

## Provider Inspection Summary

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

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 63.00 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.**

**If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer.**

**Otherwise you will be printing all pages in the document.**

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
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:** 0148043    **End Date:** 10/30/2024    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0147861    **End Date:** 10/02/2024    **Type:** STANDARD    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**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

**This is Page 2 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (CERTIFIED)

**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

**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

### 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)

**This is Page 3 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

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

**This is Page 4 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

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

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

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

**Date Investigation Completed:** 06/26/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**This is Page 5 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
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:** 0147502    **End Date:** 08/27/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146543    **End Date:** 04/26/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV  
**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #WUKT14    Served 05/29/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
89.24(3)(b)1	HOURS OF SERVICE	8/27/24	Yes
89.26(4)	ANNUAL REVIEW	8/27/24	Yes
89.28(2)(a)1	RISK AGREEMENT	8/27/24	Yes
89.29(3)(b)	ADMISSION & RETENTION OF TENANTS	8/27/24	Yes

**This is Page 6 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (CERTIFIED)

**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</u> <u>Verified</u>	<u>Corrected</u>
89.23(3)(f)	SERVICES	5/29/24	Yes

**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</u> <u>Verified</u>	<u>Corrected</u>
89.23(3)(f)	SERVICES	1/9/24	No

**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</u> <u>Verified</u>	<u>Corrected</u>
89.23(3)(f)	SERVICES	8/11/23	No
89.34(18)	TENANT RIGHTS	8/11/23	Yes

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

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 7 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (CERTIFIED)

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

**Date:** 05/29/2024      **SOD #**WUKT14      **Appealed:** No

Sanctions  
ORDER TO COMPLY

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

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:** 04/13/2024      **Date Investigation Completed:** 04/23/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	WUKT14

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

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	WUKT11

**This is Page 8 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

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

**This is Page 9 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
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>Corrected</u>
		<u>Verified</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)

**This is Page 10 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

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

***This is Page 11 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
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 1/21/22 to 1/20/25

**This is Page 12 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
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:** 0148068    **End Date:** 09/26/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #E62917    Served 11/11/2024

Deficiencies Cited  
89.34(17)

Subject Area  
TENANT RIGHTS

Compliance  
Verified

Corrected

**Survey ID:** 0147225    **End Date:** 06/11/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #E62916

Deficiencies Cited  
89.34(17)

Subject Area  
TENANT RIGHTS

Compliance  
Verified

Corrected

***This is Page 13 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (CERTIFIED)

**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</u>	
		<u>Verified</u>	<u>Corrected</u>
89.23(2)(a)2.a	SERVICES	6/11/24	Yes
89.34(17)	TENANT RIGHTS	6/11/24	No

**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</u>	
		<u>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

**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</u>	
		<u>Verified</u>	<u>Corrected</u>
89.34(17)	TENANT RIGHTS	9/6/23	Yes

***This is Page 14 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (CERTIFIED)

**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</u>	
		<u>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</u>	
		<u>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

**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

**This is Page 15 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (CERTIFIED)

**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

**This is Page 16 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (CERTIFIED)

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

**Date:** 11/17/2024      **SOD #**E62917      **Appealed:** No

Sanctions

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

**Date:** 08/06/2024      **SOD #**E62916      **Appealed:**

Sanctions

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

**Date:** 04/22/2024      **SOD #**E62915      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---89.23(2)(a)2.a  
FORFEITURE---89.34(17)

**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

**This is Page 17 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (CERTIFIED)

**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

**This is Page 18 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (CERTIFIED)

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

**Date Complaint Received: 09/05/2024**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY  
RESIDENT RIGHTS

**Date Investigation Completed: 09/26/2024**

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 05/15/2024**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 06/11/2024**

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**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 #

**This is Page 19 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

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

**This is Page 20 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
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 1/21/22 to 1/20/25

**This is Page 21 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** Charter Senior Living-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:** 0147596    **End Date:** 08/13/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #B33911    Served 09/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(a)2.c	SERVICES		
89.23(3)(f)	SERVICES		

**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

**This is Page 22 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (CERTIFIED)

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

### Enforcement History (Charter Senior Living-Madison--0017777)

Date: 09/17/2024 SOD #B33911 Appealed: No

Sanctions

ORDER TO COMPLY

**This is Page 23 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (Charter Senior Living-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

