3)(d)

Date: 02/07/2022

SOD #K4FX11

Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (KINDREDHEARTS OF COTTAGE GROVE--0011776)

Date Complaint Received: 08/01/2024

Date Investigation Completed: 09/03/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

MVOW11

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 07/08/2024

Date Investigation Completed: 07/23/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

VH4Z16

Date Complaint Received: 09/20/2023

Date Investigation Completed: 09/25/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 07/13/2023

Date Investigation Completed: 07/17/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

VH4Z13

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

VH4Z13

PROGRAM SERVICES

SUBSTANTIATED

VH4Z13

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 07/25/2022

Date Investigation Completed: 08/15/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

VH4Z11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 07/22/2022

Date Investigation Completed: 08/15/2022

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD #

VH4Z11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MILESTONE SENIOR LIVING MARKET ST CBRF (0017058)

Address: 1870 MARKET ST, CROSS PLAINS, WI 53528

License Status: REGULAR

Licensed/Certified/Registered 05/18/2018 12:00:00AM

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

Survey History

Survey ID: 0148146 **End Date:** 11/15/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146700 **End Date:** 05/03/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I52G12 Served 06/14/2024

<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	11/15/24	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	11/15/24	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	11/15/24	Yes
83.19	ORIENTATION	11/15/24	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	11/15/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	11/15/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	11/15/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0145265 **End Date: 10/27/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I52G11 Served 01/16/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	5/3/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	5/3/24	Yes

Survey ID: 0144327 **End Date: 08/09/2023** **Type: OTHER** **Purpose: COMPLAINT/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1NLQ14 Served 09/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.22(1)-(4)	TASK SPECIFIC TRAINING	5/3/24	Yes

Survey ID: 0142931 **End Date: 02/21/2023** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1NLQ13 Served 05/04/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.22(1)-(4)	TASK SPECIFIC TRAINING	8/9/23	No

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141645 **End Date:** 10/18/2022 **Type:** OTHER **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1NLQ12 Served 12/19/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.22(1)-(4)	TASK SPECIFIC TRAINING	2/21/23	No

Survey ID: 0139858 **End Date:** 03/17/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1NLQ11 Served 06/16/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	10/18/22	Yes
83.42(3)	ACCESS TO RESIDENT RECORDS	10/18/22	Yes

Survey ID: 0138782 **End Date:** 02/14/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (MILESTONE SENIOR LIVING MARKET ST CBRF--0017058)

Date: 06/14/2024 **SOD #I52G12** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.14(2)
FORFEITURE---83.19
FORFEITURE---83.35(3)(c)
FORFEITURE---83.37(2)(d)

Date: 01/16/2024 **SOD #I52G11** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32 (3)(i)
FORFEITURE---83.37(2)(d)

Date: 08/09/2023 **SOD #1NLQ14** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.22 (1)-(4)

Date: 05/04/2023 **SOD #1NLQ13** **Appealed:**

Sanctions

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 12/19/2022

SOD #1NLQ12

Appealed:

Sanctions

ORDER TO COMPLY

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

Date: 06/16/2022

SOD #1NLQ11

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.42(3)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (MILESTONE SENIOR LIVING MARKET ST CBRF--0017058)

Date Complaint Received: 11/12/2024

Date Investigation Completed: 11/14/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 04/29/2024

Date Investigation Completed: 04/30/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 04/22/2024

Date Investigation Completed: 04/30/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 03/13/2024

Date Investigation Completed: 04/30/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

I52G12

Date Complaint Received: 09/06/2023

Date Investigation Completed: 10/26/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

I52G11

RESIDENT RIGHTS

SUBSTANTIATED

I52G11

Date Complaint Received: 06/19/2023

Date Investigation Completed: 08/09/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 02/28/2022

Date Investigation Completed: 03/17/2022

Subject Area(s)

RESIDENT RIGHTS

STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED

SUBSTANTIATED

SOD #

1NLQ11

1NLQ11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: VitaCare Living Cross Plains (0019196)

Address: 2620 Military Rd #9683, Cross Plains, WI 53528

License Status: REGULAR

Licensed/Certified/Registered 02/01/2024 12:00:00AM

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

Survey History

Survey ID: 0148313 **End Date:** 12/11/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146317 **End Date:** 05/02/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145459 **End Date:** 02/01/2024 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (VitaCare Living Cross Plains--0019196)

Date Complaint Received: 01/31/2024

Date Investigation Completed: 05/02/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: DEFOREST PLACE (0018519)

Address: 206 N MAIN ST, DEFOREST, WI 53532

License Status: REGULAR

Licensed/Certified/Registered 06/01/2022 12:00:00AM

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

Survey History

Survey ID: 0147029 **End Date:** 07/12/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146190 **End Date:** 04/11/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145683 **End Date:** 02/06/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144742 **End Date:** 09/21/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #RTTY11 Served 11/07/2023

Deficiencies Cited
83.12(4)(b)

Subject Area
REPORTING WHEN LAW ENFORCEMENT IS
CALLED

Compliance
Verified
9/21/23

Corrected
Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144747 **End Date:** 08/24/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8XKQ11 Served 11/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	2/6/24	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	2/6/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	2/6/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	2/6/24	Yes
83.38(1)(g)	HEALTH MONITORING	2/6/24	Yes
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	2/6/24	Yes

Survey ID: 0143162 **End Date:** 03/17/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141236 **End Date:** 10/18/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141592 **End Date:** 09/30/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RP9812 Served 12/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.46(1)(f)	COMBUSTIBLES	3/17/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139198 **End Date:** 03/22/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139075 **End Date:** 03/14/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (DEFOREST PLACE--0018519)

Date: 11/07/2023 **SOD #**8XKQ11 **Appealed:**

Sanctions

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

Date: 12/13/2022 **SOD #**RP9812 **Appealed:** No

Sanctions

ORDER TO COMPLY
FORFEITURE---83.46(1)(f)

Date: 07/21/2022 **SOD #**RP9811 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.37(2)(e)

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Provider Inspection Summary

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

Complaint History (DEFOREST PLACE--0018519)

Date Complaint Received: 06/23/2024

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 07/12/2024

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/26/2024

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 04/09/2024

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/18/2023

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 09/20/2023

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/27/2023

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 08/08/2023

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/29/2022

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Date Investigation Completed: 10/18/2022

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/01/2022

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 03/22/2022

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 01/24/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 03/14/2022

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: KEYES HOUSE (0015686)

Address: 4141 SAVANNAH DRIVE, DEFOREST, WI 53532

License Status: REGULAR

Licensed/Certified/Registered 08/10/2015 12:00:00AM

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

Survey History

Survey ID: 0146061 **End Date:** 03/25/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #APSW11 Served 04/04/2024

Deficiencies Cited
83.31(4)(a)

Subject Area
NOTICE OF FACILITY INITIATED DISCHARGES

Compliance
Verified
3/25/24

Corrected
Yes

Survey ID: 0145626 **End Date:** 02/13/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138749 **End Date:** 02/11/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (KEYES HOUSE--0015686)

Date: 04/04/2024 **SOD #**APSW11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Complaint History (KEYES HOUSE--0015686)

Date Complaint Received: 03/01/2024

Date Investigation Completed: 03/25/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

APSW11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: KOSELIG HOUSE (THE) (0018717)

Address: 4897 INNOVATION DRIVE, DEFOREST, WI 53532

License Status: REGULAR

Licensed/Certified/Registered 10/01/2022 12:00:00AM

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

Survey History

Survey ID: 0148703 **End Date:** 01/13/2025 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YSHR13 Served 02/06/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.41(2)(c)	NUTRITION: MENUS		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0148191 End Date: 10/15/2024 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YSHR12 Served 12/02/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	1/13/25	Yes
50.09(1)(e)	TREATMENT	1/13/25	No
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	1/13/25	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	1/13/25	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	1/13/25	Yes
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	1/13/25	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	1/13/25	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	1/13/25	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	1/13/25	No
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	1/13/25	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	1/13/25	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	1/13/25	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/13/25	No
83.37(1)(g)	DISPOSITION OF MEDICATIONS	1/13/25	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	1/13/25	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	1/13/25	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	1/13/25	Yes
83.38(1)(a)	PERSONAL CARE	1/13/25	Yes
83.38(1)(g)	HEALTH MONITORING	1/13/25	Yes
83.41(2)(a)	NUTRITION: DIET	1/13/25	Yes
83.41(2)(c)	NUTRITION: MENUS	1/13/25	No
83.41(3)(b)	FOOD SAFETY	1/13/25	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	1/13/25	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	1/13/25	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0146956 End Date: 06/06/2024 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YSHR11 Served 07/16/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	10/15/24	No
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	10/15/24	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	10/15/24	No
83.12(5)(b)	NOTIFICATION: ABUSE AND NEGLECT ALLEGATIONS	10/15/24	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	10/15/24	No
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	10/15/24	No
83.15(3)(c)	QUALIFIED STAFF DESIGNATED AS IN CHARGE	10/15/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/15/24	No
83.38(1)(g)	HEALTH MONITORING	10/15/24	No

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0146618 **End Date:** 04/02/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #T56511 Served 06/04/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.28(3)	PROVIDE ADMISSION AGREEMENT AS REQUIRED	10/15/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	10/15/24	No
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	10/15/24	Yes
83.33(3)	ASSISTANCE WITH GRIEVANCE PROCEDURES	10/15/24	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	10/15/24	No
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	10/15/24	No
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	10/15/24	No
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	10/15/24	No
83.37(3)(a)	MEDICATION STORAGE: ORIGINAL CONTAINERS	10/15/24	Yes
83.38(1)(a)	PERSONAL CARE	10/15/24	No
83.38(1)(h)	MEDICATION ADMINISTRATION	10/15/24	No
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	10/15/24	No

Survey ID: 0144702 **End Date:** 10/30/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143894 **End Date:** 06/01/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2U5R12 Served 08/10/2023

<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	10/30/23	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	10/30/23	Yes
83.38(1)(a)	PERSONAL CARE	10/30/23	Yes
83.39(3)	HAND WASHING	10/30/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	10/30/23	Yes
83.44(1)(b)	SEPARATE LAUNDRY STORAGE AREAS OR CONTAINERS	10/30/23	Yes

Survey ID: 0142861 **End Date:** 02/08/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2U5R11 Served 04/20/2023

<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	5/31/23	Yes
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY	5/31/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	5/31/23	No

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142048 **End Date:** 10/27/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #PXZ011 Served 02/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	3/23/23	Yes

Survey ID: 0140811 **End Date:** 09/19/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140444 **End Date:** 08/15/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140400 **End Date:** 08/05/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #GNOK12 Served 08/09/2022

<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	8/5/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139883 **End Date:** 06/02/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GRGR11 Served 06/20/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	8/15/22	Yes
83.29(2)	ADMISSION AGREEMENT	8/15/22	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	8/15/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/15/22	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	8/15/22	Yes

Survey ID: 0139621 **End Date:** 02/17/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GNOK11 Served 05/23/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	8/5/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (KOSELIG HOUSE (THE)--0018717)

Date: 12/02/2024 SOD #YSHR12 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NNAO EXTENDED

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.14(2)(j)

FORFEITURE---83.15(3)(a)

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

FORFEITURE---83.32(3)(d)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(1)(C)

FORFEITURE---83.35(3)(b)

FORFEITURE---83.35(3)(c)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37(1)(i)

FORFEITURE---83.37(2)(d)

FORFEITURE---83.38(1)(a)

FORFEITURE---83.38(1)(g)

FORFEITURE---83.43(1)

FORFEITURE---83.44(2)(a)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 07/16/2024 **SOD #**YSHR11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.12(5)(b)
FORFEITURE---83.14(2)(a)
FORFEITURE---83.14(2)(j)
FORFEITURE---83.15(3)(c)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(g)

Date: 06/04/2024 **SOD #**T56511 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(h)
FORFEITURE---83.32(3)(k)
FORFEITURE---83.35(1)(c)
FORFEITURE---83.35(3)(c)
FORFEITURE---83.38(1)(a)
FORFEITURE---83.43(1)

Date: 08/10/2023 **SOD #**2U5R12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35(1)(a)
FORFEITURE---83.38(1)(a)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 04/20/2023 **SOD #**2U5R11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(i)
FORFEITURE---83.35(1)9a)

Date: 02/06/2023 **SOD #**PXZ011 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 08/09/2022 **SOD #**GNOK12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 06/20/2022 **SOD #**GRGR11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 05/23/2022 **SOD #**GNOK11 **Appealed:**

Sanctions

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

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Provider Inspection Summary

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

Complaint History (KOSELIG HOUSE (THE)--0018717)

Date Complaint Received: 10/07/2024

Date Investigation Completed: 10/10/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

SUBSTANTIATED
SUBSTANTIATED

YSHR12
YSHR12

Date Complaint Received: 10/01/2024

Date Investigation Completed: 09/09/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

YSHR12

Date Complaint Received: 08/01/2024

Date Investigation Completed: 09/09/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

SUBSTANTIATED
SUBSTANTIATED

YSHR12
YSHR12

Date Complaint Received: 05/13/2024

Date Investigation Completed: 05/21/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

SUBSTANTIATED
SUBSTANTIATED

YSHR11
YSHR11

Date Complaint Received: 04/22/2024

Date Investigation Completed: 05/21/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

YSHR11

Date Complaint Received: 03/26/2024

Date Investigation Completed: 04/02/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

T56511

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 02/23/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 03/14/2024

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	T56511
SUBSTANTIATED	T56511

Date Complaint Received: 02/01/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 03/14/2024

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

Date Complaint Received: 01/29/2023

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 01/30/2023

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	2U5R11

Date Complaint Received: 01/23/2023

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 01/30/2023

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	2U5R11

Date Complaint Received: 10/24/2022

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

Date Investigation Completed: 10/27/2022

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	PXZ011
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

Date Complaint Received: 09/14/2022

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Date Investigation Completed: 09/19/2022

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 09/02/2022

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 09/19/2022

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 07/21/2022

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 07/21/2022

Result SOD #
SUBSTANTIATED GNOK12

Date Complaint Received: 02/16/2022

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 02/17/2022

Result SOD #
SUBSTANTIATED GNOK11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LEGACY OF DEFOREST (THE) (0017768)

