

## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

### Notes

**This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Dodge County.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 101.00 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 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** Calm Harbor West (0019563)

**Address:** 1101 Lake Shore Dr, Beaver Dam, WI 539161239

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/20/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0143820      **End Date:** 07/20/2023      **Type:** INITIAL      **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** CCLS INC FAIRFIELD I (0015785)

**Address:** 346 S FAIRFIELD AVE, JUNEAU, WI 53039

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/09/2015 12:00:00AM

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

### Survey History

**Survey ID:** 0146711      **End Date:** 06/13/2024      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146080      **End Date:** 03/27/2024      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #H7CH11      Served 04/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP	6/13/24	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	6/13/24	Yes

**Survey ID:** 0140101      **End Date:** 07/11/2022      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Enforcement History (CCLS INC FAIRFIELD I--0015785)

**Date:** 04/09/2024      **SOD #**H7CH11      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 05/09/2022      **SOD #**WYKP11      **Appealed:** No

Sanctions

NO NEW ADMISSIONS

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** CCLS INC FAIRFIELD II (0015791)

**Address:** 348 S FAIRFIELD AVE, JUNEAU, WI 53039

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/09/2015 12:00:00AM

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

### Survey History

**Survey ID:** 0143766      **End Date:** 07/14/2023      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139758      **End Date:** 05/05/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (CCLS INC FAIRFIELD II--0015791)

**Date Complaint Received:** 04/18/2022

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

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** Clearview Community Group Home (0010513)

**Address:** 750 N Main St, Juneau, WI 53039

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/10/2004 12:00:00AM

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

### Survey History

**Survey ID:** 0143265    **End Date:** 05/10/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #G8WU11    Served 06/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	7/20/23	Yes
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	7/20/23	Yes

### Enforcement History (Clearview Community Group Home--0010513)

**Date:** 06/05/2023    **SOD #**G8WU11    **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** TRAILVIEW ADULT FAMILY HOME (0011350)

**Address:** 196 TRAILVIEW COURT, JUNEAU, WI 53039

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/17/2006 12:00:00AM

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

### Survey History

**Survey ID:** 0143160      **End Date:** 05/22/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** Buckaroos AFH 1A (0020154)

**Address:** 1411 Schuman Dr, Watertown, WI 53098

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/18/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0146424      **End Date:** 04/18/2024      **Type:** INITIAL      **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** FAIRFIELD (0018567)

**Address:** 1408 FAIRFIELD COURT, WATERTOWN, WI 53098

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/15/2021 12:00:00AM

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

### Survey History

**Survey ID:** 0145048      **End Date:** 12/07/2023      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** HILLSIDE GARDENS AFH LLC (0018789)

**Address:** 221 MARGARET ST, WATERTOWN, WI 53098

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/22/2021 12:00:00AM

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

### Survey History

**Survey ID:** 0144840      **End Date:** 11/10/2023      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (HILLSIDE GARDENS AFH LLC--0018789)

**Date Complaint Received:** 09/12/2023

**Date Investigation Completed:** 11/07/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** MANOR FAMILY HOME LLC (THE) (0017068)

**Address:** 1113 LISBON ST, WATERTOWN, WI 53098

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/07/2018 12:00:00AM

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

### Survey History

**Survey ID:** 0144231      **End Date:** 09/11/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** STONERIDGE (0018559)

**Address:** 1421 STONERIDGE DRIVE, WATERTOWN, WI 53098

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/15/2021 12:00:00AM

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

### Survey History

**Survey ID:** 0143076    **End Date:** 04/27/2023    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #16L711    Served 05/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.04(2)(g)2	COMMUNICABLE DISEASE	7/1/23	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	7/1/23	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	7/1/23	Yes

### Enforcement History (STONERIDGE--0018559)

**Date:** 05/17/2023    **SOD #**16L711    **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** ARCADIA COMMUNITIES (0013631)

