

## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Dane

### Notes

**This report includes Provider Inspection Summaries (Facility Profiles) for Residential Care Apartment Complexes in Dane County.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 71.00 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 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** DRUMLIN RESERVE (0018104)  
**Address:** 139 EAST REYNOLDS STREET, COTTAGE GROVE, WI 53527  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/01/2020 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0145188    **End Date:** 11/28/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #IFLH12    Served 01/08/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.56(2)	PLAN OF CORRECTION	1/21/24	Yes

**Survey ID:** 0143589    **End Date:** 04/26/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #IFLH11    Served 07/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(c)	SERVICES	11/28/23	
89.34(16)	TENANT RIGHTS	11/28/23	Yes
89.34(18)	TENANT RIGHTS	11/28/23	Yes

**Survey ID:** 0142002    **End Date:** 01/25/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

**Survey ID:** 0140662    **End Date:** 08/31/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139961    **End Date:** 06/14/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137161    **End Date:** 08/23/2021    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (DRUMLIN RESERVE--0018104)

**Date:** 01/08/2024    **SOD #IFLH12**    **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 07/07/2023    **SOD #IFLH11**    **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---50.09(1)(3)

FORFEITURE---89.23(2)(c)

FORFEITURE---89.34(16)

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (DRUMLIN RESERVE--0018104)

**Date Complaint Received: 03/14/2023**

**Date Investigation Completed: 04/26/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

IFLH11

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 01/04/2023**

**Date Investigation Completed: 01/25/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 08/03/2022**

**Date Investigation Completed: 08/31/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 08/11/2021**

**Date Investigation Completed: 09/02/2021**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** MILESTONE SENIOR LIVING MARKET ST (0017051)

**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:** 0143763    **End Date:** 07/20/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137930    **End Date:** 10/13/2021    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #J59W11    Served 12/08/2021

Deficiencies Cited  
89.53(1)(b)

Subject Area  
CERTIFICATION PROCEDURES

Compliance  
Verified  
12/20/21

Corrected  
Yes

**Survey ID:** 0136998    **End Date:** 08/10/2021    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0136369 End Date: 05/19/2021 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KRIZ11 Served 06/02/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.27(2)(b)1	SERVICE AGREEMENT	8/10/21	Yes
89.28(2)(a)1	RISK AGREEMENT	8/10/21	Yes

### Enforcement History (MILESTONE SENIOR LIVING MARKET ST--0017051)

Date: 12/08/2021 SOD #J59W11 Appealed: No

Sanctions

ORDER TO COMPLY  
FORFEITURE---89.53(1)(b)

Date: 06/01/2021 SOD #KRIZ11 Appealed: No

Sanctions

ORDER TO COMPLY

### Complaint History (MILESTONE SENIOR LIVING MARKET ST--0017051)

Date Complaint Received: 05/31/2023

Date Investigation Completed: 06/26/2023

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** LEGACY OF DEFOREST THE (0018726)  
**Address:** 6639 PEDERSON CROSSING BLVD, DEFOREST, WI 53532  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/01/2021 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0145680    **End Date:** 01/09/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #WUKT13    Served 02/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(3)(f)	SERVICES		

**Survey ID:** 0144513    **End Date:** 08/11/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #WUKT12    Served 10/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(3)(f)	SERVICES	1/9/24	No

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

**Survey ID:** 0143364    **End Date:** 03/29/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #WUKT11    Served 06/15/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(3)(f)	SERVICES	8/11/23	No
89.34(18)	TENANT RIGHTS	8/11/23	Yes

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**Survey ID:** 0142201    **End Date:** 01/13/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID:** 0140529    **End Date:** 07/28/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID:** 0137369    **End Date:** 10/01/2021    **Type:** INITIAL    **Purpose:** DESK REVIEW

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

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Enforcement History (LEGACY OF DEFOREST THE--0018726)

**Date:** 02/26/2024      **SOD #**WUKT13      **Appealed:**      **Decision:** PENDING

Sanctions

ORDER TO COMPLY  
FORFEITURE---89.23(3)(f)

**Date:** 10/16/2023      **SOD #**WUKT12      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---89.23(3)(f)

**Date:** 06/15/2023      **SOD #**WUKT11      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY  
FORFEITURE---89.34(18)