Address: 6639 PEDERSON CROSSING BLVD, DEFOREST, WI 53532

License Status: REGULAR

Licensed/Certified/Registered 10/19/2019 12:00:00AM

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

Survey History

Survey ID: 0148491 **End Date:** 10/11/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2YBI13 Served 01/14/2025

<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		
83.38(1)(g)	HEALTH MONITORING		

Survey ID: 0147324 **End Date:** 06/05/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2YBI12 Served 08/14/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	10/11/24	Yes
83.38(1)(g)	HEALTH MONITORING	10/11/24	No

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0146012 **End Date:** 02/12/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2YBI11 Served 03/29/2024

<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	6/5/24	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	6/5/24	Yes

Survey ID: 0144777 **End Date:** 10/30/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144055 **End Date:** 06/16/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #085D12 Served 08/29/2023

<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	10/30/23	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	10/30/23	Yes
83.47(2)(d)	FIRE DRILLS	10/30/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	10/30/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142696 End Date: 01/19/2023 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #085D11 Served 04/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	6/15/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	6/7/23	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	6/15/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	6/15/23	No
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	6/15/23	No
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	6/15/23	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	6/15/23	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	6/7/23	Yes
83.41(3)(b)	FOOD SAFETY	6/7/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (LEGACY OF DEFOREST (THE)--0017768)

Date: 01/14/2025 **SOD #**2YBI13 **Appealed:** Yes **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.38(1)(g)

Date: 08/14/2024 **SOD #**2YBI12 **Appealed:**

Sanctions

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

Date: 03/29/2024 **SOD #**2YBI11 **Appealed:**

Sanctions

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

Date: 08/29/2023 **SOD #**085D12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35(3)(d)
FORFEITURE---83.37(1)(i)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 04/06/2023

SOD #085D11

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(1)(a)

FORFEITURE---83.35(3)(c)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(h)

FORFEITURE---83.38(1)(i)

Complaint History (LEGACY OF DEFOREST (THE)--0017768)

Date Complaint Received: 04/25/2024

Date Investigation Completed: 05/29/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

2YBI12

Date Complaint Received: 01/22/2024

Date Investigation Completed: 02/06/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

2YBI11

Date Complaint Received: 10/14/2022

Date Investigation Completed: 01/19/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

085D11

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

085D11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: RATHEY HOUSE (0016848)

Address: 4139 SAVANNAH DR, DEFOREST, WI 53532

License Status: REGULAR

Licensed/Certified/Registered 10/24/2017 12:00:00AM

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

Survey History

Survey ID: 0139860 **End Date:** 06/16/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139205 **End Date:** 03/03/2022 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y2JZ12 Served 04/11/2022

<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	6/16/22	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	6/16/22	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	6/16/22	Yes
83.38(1)(b)	SUPERVISION	6/16/22	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	6/16/22	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	6/16/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (RATHEY HOUSE--0016848)

Date: 04/11/2022 **SOD #**Y2JZ12 **Appealed:**

Sanctions

NNAO EXTENDED
ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.36(1)(b)
FORFEITURE---83.38(1)(b)
FORFEITURE---83.42(1)

Complaint History (RATHEY HOUSE--0016848)

Date Complaint Received: 02/10/2022

Date Investigation Completed: 04/11/2022

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
Y2JZ12

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Raymond House (0020255)

Address: 825 Southbound Drive, DeForest, WI 53532

License Status: PROBATIONARY

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

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

Survey History

Survey ID: 0147154 **End Date:** 08/01/2024 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ROSMAN HOUSE (0016850)

Address: 4145 SAVANNAH DR, DEFOREST, WI 53532

License Status: REGULAR

Licensed/Certified/Registered 01/15/2018 12:00:00AM

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

Survey History

Survey ID: 0147684 **End Date:** 09/11/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144420 **End Date:** 09/28/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143803 **End Date:** 06/20/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #X0E212 Served 08/01/2023

Deficiencies Cited
83.32(3)(h)

Subject Area
RIGHTS OF RESIDENTS: TO RECEIVE
MEDICATION

Compliance
Verified
9/28/23

Corrected
Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139826 **End Date:** 03/02/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #X0E211 Served 06/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	6/20/23	Yes

Enforcement History (ROSMAN HOUSE--0016850)

Date: 08/01/2023 **SOD #**X0E212 **Appealed:**

Sanctions

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

Date: 06/13/2022 **SOD #**X0E211 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.36(1)(b)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (ROSMAN HOUSE--0016850)

Date Complaint Received: 08/24/2024

Date Investigation Completed: 09/11/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 03/26/2023

Date Investigation Completed: 06/20/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 02/09/2022

Date Investigation Completed: 03/02/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 01/31/2022

Date Investigation Completed: 03/02/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

X0E211

RESIDENT RIGHTS

SUBSTANTIATED

X0E211

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

X0E211

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Sienna Crest Deforest (0019133)

Address: 506 Bassett Street, Deforest, WI 53532

License Status: REGULAR

Licensed/Certified/Registered 07/06/2023 12:00:00AM

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

Survey History

Survey ID: 0143632 **End Date:** 07/06/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SIENNA MEADOWS DEFOREST (0017763)

Address: 504 BASSETT ST, DEFOREST, WI 53532

License Status: REGULAR

Licensed/Certified/Registered 08/01/2019 12:00:00AM

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

Survey History

Survey ID: 0147723 **End Date:** 09/06/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #I00N11 Served 10/01/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	11/15/24	Yes
83.48(3)(b)	SENSITIVITY TESTING PERFORMED	11/15/24	Yes

Survey ID: 0142977 **End Date:** 04/20/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140438 **End Date:** 05/12/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0Z0511 Served 08/15/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	4/20/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (SIENNA MEADOWS DEFOREST--0017763)

Date: 10/01/2024 **SOD #**I00N11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 08/15/2022 **SOD #**0Z0511 **Appealed:**

Sanctions

ORDER TO COMPLY

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

Complaint History (SIENNA MEADOWS DEFOREST--0017763)

Date Complaint Received: 04/10/2023

Date Investigation Completed: 04/20/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SOSA HOUSE (0016851)

Address: 4145 SAVANNAH DR, DEFOREST, WI 53532

License Status: REGULAR

Licensed/Certified/Registered 01/15/2018 12:00:00AM

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

Survey History

Survey ID: 0143525 **End Date:** 06/20/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141375 **End Date:** 11/09/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140407 **End Date:** 05/04/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #594J11 Served 08/10/2022

Deficiencies Cited
83.15(3)(a)

Subject Area
ADMINISTRATOR SHALL SUPERVISE DAILY
OPERATION

Compliance
Verified
11/9/22

Corrected

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140265 End Date: 04/20/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZQBK11 Served 07/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	11/9/22	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	11/9/22	Yes

Survey ID: 0139855 End Date: 03/31/2022 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R6C511 Served 06/16/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.27(2)(b)	RESOURCES FOR DESTRUCTIVE ABUSIVE RESIDENTS	6/20/23	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	6/20/23	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	6/20/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (SOSA HOUSE--0016851)

Date: 08/10/2022 **SOD #**594J11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.15(3)(a)

Date: 07/27/2022 **SOD #**ZQBK11 **Appealed:** Yes **Decision:** DISMISSED

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.35(3)(c)
FORFEITURE---83.38(1)(i)

Date: 06/16/2022 **SOD #**R6C511 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(n)
FORFEITURE---83.36(1)(b)

Complaint History (SOSA HOUSE--0016851)

Date Complaint Received: 04/12/2022 **Date Investigation Completed:** 03/31/2022

Subject Area(s)
ADMINISTRATION

Result
SUBSTANTIATED

SOD #
ZQBK11

Date Complaint Received: 02/28/2022 **Date Investigation Completed:** 05/04/2022

Subject Area(s)
ADMINISTRATION

Result
SUBSTANTIATED

SOD #
594J11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WEATHERLY HOUSE (0016849)

Address: 4139 SAVANNAH DR, DEFOREST, WI 53532

License Status: REGULAR

Licensed/Certified/Registered 10/24/2017 12:00:00AM

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

Survey History

Survey ID: 0148125 **End Date:** 11/06/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #J9JZ11 Served 11/18/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(g)	DISPOSITION OF MEDICATIONS	11/28/24	Yes

Survey ID: 0139717 **End Date:** 04/21/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (WEATHERLY HOUSE--0016849)

Date: 11/18/2024 **SOD #**J9JZ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (WEATHERLY HOUSE--0016849)

Date Complaint Received: 09/06/2024

Date Investigation Completed: 11/05/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

J9JZ11

RESIDENT RIGHTS

SUBSTANTIATED

J9JZ11

Date Complaint Received: 04/11/2022

Date Investigation Completed: 04/21/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: YOUNG HOUSE (0015688)

Address: 4141 SAVANNAH DRIVE, DEFOREST, WI 53532

License Status: REGULAR

Licensed/Certified/Registered 08/10/2015 12:00:00AM

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

Survey History

Survey ID: 0146310 **End Date:** 05/02/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143856 **End Date:** 07/26/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #42E911 Served 08/07/2023

Deficiencies Cited
83.12(2)(a)

Subject Area
CAREGIVER: INVESTIGATING ABUSE AND
NEGLECT

Compliance
Verified
9/21/23

Corrected
Yes

Survey ID: 0140234 **End Date:** 06/16/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #W82W11 Served 07/25/2022

Deficiencies Cited
83.12(4)(a)

Subject Area
REPORTING WHEN RESIDENT'S
WHEREABOUTS UNKNOWN

Compliance
Verified
9/8/22

Corrected
Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (YOUNG HOUSE--0015688)

Date: 08/07/2023 **SOD #42E911** **Appealed: No**

Sanctions

ORDER TO COMPLY

Date: 07/25/2022 **SOD #W82W11** **Appealed: No**

Sanctions

ORDER TO COMPLY

Complaint History (YOUNG HOUSE--0015688)

Date Complaint Received: 04/17/2024 **Date Investigation Completed: 05/02/2024**

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/21/2023

Date Investigation Completed: 07/25/2023

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

42E911

Date Complaint Received: 05/02/2022

Date Investigation Completed: 06/16/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Result

SUBSTANTIATED

SOD #

W82W11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Courtyard at Fitchburg - Memory Care (The) (0019471)

Address: 5683 Wilshire Drive, Fitchburg, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 08/28/2024 12:00:00AM

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

Survey History

Survey ID: 0147357 **End Date:** 07/16/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146264 **End Date:** 04/22/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KI2611 Served 04/29/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	7/16/24	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	7/16/24	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	7/16/24	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	7/16/24	Yes
83.47(2)(d)	FIRE DRILLS	7/16/24	Yes

Survey ID: 0144409 **End Date:** 09/20/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (Courtyard at Fitchburg - Memory Care (The)--0019471)

Date: 04/29/2024 SOD #KI2611 Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

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

FORFEITURE---83.35(3)(a)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Courtyard at Fitchburg Assisted Living (The) (0020580)

Address: 5669 Wilshire Dr, Fitchburg, WI 53711

License Status: PROBATIONARY

Licensed/Certified/Registered 06/27/2024 12:00:00AM

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

Survey History

Survey ID: 0146830 **End Date:** 06/27/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: Hope Reality LLC (0019365)

Address: 2792 Ledgemont Street, Fitchburg, WI 53711

License Status: REGULAR

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

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

Survey History

Survey ID: 0146598 **End Date:** 05/29/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #B8OR13 Served 06/03/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	1/23/25	Yes

Survey ID: 0146198 **End Date:** 04/16/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #B8OR12 Served 04/23/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	5/29/24	Yes
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE	5/29/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0145389 **End Date:** 01/25/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #B8OR11 Served 01/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	4/16/24	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	4/16/24	No
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE	4/15/24	No
83.47(2)(d)	FIRE DRILLS	4/16/24	Yes
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	4/16/24	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	4/15/24	Yes

Survey ID: 0143684 **End Date:** 07/13/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (Hope Reality LLC--0019365)

Date: 06/03/2024 **SOD #**B8OR13 **Appealed:** Yes **Decision:** DISMISSED

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.36(1)(b)

Date: 04/23/2024 **SOD #**B8OR12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.36(1)(b)
FORFEITURE---83.36(2)

Date: 01/26/2024 **SOD #**B8OR11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Ridge at Madison (The) (0018873)

Address: 2879 Fish Hatchery Road, Fitchburg, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 10/22/2024 12:00:00AM

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

Survey History

Survey ID: 0148509 **End Date:** 01/08/2025 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147122 **End Date:** 07/24/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146270 **End Date:** 03/28/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0145921 **End Date:** 03/13/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GP7H13 Served 03/19/2024

<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	3/28/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	3/28/24	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	3/28/24	Yes

Survey ID: 0145391 **End Date:** 09/06/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GP7H12 Served 01/26/2024

<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	3/13/24	No
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	3/13/24	No

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143653 **End Date:** 06/16/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GP7H11 Served 07/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	9/6/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	9/6/23	No
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	9/6/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	9/6/23	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	9/6/23	Yes

Survey ID: 0142875 **End Date:** 04/13/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (Ridge at Madison (The)--0018873)

Date: 03/19/2024 **SOD #**GP7H13 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.43(1)

FORFEITURE---83.48(8)(b)

Date: 01/26/2024 **SOD #**GP7H12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.43(1)

FORFEITURE---83.48(8)(b)

Date: 07/17/2023 **SOD #**GP7H11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Complaint History (Ridge at Madison (The)--0018873)

Date Complaint Received: 01/06/2025

Date Investigation Completed: 12/18/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 06/17/2024

Date Investigation Completed: 07/24/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 02/05/2024

Date Investigation Completed: 03/06/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 06/09/2023

Date Investigation Completed: 06/15/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

GP7H11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SYLVAN CROSSINGS AT CHAPEL VALLEY (0008561)

Address: 5765 CHAPEL VALLEY RD, FITCHBURG, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 08/31/1999 12:00:00AM