***This is Page 24 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

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

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

**License Status:** REGULAR

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

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

### Survey History

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

**This is Page 25 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

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

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

<b>Date Complaint Received:</b> 02/10/2023	<b>Date Investigation Completed:</b> 02/15/2023
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED
	<u>SOD #</u>

**This is Page 26 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
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** 11/01/2011 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

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

**This is Page 27 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
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 1/21/22 to 1/20/25

**This is Page 28 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

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

**Survey ID:** 0147419      **End Date:** 08/15/2024      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (RENAISSANCE SENIOR LIVING OF HILLDALE--0018828)

**Date Complaint Received:** 07/27/2024

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

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

**This is Page 29 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

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

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

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

Sanctions  
ORDER TO COMPLY

***This is Page 30 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (CERTIFIED)

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

**Date Complaint Received: 03/01/2024**

**Date Investigation Completed: 03/13/2024**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

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

**Date Complaint Received: 09/11/2023**

**Date Investigation Completed: 10/16/2023**

Subject Area(s)  
ADMINISTRATION

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

**Date Complaint Received: 09/05/2023**

**Date Investigation Completed: 09/08/2023**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

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

**This is Page 31 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
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:** 0146751      **End Date:** 06/19/2024      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 32 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

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

<b>Survey ID:</b> 0146473	<b>End Date:</b> 05/20/2024	<b>Type:</b> OTHER	<b>Purpose:</b> COMPLAINT
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			
<hr/>			
<b>Survey ID:</b> 0144429	<b>End Date:</b> 10/02/2023	<b>Type:</b> OTHER	<b>Purpose:</b> COMPLAINT
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			
<hr/>			
<b>Survey ID:</b> 0143731	<b>End Date:</b> 07/06/2023	<b>Type:</b> STANDARD	<b>Purpose:</b> SURVEY
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			

**This is Page 33 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
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:** 0148441    **End Date:** 01/02/2025    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0147659    **End Date:** 08/07/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #0V3J11    Served 09/24/2024

Deficiencies Cited  
89.29(3)(a)5

Subject Area  
ADMISSION & RETENTION OF TENANTS

Compliance  
Verified  
1/2/25

Corrected  
Yes

**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:** STANDARD    **Purpose:** SURVEY/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 34 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (CERTIFIED)

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

**Results:** ENFORCEMENT ACTION

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

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(1)	SERVICES	10/11/23	Yes

---

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

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**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 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

**This is Page 35 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (CERTIFIED)

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

<b>Date:</b> 09/24/2024	<b>SOD #</b> 0V3J11	<b>Appealed:</b>	<b>Decision:</b> PENDING
<u>Sanctions</u> ORDER TO COMPLY FORFEITURE---89.29(3)(a)5			
<b>Date:</b> 08/08/2023	<b>SOD #</b> RZ5011	<b>Appealed:</b>	
<u>Sanctions</u> ORDER TO COMPLY FORFEITURE---89.23			
<b>Date:</b> 05/18/2022	<b>SOD #</b> DMDB11	<b>Appealed:</b> Yes	<b>Decision:</b> STIPULATION
<u>Sanctions</u> ORDER TO COMPLY			

**This is Page 36 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (CERTIFIED)

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

**Date Complaint Received: 07/31/2024**

**Date Investigation Completed: 08/06/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

0V3J11

**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

**This is Page 37 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
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:** 0147201    **End Date:** 07/30/2024    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**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

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

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

Sanctions  
ORDER TO COMPLY

***This is Page 38 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (CERTIFIED)

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

**Date Complaint Received: 07/30/2024**

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

Subject Area(s)

Result

SOD #

PROGRAM SERVICES  
RESIDENT RIGHTS

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**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

**This is Page 39 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
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:** 0148223      **End Date:** 11/07/2024      **Type:** OTHER      **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**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

**This is Page 40 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (REGISTERED)

### Complaint History (INGLEWOOD--0014327)

**Date Complaint Received: 08/15/2024**

**Date Investigation Completed: 10/30/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

TLLW11

**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

**This is Page 41 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
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:** 0146631      **End Date:** 06/04/2024      **Type:** ABBREVIATED      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**This is Page 42 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

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

### 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

**This is Page 43 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
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 1/21/22 to 1/20/25