### Complaint History (LEGACY OF DEFOREST THE--0018726)

**Date Complaint Received:** 03/06/2023      **Date Investigation Completed:** 03/27/2023

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD #

WUKT11

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** PARKSIDE ASSISTED LIVING (0018349)  
**Address:** 6902 PARKSIDE CIRCLE, DEFOREST, WI 53532  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/15/2021 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0142238    **End Date:** 02/17/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141333    **End Date:** 10/13/2022    **Type:** STANDARD    **Purpose:** SURVEY/VV  
**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #CU7912    Served 11/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(4)(c)	SERVICES	2/17/23	Yes
89.34(17)	TENANT RIGHTS	2/17/23	Yes

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0139886 End Date: 03/31/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CU7911 Served 06/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
89.27(3)(d)	SERVICE AGREEMENT	10/13/22	Yes
89.28(2)(a)1	RISK AGREEMENT	10/13/22	Yes
89.29(1)(b)	ADMISSION & RETENTION OF TENANTS	10/13/22	Yes
89.34(15)	TENANT RIGHTS	10/13/22	Yes

### Enforcement History (PARKSIDE ASSISTED LIVING--0018349)

Date: 11/11/2022 SOD #CU7912 Appealed: No

Sanctions

ORDER TO COMPLY

Date: 06/20/2022 SOD #CU7911 Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---89.29(1)(b)

FORFEITURE---89.34(15)

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (PARKSIDE ASSISTED LIVING--0018349)

**Date Complaint Received: 03/17/2022**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

**Date Investigation Completed: 03/31/2022**

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

**Date Complaint Received: 02/15/2022**

Subject Area(s)  
RESIDENT RIGHTS

**Date Investigation Completed: 03/10/2022**

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

**Date Complaint Received: 02/09/2022**

Subject Area(s)  
RESIDENT RIGHTS

**Date Investigation Completed: 03/10/2022**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	CU7911

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** CHAPEL VALLEY II (0010287)  
**Address:** 5781 CHAPEL VALLEY ROAD, FITCHBURG, WI 53711  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/01/2000 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

No survey activity during the period 3/31/21 to 3/30/24

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** Ridge at Madison (The) (0018963)  
**Address:** 2879 Fish Hatchery Road, Fitchburg, WI 53713  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/29/2022 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0146170    **End Date:** 02/14/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #E62915    Served 04/22/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(a)2.a	SERVICES		
89.34(17)	TENANT RIGHTS		

**Survey ID:** 0144926    **End Date:** 09/06/2023    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #E62914    Served 11/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(a)2.a	SERVICES	2/14/24	No
89.26(4)	ANNUAL REVIEW	2/14/24	Yes
89.34(17)	TENANT RIGHTS	2/14/24	No

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

**Survey ID:** 0143416    **End Date:** 06/15/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #I01U11    Served 06/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.34(17)	TENANT RIGHTS	9/6/23	Yes

**Survey ID:** 0143414    **End Date:** 04/12/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #E62913    Served 06/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.27(2)(b)1	SERVICE AGREEMENT	9/5/23	Yes
89.28(6)	RISK AGREEMENT	9/5/23	Yes

**Survey ID:** 0142247    **End Date:** 02/06/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #E62912    Served 02/21/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.27(2)(b)1	SERVICE AGREEMENT	4/12/23	No
89.28(6)	RISK AGREEMENT	4/12/23	No

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

**Survey ID:** 0141397    **End Date:** 10/25/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #E62911    Served 11/22/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
89.26(1)	COMPREHENSIVE ASSESSMENT	2/6/23	Yes
89.26(4)	ANNUAL REVIEW	2/6/23	Yes
89.27(1)	SERVICE AGREEMENT	2/6/23	Yes
89.28(1)	RISK AGREEMENT	2/6/23	Yes
89.35(3)	GRIEVANCES	2/6/23	Yes

**Survey ID:** 0141214    **End Date:** 08/10/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #RPJC11    Served 11/03/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
89.23(1)	SERVICES	2/6/23	Yes
89.23(2)(a)2.b	SERVICES	2/6/23	Yes
89.23(2)(a)2.c	SERVICES	2/6/23	Yes
89.27(1)	SERVICE AGREEMENT	2/6/23	Yes
89.28(1)	RISK AGREEMENT	2/6/23	Yes