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

Survey History

Survey ID: 0148671 **End Date:** 11/01/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JJH911 Served 02/05/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
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		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.35(4)	RESIDENT SATISFACTION EVALUATION
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION
83.46(1)(c)	HEATING SYSTEM MAINTENANCE
83.47(2)(d)	FIRE DRILLS
83.47(3)	FIRE INSPECTION

Survey ID: 0146585 **End Date:** 05/29/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145750 **End Date:** 01/10/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QJIC13 Served 02/28/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(2)(c)	TERMINALLY ILL: COORDINATED PLAN OF CARE	5/29/24	Yes
83.45(3)	TOXIC SUBSTANCES	5/24/24	Yes

Survey ID: 0144655 **End Date:** 06/30/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QJIC12 Served 10/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(k)	RIGHTS OF RESIDENTS:	1/8/24	Yes
	SELF-DETERMINATION		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	1/8/24	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	1/8/24	No
83.41(2)(c)	NUTRITION: MENUS	1/8/24	Yes
83.45(3)	TOXIC SUBSTANCES	1/8/24	No

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142856 End Date: 03/20/2023 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QJIC11 Served 04/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	6/28/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	6/28/23	Yes
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY	6/28/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	6/28/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	6/27/23	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	6/27/23	Yes
83.35(3)(f)	STAFF ACCESS TO ASSESSMENT AND ISP	6/28/23	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	6/28/23	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	6/28/23	Yes
83.38(1)(f)	COMMUNICATION SKILLS	6/28/23	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	6/28/23	Yes
83.41(2)(a)	NUTRITION: DIET	6/28/23	Yes
83.47(2)(a)	EMERGENCY AND DISASTER PLAN CONTENTS	6/28/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142694 **End Date:** 01/26/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CFXD12 Served 04/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.13(1)(k)	MAINTAIN RECORDS SYSTEM TESTING/MAINTENANCE	6/28/23	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	6/28/23	Yes
83.35(4)	RESIDENT SATISFACTION EVALUATION	6/28/23	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	6/28/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	6/28/23	Yes
83.38(1)(g)	HEALTH MONITORING	6/28/23	Yes
83.41(2)(c)	NUTRITION: MENUS	6/28/23	Yes
83.45(3)	TOXIC SUBSTANCES	6/28/23	Yes
83.47(2)(d)	FIRE DRILLS	6/28/23	Yes

Survey ID: 0141584 **End Date:** 12/02/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140783 **End Date:** 09/02/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CFXD11 Served 11/03/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.38(1)(b)	SUPERVISION	1/25/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141157 **End Date:** 07/07/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Z9HR12 Served 10/27/2022

<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	1/25/23	No
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	1/25/23	No
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	1/25/23	Yes

Survey ID: 0140411 **End Date:** 05/05/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HUI713 Served 08/11/2022

<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	1/25/23	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/25/23	No
83.38(1)(g)	HEALTH MONITORING	1/25/23	No

Survey ID: 0139341 **End Date:** 01/27/2022 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Z9HR11 Served 04/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	7/7/22	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	7/7/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (SYLVAN CROSSINGS AT CHAPEL VALLEY--0008561)

Date: 02/28/2024 **SOD #**QJIC13 **Appealed:** No

Sanctions

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

Date: 10/30/2023 **SOD #**QJIC12 **Appealed:** No

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(k)
FORFEITURE---83.38(1)(c)
FORFEITURE---83.41(2)(c)
FORFEITURE---83.45(3)

Date: 04/20/2023 **SOD #**QJIC11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(1)(a)
FORFEITURE---83.35(3)(a)
FORFEITURE---83.35(3)(e)
FORFEITURE---83.38(1)(i)

Date: 04/06/2023 **SOD #**CFXD12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.37(2)(d)
FORFEITURE---83.38(1)(g)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 10/27/2022 **SOD #Z9HR12** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.20(2)(a-d)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.37(2)(d)

Date: 09/16/2022 **SOD #CFXD11** **Appealed:**

Sanctions

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

Date: 08/10/2022 **SOD #HUI713** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a-d)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(g)

Date: 04/25/2022 **SOD #Z9HR11** **Appealed:**

Sanctions

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

Date: 02/07/2022 **SOD #HUI712** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a)-(d)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.37(2)(d)
FORFEITURE---83.38(1)(g)
FORFEITURE---83.42(1)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SYLVAN CROSSINGS AT CHAPEL VALLEY--0008561)

Date Complaint Received: 11/22/2023

Date Investigation Completed: 01/08/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 05/11/2023

Date Investigation Completed: 06/30/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

QJIC12

RESIDENT RIGHTS

SUBSTANTIATED

QJIC12

Date Complaint Received: 04/28/2023

Date Investigation Completed: 06/30/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 08/23/2022

Date Investigation Completed: 09/02/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

CFXD11

RESIDENT RIGHTS

SUBSTANTIATED

CFXD11

Date Complaint Received: 06/29/2022

Date Investigation Completed: 07/07/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

Z9HR12

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 04/08/2022

Date Investigation Completed: 05/05/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SYLVAN CROSSINGS OF FITCHBURG (110524)

Address: 5784 CHAPEL VALLEY RD, FITCHBURG, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 04/01/1997 12:00:00AM

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

Survey History

Survey ID: 0148285 **End Date:** 10/01/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KFI316 Served 12/10/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(i)	BEHAVIOR MANAGEMENT		

Survey ID: 0146675 **End Date:** 04/26/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KFI315 Served 06/12/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT	10/1/24	Yes
83.13(1)(i)	MAINTAIN RECORDS OF ANNUAL FIRE INSPECTION	10/1/24	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	10/1/24	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	10/1/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	10/1/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	10/1/24	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	10/1/24	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	10/1/24	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	10/1/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/1/24	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	10/1/24	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	10/1/24	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	10/1/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	10/1/24	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	10/1/24	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	10/1/24	Yes

Survey ID: 0145749 End Date: 01/22/2024 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KFI314 Served 02/28/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.09(1)(e)	TREATMENT	4/19/24	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/19/24	Yes
83.41(3)(b)	FOOD SAFETY	4/19/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144850 **End Date:** 10/24/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KFI313 Served 11/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.09(1)(e)	TREATMENT	1/22/24	No
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	1/22/24	Yes
83.32(3)(g)	RIGHTS OF RESIDENTS: FREE OF PHYSICAL RESTRAINTS	1/22/24	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	1/22/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/22/24	No
83.38(1)(a)	PERSONAL CARE	1/22/24	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	1/22/24	Yes
83.41(1)(c)	DISHWASHING	1/22/24	Yes
83.41(3)(b)	FOOD SAFETY	1/22/24	No

Survey ID: 0144368 **End Date:** 08/29/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TTJW11 Served 09/27/2023

<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	1/22/24	Yes
83.38(1)(g)	HEALTH MONITORING	1/22/24	Yes

Survey ID: 0143870 **End Date:** 07/27/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143933 End Date: 06/07/2023 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KFI312 Served 08/15/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.31(4)(c)	INVOLUNTARY DISCHARGE NOTICE REQUIREMENTS	10/23/23	No
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	10/23/23	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	10/23/23	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/23/23	No
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	10/23/23	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	10/23/23	No
83.42(1)	RESIDENT RECORD MAINTAINED	10/23/23	No
83.45(3)	TOXIC SUBSTANCES	10/23/23	No

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142147 End Date: 01/17/2023 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KFI311 Served 02/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	6/6/23	Yes
83.31(4)(c)	INVOLUNTARY DISCHARGE NOTICE REQUIREMENTS	6/6/23	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	6/6/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	6/6/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/6/23	No
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	6/6/23	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	6/6/23	Yes
83.45(3)	TOXIC SUBSTANCES	8/6/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142130 **End Date:** 10/26/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2G1Q13 Served 02/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.09(1)(e)	TREATMENT	6/7/23	Yes
83.25	CONTINUING EDUCATION	6/7/23	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	6/7/23	Yes
83.38(1)(j)	INFORMATION AND REFERRAL	6/7/23	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	6/7/23	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	6/7/23	Yes
83.46(1)(a)	COMFORTABLE AND SAFE TEMPERATURES	6/7/23	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	6/7/23	Yes

Survey ID: 0140390 **End Date:** 05/02/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2G1Q12 Served 08/09/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	10/18/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/18/22	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	10/18/22	Yes

Survey ID: 0138537 **End Date:** 01/28/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (SYLVAN CROSSINGS OF FITCHBURG--110524)

Date: 12/10/2024

SOD #KFI316

Appealed:

Decision: PENDING

Sanctions

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

Date: 06/11/2024

SOD #KFI315

Appealed: Yes

Decision: WITHDRAWN APPEAL (NO STIPULATION)

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 02/27/2024

SOD #KFI314

Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---50.09(1)(e)
FORFEITURE---83.35(3)(d)

Date: 11/17/2023

SOD #KFI313

Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---50.09(1)(e)
FORFEITURE---83.14(2)(a)
FORFEITURE---83.32(3)(g)
FORFEITURE---83.35(1)(a)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(a)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 09/28/2023 **SOD #**TTJW11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(i)
FORFEITURE---83.38(1)(g)

Date: 08/15/2023 **SOD #**KFI312 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(c)

Date: 02/14/2023 **SOD #**KFI311 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---50.09(1)(c)
FORFEITURE---83.25
FORFEITURE---83.32(3)(i)
FORFEITURE---83.35(1)(a)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.37(3)(c)
FORFEITURE---83.38(1)(c)
FORFEITURE---83.38(1)(j)
FORFEITURE---83.45(3)

Date: 08/08/2022 **SOD #**2G1Q12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35(3)(b)
FORFEITURE---83.37(1)(i)

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Provider Inspection Summary

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

Complaint History (SYLVAN CROSSINGS OF FITCHBURG--110524)

Date Complaint Received: 02/21/2024

Date Investigation Completed: 04/26/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

KFI315

Date Complaint Received: 10/09/2023

Date Investigation Completed: 10/23/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

KFI313

Date Complaint Received: 09/05/2023

Date Investigation Completed: 10/23/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

KFI313

Date Complaint Received: 08/14/2023

Date Investigation Completed: 08/22/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

TTJW11

Date Complaint Received: 07/10/2023

Date Investigation Completed: 07/27/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 05/02/2023

Date Investigation Completed: 06/06/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

KFI312

Date Complaint Received: 01/03/2023

Date Investigation Completed: 01/10/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

KFI311

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Date Complaint Received: 11/30/2022

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 01/10/2023

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 09/22/2022

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 10/18/2022

Result SOD #
SUBSTANTIATED 2G1Q13

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SIENNA CREST MARSHALL (111052)

Address: 604 LEWELLEN STREET, MARSHALL, WI 53559

License Status: REGULAR

Licensed/Certified/Registered 07/31/1998 12:00:00AM

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

Survey History

Survey ID: 0146230 **End Date:** 04/16/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145746 **End Date:** 01/19/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VP0011 Served 02/27/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	4/16/24	Yes

Enforcement History (SIENNA CREST MARSHALL--111052)

Date: 02/27/2024 **SOD #**VP0011 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MariAnnes Elder House Inc (0019156)

Address: 6229 Renee Court, McFarland, WI 53558

License Status: REGULAR

Licensed/Certified/Registered 08/16/2022 12:00:00AM

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

Survey History

Survey ID: 0143706 **End Date:** 07/19/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142598 **End Date:** 03/27/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OCK712 Served 03/29/2023

Deficiencies Cited

83.41(2)(a)

Subject Area

NUTRITION: DIET

Compliance

Verified

5/13/23

Corrected

Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141894 **End Date:** 01/04/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OCK711 Served 01/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	3/24/23	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	3/24/23	Yes
83.47(2)(d)	FIRE DRILLS	3/24/23	Yes

Survey ID: 0140471 **End Date:** 08/16/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (MariAnnes Elder House Inc--0019156)

Date: 03/29/2023 **SOD #**OCK712 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 01/19/2023 **SOD #**OCK711 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (MariAnnes Elder House Inc--0019156)

Date Complaint Received: 02/23/2023

Date Investigation Completed: 03/24/2023

Subject Area(s)

RESIDENT RIGHTS

STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

OCK712

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MCFARLAND VILLA ASSISTED LIVING (0015622)

Address: 5206 PAULSON CT, MCFARLAND, WI 53558

License Status: REGULAR

Licensed/Certified/Registered 08/01/2016 12:00:00AM

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

Survey History

Survey ID: 0142236 **End Date:** 02/15/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #QPZ911 Served 02/21/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.29(1)(a)	DEFINITION OF ENTRANCE FEE	2/15/23	Yes

Survey ID: 0142129 **End Date:** 02/01/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #BQCW14 Served 02/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(2)(b)	TOILET AND BATHING AREA	2/1/23	Yes
83.47(2)(d)	FIRE DRILLS	2/1/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	2/1/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141460 **End Date:** 08/09/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BQCW13 Served 12/07/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT	2/1/23	Yes
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	2/1/23	Yes

Survey ID: 0139591 **End Date:** 04/27/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139255 **End Date:** 03/22/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (MCFARLAND VILLA ASSISTED LIVING--0015622)

Date: 02/21/2023 **SOD #QPZ911** **Appealed: No**

Sanctions

ORDER TO COMPLY

Date: 02/13/2023 **SOD #BQCW14** **Appealed: No**

Sanctions

ORDER TO COMPLY

Date: 12/07/2022 **SOD #BQCW13** **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---50.09 (1)(e)

Date: 05/13/2022 **SOD #BQCW12** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.17(2)(a)

FORFEITURE---83.35(1)(a)

FORFEITURE---83.39(1)

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Provider Inspection Summary

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

Complaint History (MCFARLAND VILLA ASSISTED LIVING--0015622)

Date Complaint Received: 02/10/2023

Date Investigation Completed: 02/15/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

QPZ911

Date Complaint Received: 07/28/2022

Date Investigation Completed: 08/09/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

BQCW13

RESIDENT RIGHTS

SUBSTANTIATED

BQCW13

Date Complaint Received: 07/20/2022

Date Investigation Completed: 08/09/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

BQCW13

RESIDENT RIGHTS

SUBSTANTIATED

BQCW13

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

BQCW13

Date Complaint Received: 04/11/2022

Date Investigation Completed: 04/25/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 03/18/2022