**This is Page 44 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
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:** 0148587    **End Date:** 01/15/2025    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146792    **End Date:** 06/20/2024    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146456    **End Date:** 05/13/2024    **Type:** STANDARD    **Purpose:** SURVEY  
**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #VTF811    Served 05/20/2024

Deficiencies Cited  
89.28(6)

Subject Area  
RISK AGREEMENT

Compliance  
Verified  
7/4/24

Corrected  
Yes

**Survey ID:** 0143294    **End Date:** 05/31/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 45 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (CERTIFIED)

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

**Results:** ENFORCEMENT ACTION

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

<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:** 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 Verified</u>	<u>Corrected</u>
89.34(17)	TENANT RIGHTS	10/13/22	Yes

**This is Page 46 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (CERTIFIED)

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

**Date:** 05/20/2024      **SOD #**VTF811      **Appealed:** No

Sanctions

ORDER TO COMPLY

**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

**This is Page 47 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (CERTIFIED)

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

**Date Complaint Received:** 11/04/2024

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

**Date Investigation Completed:** 01/15/2025

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 06/13/2024

Subject Area(s)  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed:** 06/19/2024

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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

Subject Area(s)  
PROGRAM SERVICES

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

Result  
SUBSTANTIATED

SOD #  
ODEN11

***This is Page 48 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
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:** 0148129    **End Date:** 11/12/2024    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146410    **End Date:** 05/08/2024    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**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

**This is Page 49 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (CERTIFIED)

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

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

Sanctions  
ORDER TO COMPLY

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

Date Complaint Received: 07/15/2024

Date Investigation Completed: 11/12/2024

Subject Area(s)  
RESIDENT RIGHTS

Result  
SUBSTANTIATED

SOD #  
9IDY11

Date Complaint Received: 01/30/2024

Date Investigation Completed: 05/08/2024

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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 #

**This is Page 50 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

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

**This is Page 51 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

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

**This is Page 52 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

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

***This is Page 53 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

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

## Provider Inspection Summary

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

**This is Page 54 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** Charter Senior Living RCAC-Verona (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

**This is Page 55 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

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

**This is Page 56 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (CERTIFIED)

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

Results: NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (Charter Senior Living RCAC-Verona--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

**This is Page 57 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (Charter Senior Living RCAC-Verona--0014804)

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

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

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

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

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

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

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

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

Subject Area(s)  
RESIDENT RIGHTS

Result  
SUBSTANTIATED

SOD #  
SMY911

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

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

Subject Area(s)  
PROGRAM SERVICES  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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

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

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

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

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

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**This is Page 58 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
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:** 0147329    **End Date:** 08/13/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146726    **End Date:** 06/14/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**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	6/14/24	Yes
89.34(17)	TENANT RIGHTS	6/14/24	Yes

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

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 59 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (CERTIFIED)

**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</u>	
		<u>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:** 07/06/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Date:** 04/01/2024    **SOD #**TB4V11    **Appealed:** No

Sanctions

ORDER TO COMPLY

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

Sanctions

ORDER TO COMPLY

***This is Page 60 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (CERTIFIED)

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

**Date Complaint Received: 07/30/2024**

Subject Area(s)  
PROGRAM SERVICES

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

Result  
NOT SUBSTANTIATED

SOD #

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

Subject Area(s)  
PROGRAM SERVICES

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

Result  
NOT SUBSTANTIATED

SOD #

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

Subject Area(s)  
RESIDENT RIGHTS

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

Result  
SUBSTANTIATED

SOD #  
MJEW11

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

Subject Area(s)  
PROGRAM SERVICES

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

Result  
NOT SUBSTANTIATED

SOD #

**This is Page 61 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
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:** 0148507    **End Date:** 01/06/2025    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146228    **End Date:** 03/08/2024    **Type:** STANDARD    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

<b>Date Complaint Received:</b> 10/30/2024	<b>Date Investigation Completed:</b> 01/06/2025
<u>Subject Area(s)</u>	<u>Result</u>
ADMINISTRATION	NOT SUBSTANTIATED
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED

SOD #

**This is Page 62 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
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:** 0147453    **End Date:** 08/27/2024    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

### Complaint History (Waunakee Valley Senior Living--0019560)

<b>Date Complaint Received:</b> 08/19/2024	<b>Date Investigation Completed:</b> 08/27/2024
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED <u>SOD #</u>

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

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