**Survey ID:** 0140333    **End Date:** 07/21/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139409    **End Date:** 04/06/2022    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

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

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Enforcement History (Ridge at Madison (The)--0018963)

**Date:** 11/30/2023      **SOD #**E62914      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---89.26(4)  
FORFEITURE---89.34(17)

**Date:** 06/20/2023      **SOD #**I01U11      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 04/12/2023      **SOD #**E62913      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---89.27(2)(b)1

**Date:** 02/21/2023      **SOD #**E62912      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 11/22/2022      **SOD #**E62911      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 11/03/2022      **SOD #**RPJC11      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---89.23(1)  
FORFEITURE---89.23(2)(a)2.b  
FORFEITURE---89.23(2)(a)2.c

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (Ridge at Madison (The)--0018963)

**Date Complaint Received: 06/09/2023**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY

**Date Investigation Completed: 06/15/2023**

Result  
SUBSTANTIATED

SOD #  
I01U11

**Date Complaint Received: 09/20/2022**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 10/19/2022**

Result  
SUBSTANTIATED

SOD #  
E62911

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

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES

**Date Investigation Completed: 08/10/2022**

Result  
NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #  
RPJC11

**Date Complaint Received: 07/21/2022**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

**Date Investigation Completed: 07/21/2022**

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** WATERFORD AT FITCHBURG (THE) (0014814)  
**Address:** 5440 CADDIS BEND, FITCHBURG, WI 53711  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/23/2013 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0142970    **End Date:** 03/08/2023    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (WATERFORD AT FITCHBURG (THE)--0014814)

<b>Date Complaint Received:</b> 01/30/2023	<b>Date Investigation Completed:</b> 03/07/2023
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> SUBSTANTIATED
	<u>SOD #</u> YNKK11

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** CAPITOL LAKES (0010301)  
**Address:** 333 W MAIN ST, MADISON, WI 53703  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/01/2002 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

No survey activity during the period 3/31/21 to 3/30/24

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** CEDARHURST OF MADISON (0017777)  
**Address:** 5601 BURKE RD, MADISON, WI 53718  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/2020 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0143117      **End Date:** 04/28/2023      **Type:** OTHER      **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141663      **End Date:** 10/05/2022      **Type:** OTHER      **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140157      **End Date:** 07/05/2022      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141666      **End Date:** 05/20/2022      **Type:** OTHER      **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138731      **End Date:** 02/14/2022      **Type:** OTHER      **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138090      **End Date:** 12/06/2021      **Type:** OTHER      **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

**Survey ID:** 0137017      **End Date:** 08/05/2021      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (CEDARHURST OF MADISON--0017777)

**Date Complaint Received: 04/28/2023**

**Date Investigation Completed: 04/28/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 09/14/2022**

**Date Investigation Completed: 12/21/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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

**Date Investigation Completed: 06/30/2022**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 05/18/2022**

**Date Investigation Completed: 05/20/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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

**Date Investigation Completed: 02/14/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 10/28/2021**

**Date Investigation Completed: 12/06/2021**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

**Date Complaint Received: 10/21/2021**

Subject Area(s)

RESIDENT RIGHTS

**Date Investigation Completed: 12/06/2021**

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/19/2021**

Subject Area(s)

RESIDENT RIGHTS

**Date Investigation Completed: 08/05/2021**

Result

NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** GRASSLANDS AT OAKWOOD VILLAGE PRAIRIE RIDGE (0017850)

**Address:** 5565 TANCHO DR, MADISON, WI 53718

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/07/2019 12:00:00AM

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

### Survey History

No survey activity during the period 3/31/21 to 3/30/24

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** OAK PARK PLACE THE GROVE I (0011402)  
**Address:** 702 JUPITER DR, MADISON, WI 53718  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/01/2006 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0142241      **End Date:** 02/15/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0136130      **End Date:** 04/21/2021      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (OAK PARK PLACE THE GROVE I--0011402)

**Date Complaint Received:** 02/10/2023

**Date Investigation Completed:** 02/15/2023

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 04/02/2021

**Date Investigation Completed:** 04/21/2021

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** OAKWOOD VILLAGE PRAIRIE RIDGE (0013945)  
**Address:** 5555 TANCHU DR, MADISON, WI 53718  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/01/2011 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