Date Investigation Completed: 03/22/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ATTIC ANGEL PLACE (0017124)

Address: 8301 OLD SAUK RD, MIDDLETON, WI 53562

License Status: REGULAR

Licensed/Certified/Registered 01/01/2019 12:00:00AM

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

Survey History

Survey ID: 0143986 **End Date:** 08/02/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #104C11 Served 08/21/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	10/5/23	Yes
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT	10/5/23	Yes

Survey ID: 0140094 **End Date:** 06/28/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139267 **End Date:** 04/13/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Enforcement History (ATTIC ANGEL PLACE--0017124)

Date: 08/21/2023 SOD #104C11 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (ATTIC ANGEL PLACE--0017124)

Date Complaint Received: 06/14/2022

Date Investigation Completed: 06/28/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 04/07/2022

Date Investigation Completed: 04/13/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BROOKDALE MIDDLETON CENTURY AVE (111027)

Address: 6916 CENTURY AVE, MIDDLETON, WI 53562

License Status: REGULAR

Licensed/Certified/Registered 04/30/1998 12:00:00AM

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

Survey History

Survey ID: 0143740 **End Date:** 07/24/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142905 **End Date:** 02/24/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RPY412 Served 04/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	7/24/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	7/24/23	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	7/24/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	7/24/23	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	7/24/23	Yes
83.35(4)	RESIDENT SATISFACTION EVALUATION	7/24/23	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	7/24/23	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	7/24/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141304 **End Date:** 07/19/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RPY411 Served 11/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	2/21/23	Yes
83.38(1)(g)	HEALTH MONITORING	2/21/23	Yes

Survey ID: 0139795 **End Date:** 05/09/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (BROOKDALE MIDDLETON CENTURY AVE--111027)

Date: 04/27/2023 **SOD #**RPY412 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a-d)

Date: 11/09/2022 **SOD #**RPY411 **Appealed:** **Decision:** PENDING

Sanctions

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

Complaint History (BROOKDALE MIDDLETON CENTURY AVE--111027)

Date Complaint Received: 07/14/2022 **Date Investigation Completed:** 07/19/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BROOKDALE MIDDLETON STONEFIELD (110304)

Address: 6701 STONEFIELD RD, MIDDLETON, WI 53562

License Status: REGULAR

Licensed/Certified/Registered 07/31/1994 12:00:00AM

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

Survey History

Survey ID: 0145402 **End Date:** 01/03/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144547 **End Date:** 08/14/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OSP211 Served 10/17/2023

<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	1/3/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/3/24	
83.38(1)(g)	HEALTH MONITORING	1/3/24	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	1/3/24	Yes

Survey ID: 0142135 **End Date:** 02/01/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140075 **End Date:** 06/27/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139908 **End Date:** 06/09/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (BROOKDALE MIDDLETON STONEFIELD--110304)

Date: 10/17/2023 **SOD #**OSP211 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(g)

Date: 04/18/2022 **SOD #**7B3111 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.35(3)(d)
FORFEITURE---83.41(2)(a)2.
FORFEITURE---83.42(1)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (BROOKDALE MIDDLETON STONEFIELD--110304)

Date Complaint Received: 11/13/2024

Date Investigation Completed: 02/11/2025

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

OR2Y11

Date Complaint Received: 07/12/2023

Date Investigation Completed: 08/08/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 06/28/2023

Date Investigation Completed: 08/08/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

OSP211

Date Complaint Received: 12/21/2022

Date Investigation Completed: 02/01/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 05/18/2022

Date Investigation Completed: 06/27/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 02/28/2022

Date Investigation Completed: 06/22/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CARDINAL VIEW SENIOR LIVING (0018642)

Address: 3820 TRIBECA DRIVE, MIDDLETON, WI 53562

License Status: REGULAR

Licensed/Certified/Registered 09/22/2021 12:00:00AM

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

Survey History

Survey ID: 0143656 **End Date:** 07/06/2023 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HERITAGE COURT MIDDLETON (0014200)

Address: 6234 MAYWOOD AVE, MIDDLETON, WI 53562

License Status: REGULAR

Licensed/Certified/Registered 01/02/2014 12:00:00AM

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

Survey History

Survey ID: 0144421 **End Date:** 09/26/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143891 **End Date:** 06/21/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UIBJ11 Served 08/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	9/26/23	Yes
83.12(3)(b)	DOCUMENTATION OF INVESTIGATIONS OF INJURIES	9/26/23	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	9/26/23	Yes
83.38(1)(a)	PERSONAL CARE	9/26/23	Yes
83.38(1)(g)	HEALTH MONITORING	9/26/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143668 **End Date:** 05/23/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TRW412 Served 07/18/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	9/26/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	9/26/23	Yes

Survey ID: 0143875 **End Date:** 04/04/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8IBL11 Served 08/08/2023

<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	9/26/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/26/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142522 End Date: 02/17/2023 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TRW411 Served 03/21/2023

Deficiencies Cited	Subject Area	Compliance	Corrected
		Verified	
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	5/24/23	Yes
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	5/24/23	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	5/24/23	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	5/24/23	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	5/24/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	5/24/23	No
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	5/24/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	5/24/23	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	5/24/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	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
83.41(3)(b)	FOOD SAFETY	5/24/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	5/24/23	No
83.45(3)	TOXIC SUBSTANCES	5/24/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141498 **End Date:** 11/11/2022 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #L3PT11 Served 12/07/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	11/11/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (HERITAGE COURT MIDDLETON--0014200)

Date: 08/10/2023 **SOD #**UIBJ11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.12(3)(a)

FORFEITURE---83.32 (3)(i)

FORFEITURE---83.35 (3)(d)

FORFEITURE---83.38(1)(g)

Date: 07/18/2023 **SOD #**TRW412 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

Date: 03/21/2023 **SOD #**TRW411 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.15(3)(a)

FORFEITURE---83.32(3)(d)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.32(3)(i)

FORFEITURE---83.35(1)(a)

FORFEITURE---83.35(3)(c)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(g)

Date: 12/07/2022 **SOD #**L3PT11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (HERITAGE COURT MIDDLETON--0014200)

Date Complaint Received: 07/14/2023

Date Investigation Completed: 09/26/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/19/2023

Date Investigation Completed: 06/21/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
UIBJ11
UIBJ11

Date Complaint Received: 06/15/2023

Date Investigation Completed: 06/21/2023

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
NOT RECORDED

Date Complaint Received: 03/13/2023

Date Investigation Completed: 04/04/2023

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
8IBL11
8IBL11

Date Complaint Received: 01/25/2023

Date Investigation Completed: 02/14/2023

Subject Area(s)
ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
TRW411
TRW411

Date Complaint Received: 01/10/2023

Date Investigation Completed: 02/14/2023

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 01/03/2023

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 02/14/2023

Result
SUBSTANTIATED

SOD #
TRW411

Date Complaint Received: 12/08/2022

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 02/14/2023

Result
SUBSTANTIATED

SOD #
TRW411

Date Complaint Received: 10/07/2022

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 11/11/2022

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Sage Meadows of Middleton (0019366)

Address: 5340 Century Ave, Middleton, WI 53562

License Status: REGULAR

Licensed/Certified/Registered 05/31/2024 12:00:00AM

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

Survey History

Survey ID: 0146504 **End Date:** 05/22/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146334 **End Date:** 05/02/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GLXI13 Served 05/08/2024

<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	5/22/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	5/22/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0145701 **End Date:** 02/09/2024 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GLXI12 Served 02/22/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	5/2/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	5/2/24	No
83.38(1)(i)	BEHAVIOR MANAGEMENT	5/2/24	Yes

Survey ID: 0144964 **End Date:** 09/28/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GLXI11 Served 12/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	2/6/24	No
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	2/6/24	No
83.38(1)(b)	SUPERVISION	2/6/24	Yes

Survey ID: 0143183 **End Date:** 05/24/2023 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (Sage Meadows of Middleton--0019366)

Date: 05/08/2024 **SOD #**GLXI13 **Appealed:** No

Sanctions

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

Date: 02/22/2024 **SOD #**GLXI12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.35(3)(d)
FORFEITURE---83.37(1)(i)

Date: 12/06/2023 **SOD #**GLXI11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(b)

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Provider Inspection Summary

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

Complaint History (Sage Meadows of Middleton--0019366)

Date Complaint Received: 03/14/2024

Date Investigation Completed: 04/18/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

SUBSTANTIATED
SUBSTANTIATED

GLXI13
GLXI13

Date Complaint Received: 03/08/2024

Date Investigation Completed: 04/18/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 01/02/2024

Date Investigation Completed: 02/06/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 09/12/2023

Date Investigation Completed: 09/28/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

GLXI11

Date Complaint Received: 08/14/2023

Date Investigation Completed: 09/28/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Sage Meadows of Middleton (0019367)

Address: 5330 Century Ave, Middleton, WI 53562

License Status: REGULAR

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

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

Survey History

Survey ID: 0148282 **End Date:** 12/05/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0148449 **End Date:** 09/25/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MHFQ11 Served 01/07/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0147844 **End Date:** 08/29/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DMOH11 Served 10/16/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	12/5/24	Yes

Survey ID: 0147333 **End Date:** 08/01/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146280 **End Date:** 04/25/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145702 **End Date:** 02/06/2024 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3PSC11 Served 02/22/2024

<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	4/25/24	Yes

Survey ID: 0143196 **End Date:** 05/25/2023 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (Sage Meadows of Middleton--0019367)

Date: 01/07/2025 **SOD #**MHFQ11 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.20(2)(a-d)
FORFEITURE---83.21(1-3)
FORFEITURE---83.32(3)(d)

Date: 10/15/2024 **SOD #**DMOH11 **Appealed:** No

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(i)

Date: 02/22/2024 **SOD #**3PSC11 **Appealed:**

Sanctions

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

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Provider Inspection Summary

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

Complaint History (Sage Meadows of Middleton--0019367)

Date Complaint Received: 11/07/2024

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 12/05/2024

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/15/2024

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

Date Investigation Completed: 09/25/2024

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
MHFQ11
MHFQ11

Date Complaint Received: 08/05/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 08/29/2024

Result
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
DMOH11

Date Complaint Received: 07/24/2024

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 08/01/2024

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/10/2024

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 02/06/2024

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BASCOM HALL (0014202)

Address: 111 OWEN RD, MONONA, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 11/01/2013 12:00:00AM

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

Survey History

Survey ID: 0141634 **End Date:** 12/13/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140931 **End Date:** 10/03/2022 **Type:** INITIAL **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140221 **End Date:** 06/21/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1GHH11 Served 07/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.39(1)	INFECTION CONTROL PROGRAM	10/3/22	
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	10/3/22	Yes

Enforcement History (BASCOM HALL--0014202)

Date: 07/25/2022 **SOD #**1GHH11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (BASCOR HALL--0014202)

Date Complaint Received: 11/22/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 12/13/2022

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/08/2022

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 07/11/2022

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CAPITAL SQUARE (0014203)

Address: 111 OWEN RD, MONONA, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 11/01/2013 12:00:00AM

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

Survey History

Survey ID: 0145910 **End Date:** 03/13/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144909 **End Date:** 11/28/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142781 **End Date:** 03/30/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141806 **End Date:** 12/15/2022 **Type:** OTHER **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OSQF11 Served 01/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(d)	RETAIN WRITTEN REPORT OF ASSESSMENT	3/30/23	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	3/30/23	Yes
83.44(1)(b)	SEPARATE LAUNDRY STORAGE AREAS OR CONTAINERS	3/30/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141426 **End Date:** 08/12/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VB0Z13 Served 11/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	3/30/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	3/30/23	Yes

Survey ID: 0139658 **End Date:** 01/27/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WCUQ11 Served 05/26/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	8/11/22	No

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Provider Inspection Summary

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

Enforcement History (CAPITAL SQUARE--0014203)

Date: 01/11/2023 **SOD #**OSQF11 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 11/28/2022 **SOD #**VB0Z13 **Appealed:**

Sanctions
ORDER TO COMPLY
FORFEITURE---83.32(3)(h)
FORFEITURE---83.37 (2)(d)

Date: 05/26/2022 **SOD #**WCUQ11 **Appealed:**

Sanctions
ORDER TO COMPLY
FORFEITURE---83.32(3)(h)

Complaint History (CAPITAL SQUARE--0014203)

Date Complaint Received: 01/26/2024 **Date Investigation Completed:** 03/13/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 11/22/2023 **Date Investigation Completed:** 11/28/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 11/22/2022 **Date Investigation Completed:** 12/15/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	OSQF11
RESIDENT RIGHTS	NOT SUBSTANTIATED	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: DANE COUNTY CARE CENTER (110522)

Address: 300 FEMRITE DR, MONONA, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 02/05/1997 12:00:00AM

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

Survey History

Survey ID: 0148549 **End Date:** 12/18/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I05D12 Served 01/22/2025

Deficiencies Cited
83.14(2)(j)

Subject Area
NOT PERMIT A CONDITION OF SUBSTANTIAL
RISK

Compliance
Verified

Corrected

Survey ID: 0147369 **End Date:** 08/13/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147469 **End Date:** 07/02/2024 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I05D11 Served 08/30/2024

Deficiencies Cited
83.32(3)(n)

Subject Area
RIGHTS OF RESIDENTS: SAFE ENVIRONMENT

Compliance
Verified
12/18/24

Corrected
Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144092 **End Date:** 08/24/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142927 **End Date:** 01/25/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IPJ111 Served 05/04/2023

<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	8/24/23	Yes

Enforcement History (DANE COUNTY CARE CENTER--110522)

Date: 08/30/2024 **SOD #**I05D11 **Appealed:**

Sanctions

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

Date: 05/04/2023 **SOD #**IPJ111 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a)-(d)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (DANE COUNTY CARE CENTER--110522)

Date Complaint Received: 12/13/2024

Date Investigation Completed: 12/18/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

I05D12

Date Complaint Received: 10/23/2024

Date Investigation Completed: 12/18/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

I05D12

PROGRAM SERVICES

SUBSTANTIATED

I05D12

RESIDENT RIGHTS

SUBSTANTIATED

I05D12

Date Complaint Received: 07/26/2024

Date Investigation Completed: 08/14/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HERITAGE MONONA CBRF (0012891)