**Address:** 911 S CENTER ST, BEAVER DAM, WI 53916

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2012 12:00:00AM

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

### Survey History

**Survey ID:** 0142567    **End Date:** 03/22/2023    **Type:** OTHER    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #OI4W11    Served 03/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	3/22/23	Yes

### Enforcement History (ARCADIA COMMUNITIES--0013631)

**Date:** 03/28/2023    **SOD #** OI4W11    **Appealed:** No

Sanctions

ORDER TO COMPLY

### Complaint History (ARCADIA COMMUNITIES--0013631)

**Date Complaint Received:** 02/21/2023

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

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** Beaver Dam AL Operations LLC (0019425)

**Address:** 129 Evergreen Cir, Beaver Dam, WI 53916

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0145187    **End Date:** 11/27/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #W9U811    Served 01/08/2024

Deficiencies Cited  
83.44(2)(a)

Subject Area  
ROOMS CLEAN AND FREE FROM ODORS

Compliance  
Verified  
2/22/24

Corrected  
Yes

**Survey ID:** 0142340    **End Date:** 03/01/2023    **Type:** INITIAL    **Purpose:** SURVEY

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

### Enforcement History (Beaver Dam AL Operations LLC--0019425)

**Date:** 01/08/2024    **SOD #**W9U811    **Appealed:** No

Sanctions  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (Beaver Dam AL Operations LLC--0019425)

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

**Date Investigation Completed:** 11/27/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received:** 10/17/2023

**Date Investigation Completed:** 11/27/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

W9U811

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** EAGLES WINGS (111039)

**Address:** 408 STONE ST, BEAVER DAM, WI 53916

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/08/1998 12:00:00AM

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

### Survey History

**Survey ID:** 0143068    **End Date:** 05/04/2023    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #9OGV11    Served 05/16/2023

Deficiencies Cited  
83.26(2)

Subject Area  
ORIENTATION, CONTINUING EDUCATION  
DOCUMENTED

Compliance  
Verified  
6/30/23

Corrected  
Yes

### Enforcement History (EAGLES WINGS--111039)

**Date:** 05/16/2023    **SOD #**9OGV11    **Appealed:** No

Sanctions  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** PRAIRIE RIDGE ASSISTED LIVING (0012224)  
**Address:** 212 EAST INDUSTRIAL DR, BEAVER DAM, WI 53916  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/01/2009 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0148603    **End Date:** 01/24/2025    **Type:** OTHER    **Purpose:** VERIFICATION VISIT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0148478    **End Date:** 12/11/2024    **Type:** OTHER    **Purpose:** DESK REVIEW  
**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #664D11    Served 01/10/2025

Deficiencies Cited  
83.09

Subject Area  
BIENNIAL REPORT AND FEES

Compliance  
Verified  
1/25/25

Corrected  
Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0147513    **End Date:** 07/26/2024    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #4JNG12    Served 09/06/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19	ORIENTATION		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.22(1)-(4)	TASK SPECIFIC TRAINING		
83.25	CONTINUING EDUCATION		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		
83.47(2)(d)	FIRE DRILLS		
83.47(2)(e)	OTHER EVACUATION DRILLS		

**Survey ID:** 0146187    **End Date:** 03/07/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #4JNG11    Served 04/22/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	7/26/24	Yes

**Survey ID:** 0142373    **End Date:** 03/01/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0141617    **End Date:** 10/26/2022    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #UNM512    Served 12/15/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	3/1/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	3/1/23	Yes
83.35(4)	RESIDENT SATISFACTION EVALUATION	3/1/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	3/1/23	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	3/1/23	Yes
83.47(2)(d)	FIRE DRILLS	3/1/23	Yes

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**Survey ID:** 0139907    **End Date:** 06/13/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID:** 0140193    **End Date:** 04/14/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #UNM511    Served 07/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.38(1)(h)	MEDICATION ADMINISTRATION	10/24/22	Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (PRAIRIE RIDGE ASSISTED LIVING--0012224)