No survey activity during the period 3/31/21 to 3/30/24

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** OAKWOOD VILLAGE UNIVERSITY WOODS (0013944)

**Address:** 6209 MINERAL POINT RD, MADISON, WI 53705

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2011 12:00:00AM

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

### Survey History

No survey activity during the period 3/31/21 to 3/30/24

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** RENAISSANCE SENIOR LIVING OF HILLDALE (0018828)

**Address:** 602 N SEGOE RD, MADISON, WI 53705

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/25/2022 12:00:00AM

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

### Survey History

No survey activity during the period 3/31/21 to 3/30/24

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** VISTA WEST (0018672)  
**Address:** 150 BELLA VISTA DRIVE, MADISON, WI 53717  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/05/2021 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0145917    **End Date:** 03/13/2024    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144568    **End Date:** 10/16/2023    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144355    **End Date:** 09/08/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT  
**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #F26411    Served 09/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
89.28(2)(a)1	RISK AGREEMENT	9/8/23	Yes

**Survey ID:** 0137718    **End Date:** 10/05/2021    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Enforcement History (VISTA WEST--0018672)

Date: 09/27/2023 SOD #F26411 Appealed: No

Sanctions

ORDER TO COMPLY

### Complaint History (VISTA WEST--0018672)

Date Complaint Received: 03/01/2024

Date Investigation Completed: 03/13/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 09/11/2023

Date Investigation Completed: 10/16/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 09/05/2023

Date Investigation Completed: 09/08/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** ATTIC ANGEL PLACE (0012985)  
**Address:** 8301 OLD SAUK RD, MIDDLETON, WI 53562  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/09/2009 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0137326      **End Date:** 09/14/2021      **Type:** ABBREVIATED      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** CARDINAL VIEW SENIOR LIVING (0018610)  
**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:** 0144429      **End Date:** 10/02/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143731      **End Date:** 07/06/2023      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137699      **End Date:** 09/22/2021      **Type:** INITIAL      **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** HERITAGE ASSISTED LIVING MIDDLETON (0014201)

**Address:** 6234 MAYWOOD AVE, MIDDLETON, WI 53562

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/02/2013 12:00:00AM

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

### Survey History

**Survey ID:** 0145140    **End Date:** 12/12/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144565    **End Date:** 10/11/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143879    **End Date:** 06/02/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #RZ5011    Served 08/08/2023

Deficiencies Cited  
89.23(1)

Subject Area  
SERVICES

Compliance  
Verified  
10/11/23

Corrected  
Yes

**Survey ID:** 0140863    **End Date:** 09/27/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0139583    End Date: 03/16/2022    Type: OTHER    Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DMDB11    Served 05/18/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
89.23(3)(f)	SERVICES	9/27/22	Yes
89.27(3)(e)	SERVICE AGREEMENT	7/25/22	Withdrawn
89.28(1)	RISK AGREEMENT	7/25/22	Yes

### Enforcement History (HERITAGE ASSISTED LIVING MIDDLETON--0014201)

Date: 08/08/2023    SOD #RZ5011    Appealed:

Sanctions

ORDER TO COMPLY  
FORFEITURE---89.23

Date: 05/18/2022    SOD #DMDB11    Appealed: Yes    Decision: STIPULATION

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (HERITAGE ASSISTED LIVING MIDDLETON--0014201)

**Date Complaint Received: 11/28/2023**

**Date Investigation Completed: 12/12/2023**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
RESIDENT RIGHTS

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 05/01/2023**

**Date Investigation Completed: 05/23/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 04/11/2023**

**Date Investigation Completed: 05/23/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED  
RZ5011

**Date Complaint Received: 03/09/2022**

**Date Investigation Completed: 03/16/2022**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

SUBSTANTIATED  
SUBSTANTIATED  
DMDB11  
DMDB11

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** HUBS HOME (0012892)  
**Address:** 111 Owen Rd, MONONA, WI 53716  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/17/2009 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0143049    **End Date:** 04/21/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141968    **End Date:** 12/13/2022    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #DV2Q11    Served 01/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(a)2.c	SERVICES	4/21/23	Yes

**Survey ID:** 0136238    **End Date:** 04/30/2021    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (HUBS HOME--0012892)

**Date:** 01/30/2023    **SOD #DV2Q11**    **Appealed:** No

Sanctions  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (HUBS HOME--0012892)

