

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 59.00 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 5/15/2020 to 5/15/2023
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 5/1/2020 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142002	End Date: 1/25/2023	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0140662	End Date: 8/31/2022	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0139961	End Date: 6/14/2022	Type: STANDARD	Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0137161	End Date: 8/23/2021	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0135185	End Date: 11/6/2020	Type: OTHER	Purpose: COMPLAINT/VV
Results: NO STATEMENT OF DEFICIENCY ISSUED			

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

Complaint History (DRUMLIN RESERVE--0018104)

Date Complaint Received: 1/4/2023

Date Investigation Completed: 1/25/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 8/3/2022

Date Investigation Completed: 8/31/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 8/11/2021

Date Investigation Completed: 9/2/2021

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
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 5/18/2018 12:00:00AM

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

Survey History

Survey ID: 0139521 **End Date:** 12/20/2021 **Type:** OTHER **Purpose:** DESK REVIEW

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 12/8/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.53(1)(b)	CERTIFICATION PROCEDURES	12/20/21	Yes

Survey ID: 0136998 **End Date:** 8/10/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0136369 **End Date:** 5/19/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KRIZ11 Served 6/2/2021

<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: 12/8/2021 **SOD #**J59W11 **Appealed:** No

Sanctions

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

Date: 6/1/2021 **SOD #**KRIZ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: LEGACY OF DEFOREST THE (0018726)
Address: 6639 PEDERSON BLVD, DEFOREST, WI 53532
License Status: REGULAR
Licensed/Certified/Registered 10/1/2021 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142201 **End Date:** 1/13/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140529 **End Date:** 7/28/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137369 **End Date:** 10/1/2021 **Type:** INITIAL **Purpose:** DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
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 2/15/2021 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142238 **End Date:** 2/17/2023 **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 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0139886 **End Date: 3/31/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CU7911 Served 6/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance 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

Survey ID: 0135796 **End Date: 2/9/2021** **Type: INITIAL** **Purpose: CHOW--LICENSURE**

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (PARKSIDE ASSISTED LIVING--0018349)

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

Sanctions

ORDER TO COMPLY

Date: 6/20/2022 **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 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

Complaint History (PARKSIDE ASSISTED LIVING--0018349)

Date Complaint Received: 3/17/2022

Date Investigation Completed: 3/31/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 2/15/2022

Date Investigation Completed: 3/10/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 2/9/2022

Date Investigation Completed: 3/10/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED
CU7911

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 6/1/2000 12:00:00AM

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
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 4/29/2022 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142247 **End Date:** 2/6/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #E62912 Served 2/21/2023

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

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 Verified</u>	<u>Corrected</u>
89.26(1)	COMPREHENSIVE ASSESSMENT		
89.26(4)	ANNUAL REVIEW		
89.27(1)	SERVICE AGREEMENT		
89.28(1)	RISK AGREEMENT		
89.35(3)	GRIEVANCES		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0141214 **End Date:** 8/10/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RPJC11 Served 11/3/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance 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:** 7/21/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139409 **End Date:** 4/6/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

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

Date: 2/21/2023 **SOD #**E62912 **Appealed:** No

Sanctions
ORDER TO COMPLY

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

Sanctions
ORDER TO COMPLY

Date: 11/3/2022 **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

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

Date Complaint Received: 9/20/2022 **Date Investigation Completed:** 10/19/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	E62911

Date Complaint Received: 7/27/2022 **Date Investigation Completed:** 8/10/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	RPJC11

Date Complaint Received: 7/21/2022 **Date Investigation Completed:** 7/21/2022

<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 5/15/2020 to 5/15/2023

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:** 3/8/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Date Complaint Received: 1/30/2023

Date Investigation Completed: 3/7/2023

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
YNKK11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 3/1/2002 12:00:00AM

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
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 1/1/2020 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143117 **End Date:** 4/28/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141663 **End Date:** 10/5/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140157 **End Date:** 7/5/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141666 **End Date:** 5/20/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138731 **End Date:** 2/14/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138090 **End Date:** 12/6/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0137017 **End Date: 8/5/2021** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135848 **End Date: 3/1/2021** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135382 **End Date: 12/7/2020** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