Address: 111 OWEN RD, MONONA, WI 53716

License Status: REGULAR

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

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

Survey History

Survey ID: 0147911 **End Date:** 10/15/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147202 **End Date:** 07/30/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146747 **End Date:** 06/17/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QW4M11 Served 06/20/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	10/15/24	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	10/15/24	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	10/15/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143872 End Date: 08/02/2023 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143048 End Date: 04/21/2023 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142426 End Date: 12/19/2022 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4G9011 Served 03/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.32(3)(m)	RIGHTS OF RESIDENTS: RECORDING AND FILMING	4/21/23	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	4/21/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	4/21/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	4/21/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	4/21/23	Yes

Survey ID: 0140576 End Date: 08/18/2022 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140231 End Date: 07/14/2022 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140232 End Date: 06/22/2022 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #QJH811 Served 07/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
12.04(1)	CONTRACTING BACKGROUND CHECKS ALLOWED	9/8/22	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	9/8/22	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	9/8/22	Yes
83.43(2)(b)	CLEAN, COMFORTABLE MATTRESS AND PAD	9/8/22	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	9/8/22	Yes

Enforcement History (HERITAGE MONONA CBRF--0012891)

Date: 06/20/2024 SOD #QW4M11 Appealed: Yes Decision: PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.14(2)(j)
FORFEITURE---83.17 (1)
FORFEITURE---83.32(3)(i)

Date: 03/09/2023 SOD #4G9011 Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(m)
FORFEITURE---83.43(1)

Date: 07/25/2022 SOD #QJH811 Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Complaint History (HERITAGE MONONA CBRF--0012891)		
Date Complaint Received: 07/18/2024	Date Investigation Completed: 07/30/2024	
<u>Subject Area(s)</u> PHYSICAL ENVIRONMENT/SAFETY RESIDENT RIGHTS	<u>Result</u> NOT SUBSTANTIATED NOT SUBSTANTIATED	<u>SOD #</u>
Date Complaint Received: 06/04/2024	Date Investigation Completed: 06/05/2024	
<u>Subject Area(s)</u> RESIDENT RIGHTS	<u>Result</u> SUBSTANTIATED	<u>SOD #</u> QW4M11
Date Complaint Received: 07/28/2023	Date Investigation Completed: 08/02/2023	
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>
Date Complaint Received: 07/20/2023	Date Investigation Completed: 08/02/2023	
<u>Subject Area(s)</u> RESIDENT RIGHTS STAFF TRAINING AND PROFICIENCY	<u>Result</u> NOT SUBSTANTIATED NOT SUBSTANTIATED	<u>SOD #</u>
Date Complaint Received: 12/06/2022	Date Investigation Completed: 12/13/2022	
<u>Subject Area(s)</u> ADMINISTRATION PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED NOT SUBSTANTIATED	<u>SOD #</u>
Date Complaint Received: 11/23/2022	Date Investigation Completed: 12/13/2022	
<u>Subject Area(s)</u> RESIDENT RIGHTS STAFF TRAINING AND PROFICIENCY	<u>Result</u> SUBSTANTIATED SUBSTANTIATED	<u>SOD #</u> 4G9011 4G9011

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 08/10/2022

Subject Area(s)

PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 08/18/2022

Result

NOT SUBSTANTIATED
-migrated data -
NOT SUBSTANTIATED

SOD #

NOT RECORDED

Date Complaint Received: 07/08/2022

Subject Area(s)

PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 07/25/2022

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/03/2022

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 06/22/2022

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: TELLURIAN TRANSITIONAL HOUSING (0009432)

Address: 300 FEMRITE DR, Monona, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 10/01/2002 12:00:00AM

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

Survey History

Survey ID: 0144094 **End Date:** 08/24/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142699 **End Date:** 01/24/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SMS611 Served 04/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	8/24/23	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	8/24/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	8/24/23	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	8/24/23	Yes

Survey ID: 0140595 **End Date:** 08/25/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (TELLURIAN TRANSITIONAL HOUSING--0009432)

Date: 04/06/2023

SOD #SMS611

Appealed:

Decision: PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BeeHive Homes of Mt Horeb (0019361)

Address: 325 North 8th St, Mount Horeb, WI 53572

License Status: REGULAR

Licensed/Certified/Registered 04/01/2024 12:00:00AM

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

Survey History

Survey ID: 0145716 **End Date:** 02/20/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145099 **End Date:** 12/07/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XGEJ11 Served 01/02/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(1)-(3)	ALL EMPLOYEE TRAINING	2/20/24	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	2/20/24	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	2/20/24	Yes

Survey ID: 0142857 **End Date:** 03/31/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (BeeHive Homes of Mt Horeb--0019361)

Date: 01/02/2024 **SOD #**XGEJ11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.21(1-3)

FORFEITURE---83.22(1-4)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: INGLEHAVEN (0015157)

Address: 512 ALAN DRIVE, MOUNT HOREB, WI 53572

License Status: REGULAR

Licensed/Certified/Registered 08/01/2015 12:00:00AM

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

Survey History

Survey ID: 0145131 **End Date:** 12/14/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144526 **End Date:** 09/14/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8ODC11 Served 10/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.04(2)(c)	CLASS A NON-AMBULATORY (ANA)	12/14/23	Yes
83.29(1)(c)	30 DAY WRITTEN NOTICE OF CHANGES	12/14/23	Yes

Survey ID: 0143103 **End Date:** 05/04/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142918 **End Date:** 04/14/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #L76812 Served 04/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	6/12/23	Yes

Survey ID: 0142298 **End Date:** 02/08/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TQXH11 Served 02/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(2)(a)	NUTRITION: DIET	2/8/23	Yes

Survey ID: 0141564 **End Date:** 11/29/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	5/4/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142051 **End Date:** 10/06/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L76811 Served 02/07/2023

<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	4/14/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	4/14/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/14/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	4/14/23	Yes
83.38(1)(g)	HEALTH MONITORING	4/14/23	Yes

Survey ID: 0141070 **End Date:** 07/12/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DX6G11 Served 10/18/2022

<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	11/29/22	No

Survey ID: 0140810 **End Date:** 04/18/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VLFJ13 Served 09/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.39(1)	INFECTION CONTROL PROGRAM	12/12/22	Yes
83.47(2)(d)	FIRE DRILLS	12/12/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	12/12/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (INGLEHAVEN--0015157)

Date: 10/16/2023 **SOD #**8ODC11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 04/28/2023 **SOD #**L76812 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 02/28/2023 **SOD #**TQXH11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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

Date: 02/07/2023 **SOD #**L76811 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.32(3)(d)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37 (2)(d)

FORFEITURE---83.38(1)(g)

Date: 10/18/2022 **SOD #**DX6G11 **Appealed:**

Sanctions

ORDER TO COMPLY

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 09/21/2022 **SOD #**VLFJ13 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.47(2)(d)
FORFEITURE---83.47(2)(e)

Date: 01/24/2022 **SOD #**VLFJ12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.46(1)(c)
FORFEITURE---83.47(2)(e)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (INGLEHAVEN--0015157)

Date Complaint Received: 09/01/2023

Date Investigation Completed: 09/14/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

8ODC11

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

8ODC11

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 01/04/2023

Date Investigation Completed: 02/08/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

TQXH11

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

TQXH11

RESIDENT RIGHTS

SUBSTANTIATED

TQXH11

Date Complaint Received: 09/29/2022

Date Investigation Completed: 11/14/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

L76811

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

L76811

Date Complaint Received: 06/30/2022

Date Investigation Completed: 10/18/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

DX6G11

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

DX6G11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: VitaCare Living Mount Horeb (0019178)

Address: 104 Lincoln Ct, Mount Horeb, WI 53572

License Status: REGULAR

Licensed/Certified/Registered 04/15/2024 12:00:00AM

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

Survey History

Survey ID: 0147031 **End Date:** 07/08/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146174 **End Date:** 04/15/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (VitaCare Living Mount Horeb--0019178)

Date Complaint Received: 06/16/2024

Date Investigation Completed: 07/08/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BEEHIVE HOMES OF OREGON WI (0018009)
Address: 151 NORTH BERGAMONT BOULEVARD, OREGON, WI 53575
License Status: REGULAR
Licensed/Certified/Registered 04/03/2021 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148218 **End Date:** 11/05/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #2N6R11 Served 12/04/2024

<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	1/18/24	Yes

Survey ID: 0143929 **End Date:** 08/08/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143019 **End Date:** 03/21/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RTIL11 Served 05/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	8/8/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (BEEHIVE HOMES OF OREGON WI--0018009)

Date: 12/04/2024 **SOD #**2N6R11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 05/11/2023 **SOD #**RTIL11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.25

Complaint History (BEEHIVE HOMES OF OREGON WI--0018009)

Date Complaint Received: 09/25/2024

Date Investigation Completed: 10/30/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

2N6R11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BEEHIVE HOMES OF OREGON (0016291)

Address: 101 N BERGAMONT BLVD, OREGON, WI 53575

License Status: REGULAR

Licensed/Certified/Registered 05/01/2018 12:00:00AM

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

Survey History

Survey ID: 0141500 **End Date:** 11/02/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5FEK11 Served 12/05/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.59(4)(b)	DELAYED EGRESS: LOCKING DEVICE SIGN POSTED	1/19/23	Yes

Enforcement History (BEEHIVE HOMES OF OREGON--0016291)

Date: 12/05/2022 **SOD #**5FEK11 **Appealed:** No

Sanctions
ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SIENNA CREST OREGON (111073)

Address: 981 PARK STREET, OREGON, WI 53575

License Status: REGULAR

Licensed/Certified/Registered 03/25/1999 12:00:00AM

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

Survey History

Survey ID: 0147657 **End Date:** 08/12/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H75G15 Served 09/24/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	1/28/25	Yes

Survey ID: 0146087 **End Date:** 03/12/2024 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H75G14 Served 04/10/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	8/12/24	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	8/12/24	No

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140932 End Date: 06/27/2022 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H75G13 Served 10/05/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.38(1)(g)	HEALTH MONITORING	3/12/24	Yes

Enforcement History (SIENNA CREST OREGON--111073)

Date: 09/24/2024 SOD #H75G15 Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.55(6)(b)

Date: 04/10/2024 SOD #H75G14 Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a-d)

Date: 10/05/2022 SOD #H75G13 Appealed:

Sanctions

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

Date: 04/26/2022 SOD #H75G12 Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25 Continuing Education

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SIENNA MEADOWS OF OREGON (0009869)

Address: 989 PARK ST, OREGON, WI 53575

License Status: REGULAR

Licensed/Certified/Registered 01/01/2004 12:00:00AM

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

Survey History

Survey ID: 0147714 **End Date:** 08/12/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0FXG11 Served 10/01/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(a)	REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.38(1)(b)	SUPERVISION		

Survey ID: 0145897 **End Date:** 03/12/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143897 **End Date:** 07/25/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4U8R11 Served 08/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	3/12/24	Yes

Survey ID: 0142003 **End Date:** 01/26/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (SIENNA MEADOWS OF OREGON--0009869)

Date: 10/01/2024 **SOD #**0FXG11 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(b)

Date: 08/10/2023 **SOD #**4U8R11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SIENNA MEADOWS OF OREGON--0009869)

Date Complaint Received: 07/10/2024

Date Investigation Completed: 08/12/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

0FXG11

Date Complaint Received: 06/19/2024

Date Investigation Completed: 08/12/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 06/16/2023

Date Investigation Completed: 07/25/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 01/05/2023

Date Investigation Completed: 01/26/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AZURA MEMORY CARE OF STOUGHTON (0013404)

Address: 1221 East MAIN ST, STOUGHTON, WI 53589

License Status: REGULAR

Licensed/Certified/Registered 08/01/2011 12:00:00AM

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

Survey History

Survey ID: 0143715 **End Date:** 07/06/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HERITAGE CENTER (111086)

Address: 400 N MORRIS ST, STOUGHTON, WI 53589

License Status: REGULAR

Licensed/Certified/Registered 01/31/1999 12:00:00AM

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

Survey History

Survey ID: 0147472 **End Date:** 07/09/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #24QM11 Served 08/30/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.47(2)(d)	FIRE DRILLS		

Survey ID: 0143592 **End Date:** 05/18/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142066 **End Date:** 10/19/2022 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JW1W11 Served 02/07/2023

<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	5/18/23	Yes

Survey ID: 0140272 **End Date:** 07/20/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139541 **End Date:** 02/02/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JGE612 Served 05/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	7/28/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	7/20/22	Yes
83.38(1)(g)	HEALTH MONITORING	7/20/22	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	7/20/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (HERITAGE CENTER--111086)

Date: 08/30/2024 **SOD #**24QM11 **Appealed:** No

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37 (2)(d)

Date: 02/07/2023 **SOD #**JW1W11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32 (3)(h)

Date: 05/12/2022 **SOD #**JGE612 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---83.35(1)(C)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(g)

Complaint History (HERITAGE CENTER--111086)

Date Complaint Received: 06/13/2022

Date Investigation Completed: 07/20/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: KETTLE PARK SENIOR LIVING INC (0017669)

Address: 2600 JACKSON ST, STOUGHTON, WI 53589

License Status: REGULAR

Licensed/Certified/Registered 08/28/2020 12:00:00AM

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

Survey History

Survey ID: 0146760 **End Date:** 06/04/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5JP611 Served 06/20/2024

Deficiencies Cited
83.17(1)

Subject Area
LICENSEE CONDUCT CAREGIVER
BACKGROUND CHECK

Compliance
Verified
6/4/24

Corrected
Yes

Survey ID: 0144746 **End Date:** 10/04/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #445D11 Served 11/07/2023

Deficiencies Cited
83.47(2)(d)

Subject Area
FIRE DRILLS

Compliance
Verified
10/4/23

Corrected
Yes

Survey ID: 0139136 **End Date:** 03/22/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (KETTLE PARK SENIOR LIVING INC--0017669)

Date: 06/20/2024 **SOD #5JP611** **Appealed: No**

Sanctions
ORDER TO COMPLY

Date: 11/07/2023 **SOD #445D11** **Appealed: No**

Sanctions
ORDER TO COMPLY

Complaint History (KETTLE PARK SENIOR LIVING INC--0017669)