**Date Complaint Received:** 11/22/2022

**Date Investigation Completed:** 12/13/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY  
RESIDENT RIGHTS

Result

SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

DV2Q11

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** INGLEWOOD (0014327)  
**Address:** 405 N 8TH ST, MOUNT HOREB, WI 53572  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/08/2012 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0144990      **End Date:** 10/17/2023      **Type:** STANDARD      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142988      **End Date:** 02/13/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141552      **End Date:** 11/29/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (REGISTERED)

### Complaint History (INGLEWOOD--0014327)

**Date Complaint Received: 09/21/2023**

**Date Investigation Completed: 10/17/2023**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

**Date Complaint Received: 01/04/2023**

**Date Investigation Completed: 02/13/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

CDB211

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

CDB211

PROGRAM SERVICES

SUBSTANTIATED

CDB211

**Date Complaint Received: 12/08/2022**

**Date Investigation Completed: 02/13/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

CDB211

**Date Complaint Received: 10/14/2022**

**Date Investigation Completed: 11/29/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** KETTLE PARK SENIOR LIVING INC (0017665)  
**Address:** 2600 JACKSON ST, STOUGHTON, WI 53589  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/16/2019 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0139949      **End Date:** 06/14/2022      **Type:** STANDARD      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** MILESTONE SENIOR LIVING STOUGHTON (0017049)

**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:** 0145537      **End Date:** 01/24/2024      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139266      **End Date:** 04/13/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137781      **End Date:** 11/10/2021      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137317      **End Date:** 09/22/2021      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (MILESTONE SENIOR LIVING STOUGHTON--0017049)

**Date Complaint Received: 04/06/2022**

**Date Investigation Completed: 04/13/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 10/28/2021**

**Date Investigation Completed: 11/10/2021**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** SKAALEN HEIGHTS RCAC (0017274)  
**Address:** 950 RIDGE ST, STOUGHTON, WI 53589  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/16/2018 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

No survey activity during the period 3/31/21 to 3/30/24

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** HYLAND PARK (0017242)  
**Address:** 881 LIBERTY BLVD, 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:** 0143294    **End Date:** 05/31/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142258    **End Date:** 11/08/2022    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ODEN11    Served 02/22/2023

Deficiencies Cited  
89.23(2)(a)2.c

Subject Area  
SERVICES

Compliance  
Verified  
5/31/23

Corrected  
Yes

**Survey ID:** 0141129    **End Date:** 10/13/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

**Survey ID:** 0140437    **End Date:** 05/11/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #8YP612    Served 08/15/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
89.34(17)	TENANT RIGHTS	10/13/22	Yes

**Survey ID:** 0138862    **End Date:** 01/06/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #8YP611    Served 03/03/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
89.23(4)(c)	SERVICES	5/11/22	Yes
89.34(17)	TENANT RIGHTS	5/11/22	No

### Enforcement History (HYLAND PARK--0017242)

**Date:** 02/22/2023    **SOD #**ODEN11    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---89.23(2)(a)2.c

**Date:** 08/15/2022    **SOD #**8YP612    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---89.34(17)

**Date:** 03/03/2022    **SOD #**8YP611    **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (HYLAND PARK--0017242)

**Date Complaint Received:** 11/07/2022

**Date Investigation Completed:** 11/08/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

ODEN11

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** NEW PERSPECTIVE SUN PRAIRIE (0015198)  
**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:** 0145543    **End Date:** 01/09/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144245    **End Date:** 07/20/2023    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #75J611    Served 09/19/2023

Deficiencies Cited  
89.34(16)

Subject Area  
TENANT RIGHTS

Compliance  
Verified  
1/9/24

Corrected  
Yes

**Survey ID:** 0142242    **End Date:** 02/15/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (NEW PERSPECTIVE SUN PRAIRIE--0015198)

**Date:** 09/19/2023    **SOD #**75J611    **Appealed:** No

Sanctions  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (NEW PERSPECTIVE SUN PRAIRIE--0015198)