**Date: 01/10/2025**

**SOD #664D11**

**Appealed:**

Sanctions

NO NEW ADMISSIONS  
ORDER TO COMPLY  
FORFEITURE---83.09

**Date: 09/06/2024**

**SOD #4JNG12**

**Appealed:**

**Decision: PENDING**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.19  
FORFEITURE---83.21(1)-(3)  
FORFEITURE---83.22 (1)-(4)  
FORFEITURE---83.25  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.47(2)(d)

**Date: 04/22/2024**

**SOD #4JNG11**

**Appealed:**

Sanctions

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

**Date: 12/14/2022**

**SOD #UNM512**

**Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.21(1-3)

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date:** 07/21/2022      **SOD #**UNM511      **Appealed:**

Sanctions

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

**Date:** 04/14/2022      **SOD #**2K1Q11      **Appealed:**

Sanctions

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

**Date:** 03/07/2022      **SOD #**EU9I11      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.15(3)(a)  
FORFEITURE---83.19  
FORFEITURE---83.25  
FORFEITURE---83.32.(3)(d)  
FORFEITURE---83.35(3)(c)

### Complaint History (PRAIRIE RIDGE ASSISTED LIVING--0012224)

**Date Complaint Received:** 01/26/2024

**Date Investigation Completed:** 03/06/2024

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD #

4JNG11

**Date Complaint Received:** 04/13/2022

**Date Investigation Completed:** 04/14/2022

Subject Area(s)

PROGRAM SERVICES  
RESIDENT RIGHTS

Result

SUBSTANTIATED  
SUBSTANTIATED

SOD #

UNM511  
UNM511

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

**Date Investigation Completed:** 04/14/2022

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

UNM511

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** REMEMBRANCE HOME (0009159)

**Address:** 1810 N SPRING ST, BEAVER DAM, WI 53916

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/2001 12:00:00AM

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

### Survey History

**Survey ID:** 0143047      **End Date:** 04/20/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** SYLVAN CROSSINGS AT HUNTER RIDGE (111056)

**Address:** 626 MONROE ST, BEAVER DAM, WI 53916

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/07/1999 12:00:00AM

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

### Survey History

**Survey ID:** 0148514    **End Date:** 10/16/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #V0S816    Served 01/15/2025

Deficiencies Cited  
83.32(3)(h)

Subject Area  
RIGHTS OF RESIDENTS: TO RECEIVE  
MEDICATION

Compliance  
Verified

Corrected

**Survey ID:** 0147330    **End Date:** 08/07/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #T82P11    Served 08/15/2024

Deficiencies Cited  
83.32(3)(h)

Subject Area  
RIGHTS OF RESIDENTS: TO RECEIVE  
MEDICATION

Compliance  
Verified  
10/16/24

Corrected  
No

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0147022 End Date: 05/29/2024 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #V0S815 Served 07/22/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	10/16/24	No
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	10/16/24	Yes

Survey ID: 0145681 End Date: 01/03/2024 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #V0S814 Served 02/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0144449    **End Date:** 08/08/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #V0S813    Served 10/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	1/3/24	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/3/24	No
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	1/3/24	No
83.38(1)(g)	HEALTH MONITORING	1/3/24	Yes
83.39(3)	HAND WASHING	1/3/24	Yes

**Survey ID:** 0143043    **End Date:** 03/24/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #5MOW11    Served 05/15/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.38(1)(g)	HEALTH MONITORING		

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142933 End Date: 02/17/2023 Type: OTHER Purpose: SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #V0S812 Served 05/04/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	8/8/23	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	8/8/23	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	8/8/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	8/8/23	Yes
83.25	CONTINUING EDUCATION	8/8/23	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	8/8/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	8/8/23	No
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	8/8/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/8/23	No
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	8/8/23	No
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	8/8/23	Yes
83.38(1)(g)	HEALTH MONITORING	8/8/23	No
83.41(2)(c)	NUTRITION: MENUS	8/8/23	Yes
83.41(3)(b)	FOOD SAFETY	8/8/23	Yes
83.47(2)(d)	FIRE DRILLS	8/8/23	Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141033    End Date: 07/01/2022    Type: OTHER    Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #V0S811    Served 10/14/2002