Date Complaint Received: 04/01/2024 **Date Investigation Completed: 06/04/2024**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	5JP611

Date Complaint Received: 08/16/2023 **Date Investigation Completed: 10/04/2023**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MAGNOLIA GARDENS (0016611)

Address: 400 N MORRIS STREET, STOUGHTON, WI 53589

License Status: REGULAR

Licensed/Certified/Registered 06/01/2018 12:00:00AM

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

Survey History

Survey ID: 0147364 **End Date:** 08/12/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144856 **End Date:** 11/10/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (MAGNOLIA GARDENS--0016611)

Date Complaint Received: 06/05/2024

Date Investigation Completed: 08/12/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 10/10/2023

Date Investigation Completed: 11/09/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MILESTONE SENIOR LIVING STOUGHTON CBRF (0017056)

Address: 2220 LINCOLN AVE, STOUGHTON, WI 53589

License Status: REGULAR

Licensed/Certified/Registered 05/18/2018 12:00:00AM

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

Survey History

Survey ID: 0148350 **End Date:** 10/07/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BL1M16 Served 01/03/2025

<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		
83.38(1)(g)	HEALTH MONITORING		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0147034 **End Date:** 05/29/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BL1M15 Served 07/22/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	10/7/24	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	10/7/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/7/24	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	10/7/24	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	10/7/24	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	10/7/24	Yes
83.47(2)(d)	FIRE DRILLS	10/7/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	10/7/24	Yes

Survey ID: 0144810 **End Date:** 09/01/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BL1M14 Served 11/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	5/15/24	No
83.38(1)(a)	PERSONAL CARE	5/15/24	Yes
83.38(1)(g)	HEALTH MONITORING	5/15/24	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	5/15/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143563 **End Date:** 06/26/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BL1M13 Served 07/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	9/1/23	No

Survey ID: 0142807 **End Date:** 02/20/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #59MG15 Served 04/18/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	6/21/23	No

Survey ID: 0142627 **End Date:** 01/17/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BL1M12 Served 04/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	6/26/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	6/26/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	6/26/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141575 **End Date:** 09/12/2022 **Type:** OTHER **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #59MG14 Served 12/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	2/20/23	No
83.21(1)-(3)	ALL EMPLOYEE TRAINING	2/20/23	Yes
83.25	CONTINUING EDUCATION	2/20/23	Yes
83.41(3)(b)	FOOD SAFETY	2/20/23	Yes

Survey ID: 0140507 **End Date:** 07/05/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BL1M11 Served 08/19/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE	1/17/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	1/17/23	No

Survey ID: 0140703 **End Date:** 04/13/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139824 **End Date:** 03/03/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #59MG13 Served 06/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(1)-(3)	ALL EMPLOYEE TRAINING	9/12/22	No
83.41(3)(b)	FOOD SAFETY	9/12/22	

Survey ID: 0138468 **End Date:** 01/25/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (MILESTONE SENIOR LIVING STOUGHTON CBRF--0017056)

Date: 01/03/2025 **SOD #**BL1M16 **Appealed:** **Decision:** PENDING

Sanctions

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

Date: 07/22/2024 **SOD #**BL1M15 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.20(2)(a)-(d)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(i)

Date: 11/17/2023 **SOD #**BL1M14 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.37(1)(i)
FORFEITURE---83.38(1)(g)

Date: 07/06/2023 **SOD #**BL1M13 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 04/18/2023 **SOD #**59MG15 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---50.065 (2)(bb)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 04/05/2023 **SOD #BL1M12** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(h)
FORFEITURE---83.37(2)(d)

Date: 12/13/2022 **SOD #59MG14** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.21(1)-(3)
FORFEITURE---83.25
FORFEITURE---83.41(3)(b)

Date: 08/19/2022 **SOD #BL1M11** **Appealed: No**

Sanctions

ORDER TO COMPLY

Date: 06/10/2022 **SOD #59MG13** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.21(1)-(3)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (MILESTONE SENIOR LIVING STOUGHTON CBRF--0017056)

Date Complaint Received: 05/08/2024

Date Investigation Completed: 05/15/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 08/06/2023

Date Investigation Completed: 09/01/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

BL1M14

RESIDENT RIGHTS

SUBSTANTIATED

BL1M14

Date Complaint Received: 06/16/2023

Date Investigation Completed: 06/21/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 06/07/2023

Date Investigation Completed: 06/21/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 06/29/2022

Date Investigation Completed: 07/05/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

BL1M11

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

BL1M11

PROGRAM SERVICES

SUBSTANTIATED

BL1M11

RESIDENT RIGHTS

SUBSTANTIATED

BL1M11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

BL1M11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: STOUGHTON MEADOWS ASSISTED LIVING (0015620)

Address: 2321 JACKSON ST, STOUGHTON, WI 53589

License Status: REGULAR

Licensed/Certified/Registered 08/01/2016 12:00:00AM

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

Survey History

Survey ID: 0147083 **End Date:** 07/01/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Survey ID: 0146818 **End Date:** 04/26/2024 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT/VV

Results: LICENSE/CERT/REGISTRATION ISSUED

Statement of Deficiency: #BTKI12 Served 06/28/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.29(2)	ADMISSION AGREEMENT	10/29/24	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	10/29/24	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	10/29/24	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	10/29/24	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	10/29/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/29/24	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	10/29/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	10/29/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	10/29/24	Yes
83.43(2)(b)	CLEAN, COMFORTABLE MATTRESS AND PAD	10/29/24	Yes

Survey ID: 0145530 **End Date: 01/24/2024** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145598 **End Date: 11/15/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BTKI11 Served 02/14/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	4/26/24	Yes
83.29(2)	ADMISSION AGREEMENT	4/26/24	No
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	4/26/24	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/26/24	No

Survey ID: 0144434 **End Date: 09/21/2023** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142126 **End Date:** 01/27/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #UOVI13 Served 02/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	1/27/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	1/27/23	Yes

Survey ID: 0140947 **End Date:** 09/13/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UOVI12 Served 10/06/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.31(4)(a)	NOTICE OF FACILITY INITIATED DISCHARGES	1/27/23	Yes

Survey ID: 0139602 **End Date:** 02/08/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UOVI11 Served 05/19/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	9/13/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (STOUGHTON MEADOWS ASSISTED LIVING--0015620)

Date: 07/25/2024 **SOD #**RN3011 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.12(2)(a)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(g)

Date: 06/28/2024 **SOD #**BTKI12 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.29(2)

FORFEITURE---83.32 (3)(i)

FORFEITURE---83.35(3)(c)

FORFEITURE---83.35(3)(d)

Date: 02/14/2024 **SOD #**BTKI11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.29(2)

FORFEITURE---83.35(3)(d)

Date: 02/13/2023 **SOD #**UOVI13 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 10/06/2022

SOD #UOVI12

Appealed: No

Sanctions

ORDER TO COMPLY

Date: 05/19/2022

SOD #UOVI11

Appealed:

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.32(3)(i)

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Provider Inspection Summary

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

Complaint History (STOUGHTON MEADOWS ASSISTED LIVING--0015620)

Date Complaint Received: 06/24/2024

Date Investigation Completed: 07/01/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

RN3011

RESIDENT RIGHTS

SUBSTANTIATED

RN3011

Date Complaint Received: 06/13/2024

Date Investigation Completed: 07/01/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

RN3011

Date Complaint Received: 05/24/2024

Date Investigation Completed: 06/04/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

RN3011

Date Complaint Received: 04/10/2024

Date Investigation Completed: 04/26/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 02/16/2024

Date Investigation Completed: 04/03/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

BTKI12

RESIDENT RIGHTS

SUBSTANTIATED

BTKI12

Date Complaint Received: 12/22/2023

Date Investigation Completed: 01/16/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Date Complaint Received: 11/06/2023

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 11/07/2023

Result
SUBSTANTIATED

SOD #
BTKI11

Date Complaint Received: 10/31/2023

Subject Area(s)
ADMINISTRATION

Date Investigation Completed: 11/07/2023

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/15/2023

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 09/21/2023

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/17/2022

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 09/13/2022

Result
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #
UOVI12
UOVI12
UOVI12

Date Complaint Received: 01/31/2022

Subject Area(s)
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 02/03/2022

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
UOVI11
UOVI11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: A Place for Us (0018638)

Address: 35 Tower Dr, Sun Prairie, WI 53590

License Status: REGULAR

Licensed/Certified/Registered 09/14/2023 12:00:00AM

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

Survey History

Survey ID: 0146881 **End Date:** 06/11/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9VYN11 Served 07/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	8/23/24	Yes
83.37(1)(b)	MEDICATION LABEL PERMANENTLY ATTACHED	8/23/24	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	8/23/24	Yes
83.41(3)(b)	FOOD SAFETY	8/23/24	Yes

Survey ID: 0144304 **End Date:** 09/14/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (A Place for Us--0018638)

Date: 07/09/2024 **SOD #**9VYN11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BROOKDALE SUN PRAIRIE (110491)

Address: 650 BROADWAY DR, SUN PRAIRIE, WI 53590

License Status: REGULAR

Licensed/Certified/Registered 04/30/1998 12:00:00AM

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

Survey History

Survey ID: 0147328 **End Date:** 08/09/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146319 **End Date:** 04/04/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VXR511 Served 05/06/2024

Deficiencies Cited
83.38(1)(g)

Subject Area
HEALTH MONITORING

Compliance
Verified
8/9/24

Corrected
Yes

Survey ID: 0145490 **End Date:** 02/02/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144937 **End Date:** 11/28/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144843 **End Date:** 09/08/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YWN012 Served 02/02/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	2/2/24	Yes

Survey ID: 0143898 **End Date:** 06/14/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XREV11 Served 08/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(g)	HEALTH MONITORING	11/28/23	Yes

Survey ID: 0143127 **End Date:** 03/17/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YWN011 Served 05/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	9/6/23	No
83.25	CONTINUING EDUCATION	9/6/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	9/6/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	9/6/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	9/6/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (BROOKDALE SUN PRAIRIE--110491)

Date: 05/06/2024 **SOD #VXR511** **Appealed: No**

Sanctions

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

Date: 02/02/2024 **SOD #YWN012** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.17(2)(a)

Date: 08/10/2023 **SOD #XREV11** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.38(1)9g)

Date: 05/22/2023 **SOD #YWN011** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25
FORFEITURE---83.32(3)(h)
FORFEITURE---83.43(1)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (BROOKDALE SUN PRAIRIE--110491)

Date Complaint Received: 01/23/2024

Date Investigation Completed: 02/02/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 10/10/2023

Date Investigation Completed: 11/28/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 05/23/2023

Date Investigation Completed: 06/14/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

XREV11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

XREV11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HYLAND CROSSINGS (0017238)

Address: 1249 SCHOOL ST, SUN PRAIRIE, WI 53590

License Status: REGULAR

Licensed/Certified/Registered 11/01/2018 12:00:00AM

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

Survey History

Survey ID: 0148585 **End Date:** 01/15/2025 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0148251 **End Date:** 10/04/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #X9YQ11 Served 01/02/2025

<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		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.46(1)(c)	HEATING SYSTEM MAINTENANCE		

Survey ID: 0145057 **End Date:** 12/06/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144255 **End Date:** 09/07/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144215 **End Date:** 07/20/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4N3U12 Served 09/14/2023

<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	12/6/23	Yes

Survey ID: 0143654 **End Date:** 05/24/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N5Q311 Served 07/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	9/7/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143142 **End Date:** 03/17/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4N3U11 Served 05/23/2023

<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	7/20/23	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	7/20/23	Yes
83.25	CONTINUING EDUCATION	7/20/23	Yes
83.47(2)(a)	EMERGENCY AND DISASTER PLAN CONTENTS	7/20/23	Yes
83.47(2)(d)	FIRE DRILLS	7/20/23	Yes
83.47(3)	FIRE INSPECTION	7/20/23	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	7/20/23	Yes

Survey ID: 0139960 **End Date:** 06/13/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139740 **End Date:** 03/15/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #Y16W11 Served 06/02/2022

<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	6/2/22	No

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (HYLAND CROSSINGS--0017238)

Date: 01/02/2025 **SOD #**X9YQ11 **Appealed:** **Decision:** PENDING

Sanctions

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

Date: 09/14/2023 **SOD #**4N3U12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 07/17/2023 **SOD #**N5Q311 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(i)

Date: 05/23/2023 **SOD #**4N3U11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.22 (1-4)
FORFEITURE---83.25

Date: 06/02/2022 **SOD #**Y16W11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (HYLAND CROSSINGS--0017238)

Date Complaint Received: 11/15/2024

Date Investigation Completed: 01/15/2025

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 09/25/2024

Date Investigation Completed: 10/03/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 07/05/2023

Date Investigation Completed: 07/19/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

4N3U12

Date Complaint Received: 03/27/2023

Date Investigation Completed: 05/23/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

N5Q311

Date Complaint Received: 06/08/2022

Date Investigation Completed: 06/13/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: NEW PERSPECTIVE SUN PRAIRIE (0015199)
Address: 222 S BRISTOL STREET, SUN PRAIRIE, WI 53590
License Status: REGULAR
Licensed/Certified/Registered 07/25/2014 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148436 **End Date:** 12/10/2024 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0148103 **End Date:** 09/04/2024 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZZI813 Served 11/15/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY		
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS		
83.37(1)(g)	DISPOSITION OF MEDICATIONS		
83.37(1)(j)	PROOF-OF-USE RECORD		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.37(2)(d) DOCUMENTATION OF MEDICATION
ADMINISTRATION
83.37(3)(c) MEDICATION STORAGE: LOCKED CABINET
83.44(2)(a) ROOMS CLEAN AND FREE FROM ODORS

Survey ID: 0146779 End Date: 05/15/2024 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZZI812 Served 06/25/2024

<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	8/28/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/28/24	No
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	8/28/24	No
83.38(1)(h)	MEDICATION ADMINISTRATION	8/28/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0145315 **End Date:** 10/12/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZZI811 Served 01/18/2024