**Date Complaint Received: 05/16/2023**

**Date Investigation Completed: 07/20/2023**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
75J611  
75J611

**Date Complaint Received: 02/05/2023**

**Date Investigation Completed: 02/15/2023**

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** Sun Prairie Senior Living (0019561)  
**Address:** 228 W Main Street, Sun Prairie, WI 53590  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/11/2023 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0143024      **End Date:** 05/10/2023      **Type:** INITIAL      **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** TALAMORE SENIOR LIVING SUN PRAIRIE (0018373)  
**Address:** 275 NORTH CITY STATION DRIVE, SUN PRAIRIE, WI 53590  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/08/2022 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0145899    **End Date:** 03/14/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145214    **End Date:** 12/12/2023    **Type:** STANDARD    **Purpose:** SURVEY  
**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #EOBQ11    Served 01/09/2024

Deficiencies Cited  
89.28(6)

Subject Area  
RISK AGREEMENT

Compliance  
Verified  
3/14/24

Corrected  
Yes

**Survey ID:** 0144550    **End Date:** 10/03/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0143816 End Date: 06/06/2023 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JEOV11 Served 08/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
89.23(3)(d)	SERVICES	10/3/23	Yes
89.27(3)(d)	SERVICE AGREEMENT	10/3/23	Yes

Survey ID: 0138378 End Date: 09/08/2022 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

### Enforcement History (TALAMORE SENIOR LIVING SUN PRAIRIE--0018373)

Date: 01/09/2024 SOD #EOBQ11 Appealed: No

Sanctions

ORDER TO COMPLY

Date: 08/01/2023 SOD #JEOV11 Appealed:

Sanctions

ORDER TO COMPLY  
FORFEITURE---89.23(3)(c)

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (TALAMORE SENIOR LIVING SUN PRAIRIE--0018373)

**Date Complaint Received: 07/06/2023**

**Date Investigation Completed: 10/03/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 05/31/2023**

**Date Investigation Completed: 06/01/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

JE OV11

**Date Complaint Received: 05/01/2023**

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

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** TALLGRASS SENIOR LIVING (0016405)  
**Address:** 605 CHASE BLVD, SUN PRAIRIE, WI 53590  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/19/2017 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0145336    **End Date:** 01/16/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145012    **End Date:** 12/05/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144586    **End Date:** 10/11/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144341    **End Date:** 07/26/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #JHGF12    Served 09/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
89.23(4)(d)1	SERVICES	12/5/23	Yes
89.34(17)	TENANT RIGHTS	12/5/23	Yes

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

**Survey ID:** 0142317    **End Date:** 02/27/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #TBT311    Served 02/28/2023

Deficiencies Cited  
89.34(16)

Subject Area  
TENANT RIGHTS

Compliance  
Verified  
7/26/23

Corrected  
Yes

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**Survey ID:** 0143006    **End Date:** 02/07/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #JHGF11    Served 05/22/2023

Deficiencies Cited  
89.34(16)

Subject Area  
TENANT RIGHTS

Compliance  
Verified  
7/26/23

Corrected  
Yes

---

**Survey ID:** 0140302    **End Date:** 06/02/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0138983    End Date: 11/09/2021    Type: STANDARD    Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N4WT11    Served 03/16/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
89.23(1)	SERVICES	6/2/22	Yes
89.23(2)(a)2.a	SERVICES	6/2/22	Yes
89.23(2)(a)2.b	SERVICES	6/2/22	Yes
89.23(3)(d)	SERVICES	6/2/22	Yes
89.23(4)(d)1	SERVICES	6/2/22	Yes
89.23(4)(d)2.a	SERVICES	6/2/22	Yes
89.23(4)(d)2.b	SERVICES	6/2/22	Yes
89.23(4)(d)2.c	SERVICES	6/2/22	Yes
89.26(1)	COMPREHENSIVE ASSESSMENT	6/2/22	Yes
89.28(1)	RISK AGREEMENT	6/2/22	Yes
89.34(1)	TENANT RIGHTS	6/2/22	Yes

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Enforcement History (TALLGRASS SENIOR LIVING--0016405)

**Date:** 09/26/2023      **SOD #**JHGF12      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---89.23(4)(d)1

**Date:** 05/09/2023      **SOD #**JHGF11      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---89.34(16)

**Date:** 03/16/2022      **SOD #**N4WT11      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---89.23(1)  
FORFEITURE---89.23(2)(a)2.a  
FORFEITURE---89.23(2)(a)2.b  
FORFEITURE---89.23(4)(d)1  
FORFEITURE---89.23(4)(d)2.a  
FORFEITURE---89.23(4)(d)2.c