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	2/17/23	No
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	2/17/23	Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (SYLVAN CROSSINGS AT HUNTER RIDGE--111056)

**Date: 01/15/2025**      **SOD #V0S816**      **Appealed:**      **Decision: PENDING**

Sanctions

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

**Date: 08/15/2024**      **SOD #T82P11**      **Appealed:**

Sanctions

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

**Date: 07/22/2024**      **SOD #V0S815**      **Appealed:**

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.32(3)(h)  
FORFEITURE---83.37(1)(i)

**Date: 02/26/2024**      **SOD #V0S814**      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.32(3)(d)  
FORFEITURE---83.32(3)(h)  
FORFEITURE---83.37(1)(i)  
FORFEITURE---83.37(2)(d)

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date: 10/05/2023**      **SOD #V0S813**      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.32(3)(h)  
FORFEITURE---83.35(3)(d)

---

**Date: 05/15/2023**      **SOD #5MOW11**      **Appealed:**      **Decision: PENDING**

Sanctions

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

---

**Date: 05/04/2023**      **SOD #V0S812**      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY  
FORFEITURE---83.14(2)(a)  
FORFEITURE---83.17 (1)  
FORFEITURE---83.17(2)(a)  
FORFEITURE---83.20(2)(a)-(d)  
FORFEITURE---83.25  
FORFEITURE---83.32(3)(h)  
FORFEITURE---83.35(3)(c)  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.37(2)(d)  
FORFEITURE---83.38(1)(g)  
FORFEITURE---83.47(2)(d)

---

**Date: 10/14/2022**      **SOD #V0S811**      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.32(3)(h)  
FORFEITURE---83.35 (3)(b)

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (SYLVAN CROSSINGS AT HUNTER RIDGE--111056)

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

**Date Investigation Completed: 08/07/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

T82P11

RESIDENT RIGHTS

SUBSTANTIATED

T82P11

**Date Complaint Received: 05/17/2024**

**Date Investigation Completed: 05/29/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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

**Date Investigation Completed: 01/02/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

V0S814

**Date Complaint Received: 03/15/2023**

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

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

5MOW11

**Date Complaint Received: 01/09/2023**

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

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

**Date Complaint Received: 06/15/2022**

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

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

V0S811

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** ANCHOR COMMUNITIES LLC (0015950)

**Address:** 209 FOREST ST, FOX LAKE, WI 53933

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/04/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0148795    **End Date:** 01/14/2025    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #F9N311    Served 02/19/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.46(1)(a)	COMFORTABLE AND SAFE TEMPERATURES		
83.46(1)(b)	PORTABLE SPACE HEATERS PROHIBITED		

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0148028    **End Date:** 09/06/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #65LL14    Served 11/06/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.41(3)(b)	FOOD SAFETY		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		

**Survey ID:** 0146780    **End Date:** 05/23/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #65LL13    Served 06/25/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(a)	REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN	9/5/24	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	9/5/24	No
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	9/5/24	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	9/5/24	Yes
83.41(1)(b)	EQUIPMENT	9/5/24	Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0146039 End Date: 02/05/2024 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #65LL12 Served 04/01/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	5/21/24	No
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	5/21/24	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	5/21/24	No
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	5/21/24	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	5/21/24	Yes
83.41(1)(b)	EQUIPMENT	5/21/24	No
83.41(3)(b)	FOOD SAFETY	5/21/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	5/21/24	Yes
83.45(3)	TOXIC SUBSTANCES	5/21/24	No
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	5/21/24	Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0145152 End Date: 11/07/2023 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #6IY511 Served 01/02/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.09	BIENNIAL REPORT AND FEES	4/23/24	Yes
83.13(2)(c)	EMPLOYEE RECORDS RETAINED FOR 3 YEARS	4/23/24	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	4/23/24	Yes
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	4/23/24	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	4/23/24	Yes