89.26(2)(c)	COMPREHENSIVE ASSESSMENT	3/1/21	Yes
89.28(1)	RISK AGREEMENT	3/1/21	Yes

Survey ID: 0134448 **End Date: 8/5/2020** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0133933 **End Date: 6/4/2020** **Type: OTHER** **Purpose: DESK REVIEW**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (CEDARHURST OF MADISON--0017777)

Date: 1/6/2021 **SOD #YSCP11** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---89.26(2)(c)

Date: 5/18/2020 **SOD #WG0V11** **Appealed:**

Sanctions

OTHER SANCTION
FORFEITURE---83.23(3)(b)
FORFEITURE---83.23(3)(c)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

Complaint History (CEDARHURST OF MADISON--0017777)

Date Complaint Received: 4/28/2023

Date Investigation Completed: 4/28/2023

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 9/14/2022

Date Investigation Completed: 12/21/2022

Subject Area(s)
RESIDENT RIGHTS
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 6/17/2022

Date Investigation Completed: 6/30/2022

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 5/18/2022

Date Investigation Completed: 5/20/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 1/25/2022

Date Investigation Completed: 2/14/2022

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/28/2021

Date Investigation Completed: 12/6/2021

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (CERTIFIED)

Date Complaint Received: 10/21/2021

Date Investigation Completed: 12/6/2021

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 7/19/2021

Date Investigation Completed: 8/5/2021

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/5/2020

Date Investigation Completed: 12/7/2020

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
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 11/7/2019 12:00:00AM

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

This is Page 20 of 59 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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: 6/1/2006 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142241 **End Date:** 2/15/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136130 **End Date:** 4/21/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134650 **End Date:** 8/20/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Date Complaint Received: 2/10/2023 **Date Investigation Completed:** 2/15/2023

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

Date Complaint Received: 4/2/2021 **Date Investigation Completed:** 4/21/2021

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

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: OAKWOOD VILLAGE PRAIRIE RIDGE (0013945)
Address: 5555 TANCHO DR, MADISON, WI 53718
License Status: REGULAR
Licensed/Certified/Registered 11/1/2011 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 11/1/2011 12:00:00AM

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 2/25/2022 12:00:00AM

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
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 10/5/2021 12:00:00AM

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

Survey History

Survey ID: 0137718 **End Date:** 10/5/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
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 9/9/2009 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0137326 **End Date:** 9/14/2021 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
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 9/22/2021 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0137699 **End Date:** 9/22/2021 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
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 1/2/2013 12:00:00AM

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

Survey History

Survey ID: 0140863 **End Date:** 9/27/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139583 **End Date:** 3/16/2022 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DMDB11 Served 5/18/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance 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: 5/18/2022 **SOD #**DMDB11 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (CERTIFIED)

Complaint History (HERITAGE ASSISTED LIVING MIDDLETON--0014201)

Date Complaint Received: 3/9/2022

Date Investigation Completed: 3/16/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

SUBSTANTIATED
SUBSTANTIATED

DMDB11
DMDB11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
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:** 4/21/2023 **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 1/30/2023

<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:** 4/30/2021 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (HUBS HOME--0012892)

Date: 1/30/2023 **SOD #**DV2Q11 **Appealed:** No

Sanctions
ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
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)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

SUBSTANTIATED
NOT SUBSTANTIATED

DV2Q11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 10/8/2012 12:00:00AM

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

Survey History

Survey ID: 0142988 **End Date:** 2/13/2023 **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 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (REGISTERED)

Complaint History (INGLEWOOD--0014327)

Date Complaint Received: 1/4/2023

Date Investigation Completed: 2/13/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	CDB211
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	CDB211
PROGRAM SERVICES	SUBSTANTIATED	CDB211

Date Complaint Received: 12/8/2022

Date Investigation Completed: 2/13/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	CDB211

Date Complaint Received: 10/14/2022

Date Investigation Completed: 11/29/2022

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

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
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 9/16/2019 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0139949 **End Date:** 6/14/2022 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
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 5/18/2018 12:00:00AM

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

Survey History

Survey ID: 0139266 **End Date:** 4/13/2022 **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:** 9/22/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135208 **End Date:** 10/19/2020 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0134502 End Date: 7/22/2020 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NB2R11 Served 8/18/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(3)(c)	SERVICES	10/19/20	Yes
89.29(2)(b)1	ADMISSION & RETENTION OF TENANTS	10/19/20	Yes