<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	5/9/24	Yes
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	5/9/24	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	5/8/24	Yes
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY	5/9/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	5/9/24	No
83.38(1)(g)	HEALTH MONITORING	5/8/24	Yes

Survey ID: 0145000 **End Date:** 09/05/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9PKX12 Served 12/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.21(1)-(3)	ALL EMPLOYEE TRAINING	5/9/24	Yes
83.25	CONTINUING EDUCATION	5/9/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	5/9/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	5/9/24	Yes

Survey ID: 0142518 **End Date:** 03/14/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143347 **End Date:** 01/12/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9PKX11 Served 06/14/2023

<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	9/5/23	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	9/5/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	9/5/23	No

Survey ID: 0141456 **End Date:** 08/29/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LHXR11 Served 12/15/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	5/9/24	Yes
83.38(1)(g)	HEALTH MONITORING	5/9/24	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	5/9/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141163 End Date: 06/24/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ND1D11 Served 10/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(1)(b)	DEATH REPORTING RELATED TO ACCIDENT OR INJURY	3/27/24	No
83.32(3)(c)	RIGHTS OF RESIDENTS: FREE FROM LABOR	3/27/24	No
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	3/27/24	No
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	3/21/24	No
83.38(1)(i)	BEHAVIOR MANAGEMENT	3/27/24	No
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	3/27/24	No

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (NEW PERSPECTIVE SUN PRAIRIE--0015199)

Date: 11/15/2024 **SOD #**ZZI813 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.36(1)(a)

FORFEITURE---83.37(1)(j)

FORFEITURE---83.37(2)(d)

Date: 06/25/2024 **SOD #**ZZI812 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---83.35(3)(d)

FORFEITURE---83.36(1)(a)

FORFEITURE---83.38(1)(h)

Date: 01/18/2024 **SOD #**ZZI811 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(g)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 12/07/2023 **SOD #**9PKX12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.21(1-3)
FORFEITURE---83.25
FORFEITURE---83.37(2)(d)

Date: 06/14/2023 **SOD #**9PKX11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a-d)
FORFEITURE---83.36(1)(b)

Date: 12/15/2022 **SOD #**LHXR11 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

ORDER TO COMPLY
FORFEITURE---83.38(1)(g)
FORFEITURE---stip null/void

Date: 11/02/2022 **SOD #**ND1D11 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32 (3)(i)
FORFEITURE---83.32 (3)(k)
FORFEITURE---83.32(3)(c)
FORFEITURE---83.38 (1)(i)
FORFEITURE---stip null/void

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (NEW PERSPECTIVE SUN PRAIRIE--0015199)

Date Complaint Received: 10/29/2024

Date Investigation Completed: 11/01/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

ZZI813

Date Complaint Received: 05/22/2024

Date Investigation Completed: 08/28/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 05/03/2024

Date Investigation Completed: 05/08/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

ZZI812

Date Complaint Received: 01/05/2024

Date Investigation Completed: 05/08/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

ZZI812

Date Complaint Received: 09/09/2023

Date Investigation Completed: 10/11/2023

Subject Area(s)

Result

SOD #

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

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

ZZI811
ZZI811
ZZI811
ZZI811

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Provider Inspection Summary

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

Date Complaint Received: 08/30/2023

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 10/11/2023

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 08/08/2023

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 09/05/2023

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 02/21/2023

Subject Area(s)
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 03/14/2023

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 12/19/2022

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Date Investigation Completed: 01/10/2023

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED 9PKX11
SUBSTANTIATED 9PKX11
SUBSTANTIATED 9PKX11
NOT SUBSTANTIATED

Date Complaint Received: 11/30/2022

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 01/10/2023

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 08/23/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 08/29/2022

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	LHXR11
SUBSTANTIATED	LHXR11

Date Complaint Received: 08/01/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 08/30/2022

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

Date Complaint Received: 04/19/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 06/24/2022

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	ND1D11
SUBSTANTIATED	ND1D11
SUBSTANTIATED	ND1D11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OAK RIDGE LIVING SUN PRAIRIE (0016303)
Address: 605 WOOD VIOLET LN, SUN PRAIRIE, WI 53590
License Status: REGULAR
Licensed/Certified/Registered 10/01/2017 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0144809 **End Date:** 11/09/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143568 **End Date:** 06/07/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV
Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZYSU12 Served 07/05/2023

Deficiencies Cited
83.32(3)(h)

Subject Area
RIGHTS OF RESIDENTS: TO RECEIVE
MEDICATION

Compliance
Verified
11/9/23

Corrected
Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142633 **End Date:** 01/18/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZYSU11 Served 04/03/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	6/7/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	6/7/23	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	6/7/23	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	6/7/23	Yes

Survey ID: 0139568 **End Date:** 04/20/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (OAK RIDGE LIVING SUN PRAIRIE--0016303)

Date: 07/05/2023 **SOD #**ZYSU12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 04/03/2023 **SOD #**ZYSU11 **Appealed:**

Sanctions

ORDER TO COMPLY

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (OAK RIDGE LIVING SUN PRAIRIE--0016303)

Date Complaint Received: 05/16/2023

Date Investigation Completed: 06/06/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

ZYSU12

Date Complaint Received: 04/07/2022

Date Investigation Completed: 04/20/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PRAIRIE GARDENS (0010589)

Address: 900 OKEEFFE AVE, SUN PRAIRIE, WI 53590

License Status: REGULAR

Licensed/Certified/Registered 11/01/2004 12:00:00AM

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

Survey History

Survey ID: 0146538 **End Date:** 05/22/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145580 **End Date:** 01/26/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ILNU11 Served 02/12/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY	5/22/24	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	5/22/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0145575 **End Date:** 12/29/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XR2712 Served 02/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	5/22/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	5/22/24	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	5/22/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	5/22/24	Yes
83.45(3)	TOXIC SUBSTANCES	5/22/24	Yes

Survey ID: 0144510 **End Date:** 08/02/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XR2711 Served 10/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	12/29/23	No
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	12/29/23	No
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	12/29/23	Yes
83.41(3)(b)	FOOD SAFETY	12/29/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	12/29/23	No
83.45(3)	TOXIC SUBSTANCES	12/29/23	No
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT	12/29/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (PRAIRIE GARDENS--0010589)

Date: 02/13/2024 **SOD #**XR2712 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---50.065 (2)(bb)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.37(3)(C)

FORFEITURE---83.38(1)(h)

FORFEITURE---83.43(1)

FORFEITURE---83.45(3)

Date: 10/16/2023 **SOD #**XR2711 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

Complaint History (PRAIRIE GARDENS--0010589)

Date Complaint Received: 01/04/2024

Date Investigation Completed: 01/25/2024

Subject Area(s)

PROGRAM SERVICES

RESIDENT RIGHTS

Result

SUBSTANTIATED

SUBSTANTIATED

SOD #

ILNU11

ILNU11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: TALAMORE SENIOR LIVING SUN PRAIRIE (0018374)

Address: 275 NORTH CITY STATION DRIVE, SUN PRAIRIE, WI 53590

License Status: REGULAR

Licensed/Certified/Registered 10/01/2022 12:00:00AM

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

Survey History

Survey ID: 0147666 **End Date:** 08/16/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FF1V11 Served 09/25/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED		
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		
83.25	CONTINUING EDUCATION		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED		
83.47(2)(d)	FIRE DRILLS		
83.47(3)	FIRE INSPECTION		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0145409 **End Date:** 01/23/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144552 **End Date:** 10/03/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143771 **End Date:** 06/01/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OKJS11 Served 07/27/2023

Deficiencies Cited
83.32(3)(h)

Subject Area
RIGHTS OF RESIDENTS: TO RECEIVE
MEDICATION

Compliance
Verified
10/3/23

Corrected
Yes

Survey ID: 0140257 **End Date:** 07/19/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138756 **End Date:** 02/17/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (TALAMORE SENIOR LIVING SUN PRAIRIE--0018374)

Date: 09/25/2024 **SOD #**FF1V11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.19
FORFEITURE---83.20(2)(a)-(d)
FORFEITURE---83.21(1)-(3)
FORFEITURE---83.22 (1)-(4)
FORFEITURE---83.25
FORFEITURE---83.35(3)(d)

Date: 07/27/2023 **SOD #**OKJS11 **Appealed:**

Sanctions

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

Complaint History (TALAMORE SENIOR LIVING SUN PRAIRIE--0018374)

Date Complaint Received: 07/24/2024 **Date Investigation Completed:** 08/14/2024

Subject Area(s)
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 01/03/2024 **Date Investigation Completed:** 01/23/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 04/28/2023 **Date Investigation Completed:** 05/24/2023

Subject Area(s)
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Result SOD #
SUBSTANTIATED OKJS11
NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Azura Memory Care and Assisted Living of Verona (0020776)

Address: 285 Wildcat Way, Verona, WI 53593

License Status: PROBATIONARY

Licensed/Certified/Registered 12/20/2024 12:00:00AM

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

Survey History

Survey ID: 0148402 **End Date:** 12/20/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Charter Senior Living CBRF-Verona (0014805)

Address: 143 PRAIRIE OAKS DRIVE, VERONA, WI 53593

License Status: REGULAR

Licensed/Certified/Registered 11/01/2014 12:00:00AM

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

Survey History

Survey ID: 0148227 **End Date:** 11/07/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #SH2I11 Served 12/05/2024

Deficiencies Cited
83.41(3)(b)

Subject Area
FOOD SAFETY

Compliance
Verified
12/5/24

Corrected
Yes

Survey ID: 0147680 **End Date:** 09/17/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0147482 **End Date:** 08/01/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UDCH11 Served 09/03/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT		

Survey ID: 0146008 **End Date:** 03/26/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145294 **End Date:** 10/06/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #C7N611 Served 01/17/2024

<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	3/26/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	3/26/24	Yes
83.45(3)	TOXIC SUBSTANCES	3/26/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	3/26/24	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	3/26/24	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	3/26/24	Yes

Survey ID: 0144110 **End Date:** 08/31/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143146 **End Date:** 05/10/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142737 **End Date:** 03/31/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141661 **End Date:** 12/20/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142280 **End Date:** 11/07/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #56XX11 Served 02/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	3/31/23	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	3/31/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140864 End Date: 09/21/2022 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5UV912 Served 09/28/2022

<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	12/20/22	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	12/20/22	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	12/20/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	12/20/22	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	12/20/22	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	12/20/22	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	12/20/22	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	12/20/22	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	12/20/22	Yes
83.38(1)(g)	HEALTH MONITORING	12/20/22	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	12/20/22	Yes
83.41(1)(c)	DISHWASHING	12/20/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	12/20/22	Yes
83.47(2)(d)	FIRE DRILLS	12/20/22	Yes
83.47(3)	FIRE INSPECTION	12/20/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139973 **End Date:** 04/07/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5UV911 Served 06/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	9/14/22	No
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT	9/14/22	Yes
83.25	CONTINUING EDUCATION	9/14/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/14/22	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	9/14/22	No
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	9/14/22	No
83.38(1)(a)	PERSONAL CARE	9/14/22	Yes
83.38(1)(g)	HEALTH MONITORING	9/14/22	No
83.41(2)(c)	NUTRITION: MENUS	9/14/22	No
83.42(1)	RESIDENT RECORD MAINTAINED	9/14/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	9/14/22	Yes
83.47(3)	FIRE INSPECTION	9/14/22	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	9/28/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (Charter Senior Living CBRF-Verona--0014805)

Date: 12/05/2024

SOD #SH2I11

Appealed: No

Sanctions

ORDER TO COMPLY

Date: 09/03/2024

SOD #UDCH11

Appealed:

Decision: PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

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

FORFEITURE---83.21(1-3)

FORFEITURE---83.32*(3)(d)

Date: 01/17/2024

SOD #C7N611

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.35(3)(d)

Date: 02/23/2023

SOD #56XX11

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(n)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 09/28/2022

SOD #5UV912

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.12(3)(a)

FORFEITURE---83.14(2)(a)

FORFEITURE---83.17(2)(a)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37(1)(h)

FORFEITURE---83.38(1)(g)

FORFEITURE---83.38(1)(h)

FORFEITURE---83.41(2)(c)

FORFEITURE---83.43(1)

FORFEITURE---83.47(3)

Date: 06/28/2022

SOD #5UV911

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.17(2)(a)

FORFEITURE---83.25

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(g)

FORFEITURE---83.43(1)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (Charter Senior Living CBRF-Verona--0014805)

Date Complaint Received: 09/17/2024

Date Investigation Completed: 09/17/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

SH2I11

Date Complaint Received: 09/08/2024

Date Investigation Completed: 09/17/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 07/22/2024

Date Investigation Completed: 07/31/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
SUBSTANTIATED UDCH11

Date Complaint Received: 09/12/2023

Date Investigation Completed: 10/04/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED C7N611

Date Complaint Received: 08/24/2023

Date Investigation Completed: 08/31/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 03/28/2023

Date Investigation Completed: 05/10/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 10/26/2022

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 11/01/2022

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	56XX11

Date Complaint Received: 08/30/2022

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 09/14/2022

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	5UV912
SUBSTANTIATED	5UV912
SUBSTANTIATED	5UV912

Date Complaint Received: 07/21/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 09/14/2022

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	5UV912
SUBSTANTIATED	5UV912

Date Complaint Received: 03/15/2022

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

Date Investigation Completed: 04/07/2022

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	5UV911
SUBSTANTIATED	5UV911
SUBSTANTIATED	5UV911

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: EVERGREEN HOME CARE LLC (0014896)

Address: 1003 TAMARACK WAY, VERONA, WI 53593

License Status: REGULAR

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

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

Survey History

Survey ID: 0148655 **End Date:** 01/07/2025 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HHV511 Served 02/03/2025

<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		
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		

Survey ID: 0146218 **End Date:** 04/17/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0145297 **End Date:** 10/10/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R7W511 Served 01/17/2024

<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	4/17/24	Yes
83.31(4)(c)	INVOLUNTARY DISCHARGE NOTICE REQUIREMENTS	4/17/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/17/24	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	4/17/24	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	4/17/24	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	4/17/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	4/17/24	Yes
83.43(2)(d)	CLEAN SHEETS, PILLOWCASES, AND TOWELS	4/17/24	Yes
83.60(1)	TOTAL/OPENABLE WINDOW AREA	4/17/24	Yes