Survey ID: 0144624 End Date: 07/27/2023 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #65LL11 Served 10/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.09	BIENNIAL REPORT AND FEES	1/30/24	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	1/30/24	No
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	1/30/24	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	1/30/24	Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0143537    **End Date:** 05/19/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #4ZY313    Served 06/29/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	8/12/23	

**Survey ID:** 0141299    **End Date:** 08/04/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #4ZY312    Served 11/09/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	5/19/23	Yes
83.47(3)	FIRE INSPECTION	5/19/23	Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (ANCHOR COMMUNITIES LLC--0015950)

**Date:** 11/06/2024      **SOD #**65LL14      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

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

FORFEITURE---83.43(1)

**Date:** 06/25/2024      **SOD #**65LL13      **Appealed:** No

Sanctions

ORDER TO COMPLY

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

FORFEITURE---83.35(3)(c)

FORFEITURE---83.41(1)(b)

**Date:** 04/01/2024      **SOD #**65LL12      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

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

FORFEITURE---83.35(3)(c)

**Date:** 01/02/2024      **SOD #**61Y511      **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date: 10/26/2023**      **SOD #65LL11**      **Appealed: No**

Sanctions

NO NEW ADMISSIONS  
ORDER TO COMPLY  
FORFEITURE---83.32(3)(d)

---

**Date: 06/29/2023**      **SOD #4ZY313**      **Appealed: No**

Sanctions

ORDER TO COMPLY

---

**Date: 11/09/2022**      **SOD #4ZY312**      **Appealed: No**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.20(2)(a-d)  
FORFEITURE---83.47(3)

---

**Date: 02/17/2022**      **SOD #4ZY311**      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.20(2)(a-d)  
FORFEITURE---83.21(1-3)  
FORFEITURE---83.22(1-4)  
FORFEITURE---83.25  
FORFEITURE---83.39(1)  
FORFEITURE---83.47(3)  
FORFEITURE---83.48(8)(b)

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (ANCHOR COMMUNITIES LLC--0015950)

**Date Complaint Received: 08/13/2024**

**Date Investigation Completed: 09/05/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

65LL14

PROGRAM SERVICES

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 07/15/2024**

**Date Investigation Completed: 09/05/2024**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

65LL14

**Date Complaint Received: 05/17/2024**

**Date Investigation Completed: 05/21/2024**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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

**Date Investigation Completed: 05/21/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

65LL13

**Date Complaint Received: 01/19/2024**

**Date Investigation Completed: 01/30/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

65LL12

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 12/13/2023**

Subject Area(s)

PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY  
PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 01/30/2024**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED

SOD #

65LL12  
  
65LL12  
65LL12

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

Subject Area(s)

ADMINISTRATION  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 11/07/2023**

Result

SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

NOT RECORDED  
NOT RECORDED  
NOT RECORDED  
NOT RECORDED

**Date Complaint Received: 05/10/2023**

Subject Area(s)

ADMINISTRATION  
RESIDENT RIGHTS

**Date Investigation Completed: 05/17/2023**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** DAYBREAK INC HORICON (110532)

**Address:** 822 E WALNUT ST, HORICON, WI 53032

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/1980 12:00:00AM

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

### Survey History

**Survey ID:** 0148354    **End Date:** 10/09/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #T3JK11    Served 01/03/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(3)(b)	POST HOUSE RULES, RESIDENT RIGHTS, GRIEVANCES		
83.22(1)-(4)	TASK SPECIFIC TRAINING		
83.25	CONTINUING EDUCATION		
83.33(4)	POSTING OF LONG TERM CARE OMBUDSMAN PROGRAM		
83.38(1)(h)	MEDICATION ADMINISTRATION		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.47(2)(b)	EXIT DIAGRAM		

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

**Survey ID:** 0140649    **End Date:** 08/16/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #2Y5F11    Served 09/02/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	10/17/22	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	10/17/22	Yes