Enforcement History (MILESTONE SENIOR LIVING STOUGHTON--0017049)

Date: 8/17/2020 SOD #NB2R11 Appealed:

Sanctions

OTHER SANCTION
 FORFEITURE---89.23(3)(c)
 FORFEITURE---89.29(2)(b)1

Complaint History (MILESTONE SENIOR LIVING STOUGHTON--0017049)

Date Complaint Received: 4/6/2022 Date Investigation Completed: 4/13/2022

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

Date Complaint Received: 10/28/2021 Date Investigation Completed: 11/10/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
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 5/15/2020 to 5/15/2023

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 8/16/2018 12:00:00AM

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
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 11/1/2018 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142258 **End Date:** 11/8/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ODEN11 Served 2/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(a)2.c	SERVICES	5/31/23	Yes

Survey ID: 0141129 **End Date:** 10/13/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140437 **End Date:** 5/11/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

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

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

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0138862 **End Date:** 1/6/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8YP611 Served 3/3/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance 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: 2/22/2023 **SOD #**ODEN11 **Appealed:** No

Sanctions

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

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

Sanctions

ORDER TO COMPLY
FORFEITURE---89.34(17)

Date: 3/3/2022 **SOD #**8YP611 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (HYLAND PARK--0017242)

Date Complaint Received: 11/7/2022 **Date Investigation Completed:** 11/8/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	ODEN11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
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 7/25/2014 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142242 **End Date:** 2/15/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135292 **End Date:** 12/3/2020 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134576 **End Date:** 8/17/2020 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134352 **End Date:** 6/25/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

Complaint History (NEW PERSPECTIVE SUN PRAIRIE--0015198)

Date Complaint Received: 2/5/2023

Date Investigation Completed: 2/15/2023

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/19/2020

Date Investigation Completed: 12/3/2020

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 8/13/2020

Date Investigation Completed: 8/17/2020

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 8/5/2020

Date Investigation Completed: 8/17/2020

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
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 5/11/2023 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143024 **End Date:** 5/10/2023 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
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 9/8/2022 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0138378 **End Date:** 9/8/2022 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
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 1/19/2017 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142317 **End Date:** 2/27/2023 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143006 **End Date:** 2/7/2023 **Type:** OTHER **Purpose:** COMPLAINT
Results: ENFORCEMENT ACTION

Statement of Deficiency: #JHGF11 Served 5/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.34(16)	TENANT RIGHTS		

Survey ID: 0140302 **End Date:** 6/2/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0138983 **End Date: 11/9/2021** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N4WT11 Served 3/16/2022

<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

Survey ID: 0135722 **End Date: 2/18/2021** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134968 **End Date: 10/13/2020** **Type: OTHER** **Purpose: DESK REVIEW**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134892 **End Date: 9/18/2020** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #76V811 Served 9/28/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
89.32	TENANT RIGHTS	10/16/20	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0134415 End Date: 8/4/2020 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (TALLGRASS SENIOR LIVING--0016405)

Date: 5/9/2023 SOD #JHGF11 Appealed: No

Sanctions

ORDER TO COMPLY
FORFEITURE---89.34(16)

Date: 3/16/2022 SOD #N4WT11 Appealed: Decision: PENDING

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 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (CERTIFIED)

Complaint History (TALLGRASS SENIOR LIVING--0016405)

Date Complaint Received: 1/30/2023

Date Investigation Completed: 2/7/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

JHGF11

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 11/2/2021

Date Investigation Completed: 11/9/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

N4WT11

Date Complaint Received: 10/27/2021

Date Investigation Completed: 11/9/2021

Subject Area(s)

Result

SOD #

OTHER

SUBSTANTIATED

N4WT11

ADMINISTRATION

SUBSTANTIATED

N4WT11

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 2/7/2021

Date Investigation Completed: 2/18/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 8/27/2020

Date Investigation Completed: 9/18/2020

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

76V811

Date Complaint Received: 7/31/2020

Date Investigation Completed: 8/4/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
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 11/1/2013 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143147 **End Date:** 5/9/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143226 **End Date:** 3/31/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SMY911 Served 6/5/2023

Deficiencies Cited
89.34(16)