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (TALLGRASS SENIOR LIVING--0016405)

**Date Complaint Received:** 10/24/2023

Subject Area(s)  
RESIDENT RIGHTS

**Date Investigation Completed:** 12/05/2023

Result SOD #  
NOT SUBSTANTIATED

**Date Complaint Received:** 09/03/2023

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY

**Date Investigation Completed:** 10/11/2023

Result SOD #  
NOT SUBSTANTIATED

**Date Complaint Received:** 08/02/2023

Subject Area(s)  
RESIDENT RIGHTS

**Date Investigation Completed:** 10/11/2023

Result SOD #  
NOT SUBSTANTIATED

**Date Complaint Received:** 07/11/2023

Subject Area(s)  
ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY

**Date Investigation Completed:** 07/25/2023

Result SOD #  
NOT SUBSTANTIATED  
SUBSTANTIATED JHGF12

**Date Complaint Received:** 06/23/2023

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed:** 07/25/2023

Result SOD #  
SUBSTANTIATED JHGF12

**Date Complaint Received:** 01/30/2023

Subject Area(s)  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed:** 02/07/2023

Result SOD #  
SUBSTANTIATED  
NOT SUBSTANTIATED JHGF11

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

**Date Complaint Received: 11/02/2021**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 11/09/2021**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	N4WT11

**Date Complaint Received: 10/27/2021**

Subject Area(s)  
OTHER  
ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY

**Date Investigation Completed: 11/09/2021**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	N4WT11
SUBSTANTIATED	N4WT11
NOT SUBSTANTIATED	

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** CEDARHURST SENIOR LIVING (0014804)  
**Address:** 1125 North EDGE TRAIL, VERONA, WI 53593  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/01/2013 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0144111    **End Date:** 08/31/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143718    **End Date:** 07/17/2023    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143147    **End Date:** 05/09/2023    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143226    **End Date:** 03/31/2023    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #SMY911    Served 06/05/2023

Deficiencies Cited  
89.34(16)

Subject Area  
TENANT RIGHTS

Compliance  
Verified  
8/31/23

Corrected  
Yes

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

**Survey ID:** 0143011    **End Date:** 03/02/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #MX5O12    Served 05/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
89.23(2)(a)2.c	SERVICES	8/31/23	Yes
89.23(4)(a)2	SERVICES	8/31/23	Yes
89.27(1)	SERVICE AGREEMENT	8/31/23	Yes

**Survey ID:** 0141855    **End Date:** 12/20/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141737    **End Date:** 09/14/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #MX5O11    Served 01/04/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
89.23(2)(a)2.c	SERVICES	2/27/23	Yes
89.23(4)(d)1	SERVICES	2/27/23	Yes
89.27(1)	SERVICE AGREEMENT	2/27/23	No
89.28(1)	RISK AGREEMENT	2/27/23	Yes

**Survey ID:** 0141337    **End Date:** 08/09/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ZQ8D12    Served 11/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
89.34(16)	TENANT RIGHTS	2/27/23	No

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

**Survey ID:** 0138755    **End Date:** 02/16/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139491    **End Date:** 01/07/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ZQ8D11    Served 05/09/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
89.23(3)(c)	SERVICES	8/19/22	Yes
89.28(1)	RISK AGREEMENT	8/19/22	Yes
89.34(16)	TENANT RIGHTS	8/19/22	No

**Survey ID:** 0138093    **End Date:** 12/09/2021    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0136679    **End Date:** 06/25/2021    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Enforcement History (CEDARHURST SENIOR LIVING--0014804)

**Date:** 05/31/2023      **SOD #**SMY911      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---89.34(16)

**Date:** 05/10/2023      **SOD #**MX5012      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---89.23(2)(a)2.c  
FORFEITURE---89.27(1)

**Date:** 01/04/2023      **SOD #**MX5011      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---89.23(2)(c)  
FORFEITURE---89.28(1)

**Date:** 11/11/2022      **SOD #**ZQ8D12      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---89.34(16)

**Date:** 05/09/2022      **SOD #**ZQ8D11      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---89.23(3)(c) 2nd Cite Services  
FORFEITURE---89.34(16) 2nd cite Tenant Rights