### Enforcement History (DAYBREAK INC HORICON--110532)

**Date:** 01/03/2025    **SOD #**T3JK11    **Appealed:** No

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.22 (1)-(4)  
FORFEITURE---83.25

**Date:** 09/02/2022    **SOD #**2Y5F11    **Appealed:** No

Sanctions

ORDER TO COMPLY

### Complaint History (DAYBREAK INC HORICON--110532)

**Date Complaint Received:** 01/16/2025    **Date Investigation Completed:** 02/11/2025

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	91P411

**Date Complaint Received:** 08/14/2024    **Date Investigation Completed:** 10/08/2024

<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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** MARVINS MANOR II (0012372)

**Address:** 839 DIVISION ST, HORICON, WI 53032

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2009 12:00:00AM

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

### Survey History

**Survey ID:** 0144259    **End Date:** 09/07/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143670    **End Date:** 06/25/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #5HHG14    Served 07/18/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.31(4)(b)	ALLOWABLE REASONS FOR INVOLUNTARY DISCHARGE	9/7/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/7/23	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	9/7/23	Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0141009    **End Date:** 06/29/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #5HHG13    Served 10/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.59(6)(a)	RAMP SLOPE IN EXISTING BUILDINGS	6/25/23	Yes

### Enforcement History (MARVINS MANOR II--0012372)

**Date:** 07/18/2023    **SOD #**5HHG14    **Appealed:**    **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.31(4)(b)

**Date:** 10/13/2022    **SOD #**5HHG13    **Appealed:** Yes    **Decision:** STIPULATION

Sanctions

ORDER TO COMPLY  
FORFEITURE---10% late fee  
FORFEITURE---83.59(6)(a)  
FORFEITURE---reduced forf null/void d/t nonpayment

**Date:** 04/19/2022    **SOD #**5HHG12    **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.44(2)( C)  
FORFEITURE---83.45(3)  
FORFEITURE---83.59(6)(a)

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (MARVINS MANOR II--0012372)

**Date Complaint Received: 04/27/2023**

**Date Investigation Completed: 05/25/2023**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
5HHG14

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** EVERGREEN MANOR III INC (0011807)

**Address:** 239 VICTORY ST, JUNEAU, WI 53039

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/2007 12:00:00AM

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

### Survey History

**Survey ID:** 0148617    **End Date:** 10/30/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #LDGQ12    Served 01/29/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

**Survey ID:** 0146562    **End Date:** 04/30/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #LDGQ11    Served 05/31/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	10/30/24	Yes
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	10/30/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	10/30/24	Yes

---

**Survey ID:** 0142083    **End Date:** 10/24/2023    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #YK8613    Served 02/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.25	CONTINUING EDUCATION	4/4/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	4/4/23	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	4/4/23	Yes

---

**Survey ID:** 0142972    **End Date:** 04/04/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Enforcement History (EVERGREEN MANOR III INC--0011807)

**Date:** 01/29/2025      **SOD #**LDGQ12      **Appealed:**      **Decision:** PENDING

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.37(1)(i)

**Date:** 05/30/2024      **SOD #**LDGQ11      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 02/08/2023      **SOD #**YK8613      **Appealed:**

Sanctions

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

### Complaint History (EVERGREEN MANOR III INC--0011807)

**Date Complaint Received:** 04/01/2024      **Date Investigation Completed:** 04/30/2024

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

LDGQ11

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** NORTHVIEW HEIGHTS (0014709)

**Address:** 199 CTY DF, JUNEAU, WI 53039

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2014 12:00:00AM

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

### Survey History

**Survey ID:** 0143159      **End Date:** 05/22/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140966      **End Date:** 10/04/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (NORTHVIEW HEIGHTS--0014709)

**Date Complaint Received:** 07/26/2022

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

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** CROSSROADS CARE CENTER OF MAYVILLE MEMORY CARE (0018680)