Survey ID: 0138970 **End Date:** 02/17/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #44CE11 Served 03/14/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.29(2)	ADMISSION AGREEMENT	4/28/22	Yes
83.31(4)(c)	INVOLUNTARY DISCHARGE NOTICE REQUIREMENTS	4/28/22	Yes

Survey ID: 0138555 **End Date:** 01/25/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (EVERGREEN HOME CARE LLC--0014896)

Date: 01/17/2024 **SOD #**R7W511 **Appealed:**

Sanctions

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

Date: 03/14/2022 **SOD #**44CE11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (EVERGREEN HOME CARE LLC--0014896)

Date Complaint Received: 01/02/2025

Date Investigation Completed: 01/04/2025

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

HHV511

Date Complaint Received: 12/24/2024

Date Investigation Completed: 01/04/2025

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

HHV511

Date Complaint Received: 03/13/2024

Date Investigation Completed: 04/17/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

R7W512

Date Complaint Received: 08/28/2023

Date Investigation Completed: 09/14/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

R7W511

RESIDENT RIGHTS

SUBSTANTIATED

R7W511

Date Complaint Received: 01/24/2022

Date Investigation Completed: 01/25/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: FOUR WINDS LODGE (110368)

Address: 309 SCHWEITZER DRIVE, VERONA, WI 53593

License Status: REGULAR

Licensed/Certified/Registered 05/24/1994 12:00:00AM

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

Survey History

Survey ID: 0144208 **End Date:** 09/01/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143423 **End Date:** 04/13/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y3KV11 Served 06/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	9/1/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	9/1/23	Yes
83.37(3)(a)	MEDICATION STORAGE: ORIGINAL CONTAINERS	9/1/23	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	9/1/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (FOUR WINDS LODGE--110368)

Date: 06/22/2023

SOD #Y3KV11

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.25

FORFEITURE---83.37(2)(d)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: J & B ASSISTED LIVING INC (0016597)

Address: 1013 GATEWAY PASS, VERONA, WI 53593

License Status: REGULAR

Licensed/Certified/Registered 06/01/2018 12:00:00AM

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

Survey History

Survey ID: 0142313 **End Date:** 02/27/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141563 **End Date:** 09/12/2022 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LVX112 Served 12/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	2/27/23	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	2/27/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	2/27/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	2/27/23	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	2/27/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	2/27/23	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	2/27/23	Yes
83.41(2)(c)	NUTRITION: MENUS	2/27/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.42(1)	RESIDENT RECORD MAINTAINED	2/27/23	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	2/27/23	Yes
83.46(1)(f)	COMBUSTIBLES	2/27/23	Yes
83.47(3)	FIRE INSPECTION	2/27/23	Yes
83.47(4)(b)	FIRE EXTINGUISHERS: LOCATIONS	2/23/23	Yes
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	2/27/23	Yes

Survey ID: 0139767 **End Date:** 03/23/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LVX111 Served 06/06/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.31(4)(a)	NOTICE OF FACILITY INITIATED DISCHARGES	9/9/02	Yes
83.31(4)(b)	ALLOWABLE REASONS FOR INVOLUNTARY DISCHARGE	9/9/22	Yes
83.31(4)(c)	INVOLUNTARY DISCHARGE NOTICE REQUIREMENTS	9/9/22	Yes
83.32(3)(m)	RIGHTS OF RESIDENTS: RECORDING AND FILMING	9/9/22	Yes

Survey ID: 0139518 **End Date:** 03/15/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (J & B ASSISTED LIVING INC--0016597)

Date: 12/12/2022 **SOD #**LVX112 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.21(1-3)
FORFEITURE---83.22(1-4)

Date: 06/06/2022 **SOD #**LVX111 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.31(4)(c)
FORFEITURE---83.32(3)(m)

Date: 03/11/2022 **SOD #**NQJH11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (J & B ASSISTED LIVING INC--0016597)

Date Complaint Received: 03/16/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Date Investigation Completed: 03/23/2022

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/17/2022

Subject Area(s)

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 03/23/2022

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

LVX111

LVX111

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LEGACY AT NOEL MANOR (THE) (0017383)

Address: 435 Prairie Oaks Drive, VERONA, WI 53593

License Status: REGULAR

Licensed/Certified/Registered 01/22/2019 12:00:00AM

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

Survey History

Survey ID: 0144634 **End Date:** 10/23/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143811 **End Date:** 06/28/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TN3N11 Served 08/11/2023

<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	10/23/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	10/23/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144030 **End Date:** 06/01/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1IUL12 Served 08/24/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	10/23/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	10/23/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	10/23/23	Yes

Survey ID: 0142359 **End Date:** 02/15/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142430 End Date: 12/30/2022 Type: OTHER Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1IUL11 Served 03/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	6/6/23	No
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	6/6/23	No
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	6/6/23	No
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	6/6/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	6/6/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	6/6/23	Yes
83.38(1)(g)	HEALTH MONITORING	6/1/23	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	6/1/23	Yes
83.45(3)	TOXIC SUBSTANCES	6/1/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (LEGACY AT NOEL MANOR (THE)--0017383)

Date: 08/24/2023 **SOD #**1IUL12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.17(1)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.37(3)(c)

Date: 08/11/2023 **SOD #**TN3N11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

Date: 03/13/2023 **SOD #**1IUL11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(c)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(g)

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Provider Inspection Summary

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

Complaint History (LEGACY AT NOEL MANOR (THE)--0017383)

Date Complaint Received: 06/26/2023

Date Investigation Completed: 06/28/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

TN3N11

Date Complaint Received: 02/07/2023

Date Investigation Completed: 02/15/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 12/07/2022

Date Investigation Completed: 12/30/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

1IUL11

PROGRAM SERVICES

SUBSTANTIATED

1IUL11

RESIDENT RIGHTS

SUBSTANTIATED

1IUL11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AT HOME AGAIN WAUNAKEE MEMORY CARE (0016885)

Address: 1120 CONNERY COVE, WAUNAKEE, WI 53597

License Status: REGULAR

Licensed/Certified/Registered 11/03/2017 12:00:00AM

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

Survey History

Survey ID: 0147334 **End Date:** 07/25/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140020 **End Date:** 06/22/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #78IJ12 Served 07/05/2022

Deficiencies Cited
83.47(2)(d)

Subject Area
FIRE DRILLS

Compliance
Verified
8/19/22

Corrected
Yes

Enforcement History (AT HOME AGAIN WAUNAKEE MEMORY CARE--0016885)

Date: 07/05/2022 **SOD #**78IJ12 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Brightstar Senior Living of Waunakee (0017372)
Address: 1001 QUINN DRIVE, WAUNAKEE, WI 53597
License Status: REGULAR
Licensed/Certified/Registered 11/06/2018 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147586 **End Date:** 07/26/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PI0513 Served 09/16/2024

<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		
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE		
83.38(1)(g)	HEALTH MONITORING		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0146034 **End Date:** 02/28/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PI0512 Served 04/01/2024

<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	7/26/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	7/26/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	7/26/24	Yes
83.38(1)(g)	HEALTH MONITORING	7/26/24	No
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	7/26/24	Yes

Survey ID: 0144735 **End Date:** 09/27/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PI0511 Served 11/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	2/27/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	2/27/24	No
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	2/27/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	2/27/24	No
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	2/27/24	No

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141683 End Date: 12/19/2022 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #Q5A111 Served 12/22/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(2)(b)	RESIDENT RECORDS RETAINED FOR 7 YEARS	12/19/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (Brightstar Senior Living of Waunakee--0017372)

Date: 09/16/2024 **SOD #**PI0513 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(h)
FORFEITURE---83.36(1)(b)
FORFEITURE---83.38(1)(g)

Date: 04/01/2024 **SOD #**PI0512 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32 (3)(i)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.37 (2)(d)
FORFEITURE---83.38(1)(g)

Date: 11/07/2023 **SOD #**PI0511 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a-d)

Date: 12/22/2022 **SOD #**Q5A111 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (Brightstar Senior Living of Waunakee--0017372)

Date Complaint Received: 02/09/2024

Date Investigation Completed: 02/14/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

PI0512

RESIDENT RIGHTS

SUBSTANTIATED

PI0512

Date Complaint Received: 11/10/2022

Date Investigation Completed: 12/13/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HOMESTEAD LIVING INC (0012266)

Address: 1040 QUINN DR, WAUNAKEE, WI 53597

License Status: REGULAR

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

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

Survey History

Survey ID: 0147015 **End Date:** 06/28/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146215 **End Date:** 04/04/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XRLL13 Served 04/24/2024

Deficiencies Cited
83.19

Subject Area
ORIENTATION

Compliance
Verified
6/28/24

Corrected
Yes

Survey ID: 0145441 **End Date:** 11/02/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XRLL12 Served 01/31/2024

Deficiencies Cited
83.19
83.35(3)(d)

Subject Area
ORIENTATION
SERVICE PLANS UPDATED ANNUALLY OR ON
CHANGES

Compliance
Verified
4/4/24
4/4/24

Corrected
Yes
Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143981 **End Date:** 06/20/2023 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XRLL11 Served 08/21/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.19	ORIENTATION	11/2/23	No
83.21(1)-(3)	ALL EMPLOYEE TRAINING	11/2/23	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	11/2/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	11/2/23	No
83.38(1)(b)	SUPERVISION	11/2/23	Yes

Survey ID: 0141856 **End Date:** 12/21/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140252 **End Date:** 06/28/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (HOMESTEAD LIVING INC--0012266)

Date: 04/24/2024

SOD #XRLL13

Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---83.19

Date: 01/31/2024

SOD #XRLL12

Appealed: Yes

Decision: DISMISSED

Sanctions

ORDER TO COMPLY
FORFEITURE---83.19
FORFEITURE---83.35(3)(d)

Date: 08/21/2023

SOD #XRLL11

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.19
FORFEITURE---83.21(1)-(3)
FORFEITURE---83.35(1)(C)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(b)

Date: 04/26/2022

SOD #LJFI12

Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---83.39 (3) Hand Washing

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (HOMESTEAD LIVING INC--0012266)

Date Complaint Received: 05/02/2024

Date Investigation Completed: 06/11/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 05/25/2023

Date Investigation Completed: 06/13/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

XRLL11

Date Complaint Received: 11/29/2022

Date Investigation Completed: 12/21/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SIENNA CREST WAUNAKEE (0014866)

Address: 200 CROSS ST, WAUNAKEE, WI 53597

License Status: REGULAR

Licensed/Certified/Registered 12/02/2013 12:00:00AM

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

Survey History

Survey ID: 0143845 **End Date:** 07/28/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143166 **End Date:** 03/22/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MHOZ11 Served 05/24/2023

<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	7/28/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	7/28/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	7/28/23	Yes
83.25	CONTINUING EDUCATION	7/28/23	Yes
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT	7/28/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (SIENNA CREST WAUNAKEE--0014866)

Date: 05/24/2023

SOD #MHOZ11

Appealed:

Sanctions

ORDER TO COMPLY

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

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SYLVAN CROSSINGS IN WESTSHIRE VILLAGE (0010729)

Address: 5475 WESTSHIRE CIRCLE, WAUNAKEE, WI 53597

License Status: REGULAR

Licensed/Certified/Registered 06/01/2005 12:00:00AM

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

Survey History

Survey ID: 0147506 **End Date:** 07/24/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PG8314 Served 09/05/2024

Deficiencies Cited
83.32(3)(h)

Subject Area
RIGHTS OF RESIDENTS: TO RECEIVE
MEDICATION

Compliance
Verified

Corrected

Survey ID: 0145410 **End Date:** 01/24/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145678 **End Date:** 01/04/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PG8313 Served 02/27/2024

Deficiencies Cited
83.32(3)(h)

Subject Area
RIGHTS OF RESIDENTS: TO RECEIVE
MEDICATION

Compliance
Verified

Corrected

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144234 **End Date:** 09/12/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144172 **End Date:** 07/17/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PG8312 Served 09/11/2023

<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		
83.41(2)(c)	NUTRITION: MENUS	1/4/24	Yes

Survey ID: 0142793 **End Date:** 01/31/2023 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PG8311 Served 04/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT	7/17/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	7/17/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	7/17/23	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	7/17/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	7/17/23	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	7/17/23	Yes
83.38(1)(g)	HEALTH MONITORING	7/17/23	Yes
83.41(2)(c)	NUTRITION: MENUS	7/17/23	No
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	7/17/23	Yes
83.45(3)	TOXIC SUBSTANCES	7/17/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139732 **End Date:** 04/27/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (SYLVAN CROSSINGS IN WESTSHIRE VILLAGE--0010729)

Date: 09/04/2024 **SOD #**PG8314 **Appealed:** **Decision:** PENDING

Sanctions

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

Date: 02/27/2024 **SOD #**PG8313 **Appealed:** No

Sanctions

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

Date: 09/11/2023 **SOD #**PG8312 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32 3h
FORFEITURE---83.41(2)(c)

Date: 04/17/2023 **SOD #**PG8311 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.20(2)(a)-(d)
FORFEITURE---83.21 (1)-(3)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.37(1)(i)
FORFEITURE---83.38(1)(g)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SYLVAN CROSSINGS IN WESTSHIRE VILLAGE--0010729)

Date Complaint Received: 01/16/2024

Date Investigation Completed: 01/24/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 08/18/2023

Date Investigation Completed: 08/23/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 06/01/2023

Date Investigation Completed: 07/17/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 01/04/2023

Date Investigation Completed: 01/25/2023

Subject Area(s)

Result

SOD #

OTHER

NOT SUBSTANTIATED

Date Complaint Received: 05/02/2022

Date Investigation Completed: 04/27/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Waunakee Valley Senior Living (0019529)

Address: 801 S Klein Drive, Waunakee, WI 53597

License Status: REGULAR

Licensed/Certified/Registered 12/08/2023 12:00:00AM

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

Survey History

Survey ID: 0147444 **End Date:** 08/27/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145007 **End Date:** 12/07/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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