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

**Date:** 04/16/2021

**SOD #**3JYW12

**Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---89.34(18)

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (CEDARHURST SENIOR LIVING--0014804)

**Date Complaint Received: 07/05/2023**

**Date Investigation Completed: 07/12/2023**

Subject Area(s)  
PROGRAM SERVICES

Result SOD #  
NOT SUBSTANTIATED

**Date Complaint Received: 03/28/2023**

**Date Investigation Completed: 05/09/2023**

Subject Area(s)  
PROGRAM SERVICES

Result SOD #  
NOT SUBSTANTIATED

**Date Complaint Received: 03/08/2023**

**Date Investigation Completed: 03/21/2023**

Subject Area(s)  
RESIDENT RIGHTS

Result SOD #  
SUBSTANTIATED SMY911

**Date Complaint Received: 02/22/2023**

**Date Investigation Completed: 02/27/2023**

Subject Area(s)  
PROGRAM SERVICES  
PROGRAM SERVICES

Result SOD #  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 12/08/2022**

**Date Investigation Completed: 12/20/2022**

Subject Area(s)  
PROGRAM SERVICES

Result SOD #  
NOT SUBSTANTIATED

**Date Complaint Received: 09/08/2022**

**Date Investigation Completed: 09/14/2022**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result SOD #  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

**Date Complaint Received: 11/30/2021**

Subject Area(s)

ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
RESIDENT RIGHTS  
OTHER

**Date Investigation Completed: 12/09/2021**

Result

SOD #

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 11/12/2021**

Subject Area(s)

ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

**Date Investigation Completed: 01/07/2022**

Result

SOD #

SUBSTANTIATED ZQ8D11  
SUBSTANTIATED ZQ8D11  
SUBSTANTIATED ZQ8D11

**Date Complaint Received: 06/09/2021**

Subject Area(s)

ADMINISTRATION

**Date Investigation Completed: 06/25/2021**

Result

SOD #

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** NOEL MANOR RETIREMENT LIVING VERONA (0018197)

**Address:** 471 PRAIRIE WAY BOULEVARD, VERONA, WI 53593

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/28/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0146018    **End Date:** 03/05/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #TB4V11    Served 04/01/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(a)2.a	SERVICES		
89.34(17)	TENANT RIGHTS		

**Survey ID:** 0143114    **End Date:** 04/28/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142114    **End Date:** 01/19/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #MJEW11    Served 02/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(1)	SERVICES	4/28/23	Yes
89.23(2)(a)2.c	SERVICES	4/28/23	Yes

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

**Survey ID:** 0140156    **End Date:** 07/06/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0136007    **End Date:** 04/05/2021    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (NOEL MANOR RETIREMENT LIVING VERONA--0018197)

**Date:** 02/10/2023    **SOD #** MJEW11    **Appealed:** No

Sanctions

ORDER TO COMPLY

### Complaint History (NOEL MANOR RETIREMENT LIVING VERONA--0018197)

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

**Date Investigation Completed:** 03/05/2024

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 12/29/2022

**Date Investigation Completed:** 01/20/2023

Subject Area(s)  
RESIDENT RIGHTS

Result  
SUBSTANTIATED

SOD #  
MJEW11

**Date Complaint Received:** 05/25/2022

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

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** AT HOME AGAIN WAUNAKEE LLC (0017225)  
**Address:** 1120 CONNERY COVE, WAUNAKEE, WI 53597  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/29/2018 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0146228    **End Date:** 03/08/2024    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138561    **End Date:** 01/20/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137393    **End Date:** 09/22/2021    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137758    **End Date:** 08/09/2021    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #G9LX11    Served 11/12/2021

Deficiencies Cited  
89.23(2)(a)2.c

Subject Area  
SERVICES

Compliance  
Verified  
1/20/22

Corrected  
Yes

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Enforcement History (AT HOME AGAIN WAUNAKEE LLC--0017225)

**Date:** 11/12/2021      **SOD #**G9LX11      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---89.23(2)(a)

### Complaint History (AT HOME AGAIN WAUNAKEE LLC--0017225)

**Date Complaint Received:** 09/17/2021

**Date Investigation Completed:** 10/04/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** Waunakee Valley Senior Living (0019560)  
**Address:** 800 Holiday Drive, Waunakee, WI 53597  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/11/2023 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0143026    **End Date:** 05/10/2023    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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