**Address:** 305 S CLARK STREET, MAYVILLE, WI 53050

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/30/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0147702    **End Date:** 08/28/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #P71Q11    Served 09/30/2024

Deficiencies Cited  
83.37(2)(c)

Subject Area  
MEDICATION ADMINISTRATION NOT  
SUPERVISED

Compliance  
Verified  
11/14/24

Corrected  
Yes

**Survey ID:** 0143231    **End Date:** 05/30/2023    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140949    **End Date:** 09/30/2022    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

### Enforcement History (CROSSROADS CARE CENTER OF MAYVILLE MEMORY CARE--0018680)

**Date:** 09/30/2024    **SOD #**P71Q11    **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (CROSSROADS CARE CENTER OF MAYVILLE MEMORY CARE--0018680)

**Date Complaint Received: 08/14/2024**

**Date Investigation Completed: 08/28/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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

**Date Investigation Completed: 08/28/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

**Date Complaint Received: 07/20/2024**

**Date Investigation Completed: 08/28/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

P71Q11

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** PRAIRIE RIDGE ASSISTED LIVING MAYVILLE (0017166)

**Address:** 1175 BRECKENRIDGE ST, MAYVILLE, WI 53050

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2019 12:00:00AM

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

### Survey History

**Survey ID:** 0145664    **End Date:** 01/16/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #4BFW12    Served 02/19/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.41(3)(b)	FOOD SAFETY	1/16/24	Yes
83.45(3)	TOXIC SUBSTANCES	1/16/24	Yes
83.46(1)(a)	COMFORTABLE AND SAFE TEMPERATURES	1/16/24	Yes

**Survey ID:** 0144529    **End Date:** 08/15/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #4BFW11    Served 10/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(1)	LICENSEE CONDUCT CAREGIVER	1/16/24	Yes
	BACKGROUND CHECK		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	1/16/24	Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0143407      **End Date:** 06/16/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141590      **End Date:** 12/08/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139970      **End Date:** 06/13/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138727      **End Date:** 02/10/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (PRAIRIE RIDGE ASSISTED LIVING MAYVILLE--0017166)

**Date:** 02/19/2024      **SOD #**4BFW12      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 10/16/2023      **SOD #**4BFW11      **Appealed:**

Sanctions

ORDER TO COMPLY

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

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (PRAIRIE RIDGE ASSISTED LIVING MAYVILLE--0017166)

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

**Date Investigation Completed: 01/16/2024**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

4BFW12

**Date Complaint Received: 01/02/2024**

**Date Investigation Completed: 01/16/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

4BFW12

**Date Complaint Received: 07/24/2023**

**Date Investigation Completed: 08/15/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 05/08/2023**

**Date Investigation Completed: 06/13/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

**Date Complaint Received: 11/01/2022**

**Date Investigation Completed: 12/08/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** TOUCHSTONE OF MAYVILLE (0013818)

**Address:** 1071 HORICON ST, MAYVILLE, WI 53050

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0148007      **End Date:** 10/30/2024      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0147447      **End Date:** 08/24/2024      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0147303      **End Date:** 07/02/2024      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #I87Y16      Served 08/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	10/30/24	Yes
83.38(1)(g)	HEALTH MONITORING	10/30/24	Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0145881 End Date: 01/10/2024 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I87Y15 Served 03/14/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	7/2/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	7/2/24	No
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS	7/2/24	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	7/2/24	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	7/2/24	Yes
83.38(1)(g)	HEALTH MONITORING	7/2/24	No

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144567 End Date: 08/02/2023 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I87Y14 Served 10/18/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	1/10/24	Yes
83.13(3)(a)	POSTING LICENSE, DEFICIENCIES, REVOCATIONS	1/10/24	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	1/10/24	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	1/10/24	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	1/10/24	Yes
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT	1/10/24	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	1/10/24	No
83.35(2)	TEMPORARY SERVICE PLAN	1/10/24	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	1/10/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/10/24	Yes
83.35(4)	RESIDENT SATISFACTION EVALUATION	1/10/24	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	1/10/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	1/10/24	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	1/10/24	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	1/10/24	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	1/10/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	1/10/24	Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	1/10/24	Yes
83.45(3)	TOXIC SUBSTANCES	1/10/24	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	1/10/24	Yes