Subject Area
TENANT RIGHTS

Compliance
Verified

Corrected

Survey ID: 0143011 **End Date:** 3/2/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MX5012 Served 5/10/2023

Deficiencies Cited
89.23(2)(a)2.c
89.23(4)(a)2
89.27(1)

Subject Area
SERVICES
SERVICES
SERVICE AGREEMENT

Compliance
Verified

Corrected

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (CERTIFIED)

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

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141737 **End Date:** 9/14/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MX5011 Served 1/4/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</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:** 8/9/2022 **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>Verified</u>	<u>Corrected</u>
89.34(16)	TENANT RIGHTS	2/27/23	No

Survey ID: 0138755 **End Date:** 2/16/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0139491 **End Date: 1/7/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZQ8D11 Served 5/9/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</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: 12/9/2021** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136679 **End Date: 6/25/2021** **Type: OTHER** **Purpose: COMPLAINT/VV**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135986 **End Date: 3/15/2021** **Type: STANDARD** **Purpose: SURVEY/SELF REPORT/COMPLAINT/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3JYW12 Served 4/26/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
89.34(18)	TENANT RIGHTS	6/25/21	Yes

Survey ID: 0134996 **End Date: 8/3/2020** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

Enforcement History (CEDARHURST SENIOR LIVING--0014804)

Date: 5/10/2023 **SOD #**MX5012 **Appealed:** **Decision:** PENDING

Sanctions

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

Date: 1/4/2023 **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: 5/9/2022 **SOD #**ZQ8D11 **Appealed:**

Sanctions

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

Date: 4/16/2021 **SOD #**3JYW12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---89.34(18)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (CERTIFIED)

Date: 5/21/2020

SOD #3JYW11

Appealed:

Sanctions

OTHER SANCTION

FORFEITURE---89.28(2)(a)2

FORFEITURE---89.34(18)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (CERTIFIED)

Complaint History (CEDARHURST SENIOR LIVING--0014804)

Date Complaint Received: 3/28/2023

Date Investigation Completed: 5/9/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 3/8/2023

Date Investigation Completed: 3/21/2023

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
SMY911

Date Complaint Received: 2/22/2023

Date Investigation Completed: 2/27/2023

Subject Area(s)
PROGRAM SERVICES
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/8/2022

Date Investigation Completed: 12/20/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 9/8/2022

Date Investigation Completed: 9/14/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/30/2021

Date Investigation Completed: 12/9/2021

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

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (CERTIFIED)

Date Complaint Received: 11/12/2021

Date Investigation Completed: 1/7/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

ZQ8D11
ZQ8D11
ZQ8D11

Date Complaint Received: 6/9/2021

Date Investigation Completed: 6/25/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 2/26/2021

Date Investigation Completed: 3/12/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

3JYW12

Date Complaint Received: 7/20/2020

Date Investigation Completed: 8/3/2020

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 7/28/2020 12:00:00AM

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

Survey History

Survey ID: 0143114 **End Date:** 4/28/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142114 **End Date:** 1/19/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MJEW11 Served 2/10/2023

<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

Survey ID: 0140156 **End Date:** 7/6/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136007 **End Date:** 4/5/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0134454 End Date: 7/28/2020 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Date: 2/10/2023 SOD #MJEW11 Appealed: No

Sanctions

ORDER TO COMPLY

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

Date Complaint Received: 12/29/2022 Date Investigation Completed: 1/20/2023

Subject Area(s)	Result	SOD #
RESIDENT RIGHTS	SUBSTANTIATED	MJEW11

Date Complaint Received: 5/25/2022 Date Investigation Completed: 7/5/2022

Subject Area(s)	Result	SOD #
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 3/24/2021 Date Investigation Completed: 4/5/2021

Subject Area(s)	Result	SOD #
ADMINISTRATION	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 8/29/2018 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0138561 **End Date:** 1/20/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137393 **End Date:** 9/22/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137758 **End Date:** 8/9/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

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

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(a)2.c	SERVICES	1/20/22	Yes

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

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

Sanctions

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

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (CERTIFIED)

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

Date Complaint Received: 9/17/2021

Date Investigation Completed: 10/4/2021

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
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 5/11/2023 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143026 **End Date:** 5/10/2023 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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