Survey ID: 0143175    End Date: 03/29/2023    Type: STANDARD    Purpose: SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I87Y13    Served 05/24/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.04(1)(b)	MEDIUM CBRF--9 TO 20 RESIDENTS	8/2/23	No
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	8/2/23	No
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	8/2/23	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/2/23	No
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	8/2/23	No
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	8/23/23	No
83.46(1)(f)	COMBUSTIBLES	8/2/23	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	8/2/23	Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142116 End Date: 10/04/2022 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I87Y12 Served 02/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	3/28/23	No
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	3/28/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	3/28/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	3/28/23	Yes
83.25	CONTINUING EDUCATION	3/28/23	Yes
83.29(2)	ADMISSION AGREEMENT	3/28/23	Yes
83.32(2)(b)	POST RESIDENT RIGHTS, GRIEVANCE PROCEDURE	3/28/23	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	3/28/23	No
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	3/28/23	No
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	3/28/23	No
83.38(1)(c)	LEISURE TIME ACTIVITIES	3/28/23	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	3/28/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	3/28/23	No
83.45(3)	TOXIC SUBSTANCES	3/28/23	Yes
83.46(1)(f)	COMBUSTIBLES	3/28/23	No
83.47(2)(d)	FIRE DRILLS	3/28/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	3/28/23	Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140194 End Date: 05/24/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I87Y11 Served 07/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	10/4/22	No
50.09(1)(f)	PRIVACY	10/3/22	Yes
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	10/4/22	Yes
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	10/3/22	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	10/3/23	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	10/4/22	Yes
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT	10/4/23	Yes
83.19	ORIENTATION	10/3/22	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	10/4/22	No
83.21(1)-(3)	ALL EMPLOYEE TRAINING	10/4/23	No
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	10/4/22	Yes
83.29(2)	ADMISSION AGREEMENT	10/4/22	No
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	10/3/22	Yes
83.32(2)(b)	POST RESIDENT RIGHTS, GRIEVANCE PROCEDURE	10/3/22	No
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	10/4/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/4/22	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	10/4/22	No

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**Provider Inspection Summary**

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	10/4/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	10/4/22	No
83.45(3)	TOXIC SUBSTANCES	10/3/22	Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (TOUCHSTONE OF MAYVILLE--0013818)

**Date:** 08/13/2024      **SOD #**I87Y16      **Appealed:**

Sanctions

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

**Date:** 03/14/2024      **SOD #**I87Y15      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---50.065(2)(bb)  
FORFEITURE---83.38(1)(g)

**Date:** 10/18/2023      **SOD #**I87Y14      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS  
ORDER TO COMPLY  
FORFEITURE---83.14(2)(a)  
FORFEITURE---83.17(1)  
FORFEITURE---83.17(2)(a)  
FORFEITURE---83.35(1)(c)  
FORFEITURE---83.35(3)(c)  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.35(5)(b)  
FORFEITURE---83.37(3)(c)  
FORFEITURE---83.42(1)  
FORFEITURE---83.43(1)  
FORFEITURE---83.45(3)  
FORFEITURE---83.59(1)(g)

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date:** 05/24/2023

**SOD #**I87Y13

**Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

FORFEITURE---83.17(2)(a)

FORFEITURE---83.35(3)(c)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37(3)(c )

FORFEITURE---83.43(1)

FORFEITURE---83.46(1)(f)

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**Date:** 02/10/2023

**SOD #**I87Y12

**Appealed:**

Sanctions

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.12(1-3)

FORFEITURE---83.14(2)(a)

FORFEITURE---83.17(1)

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

FORFEITURE---83.25

FORFEITURE---83.29(2)

FORFEITURE---83.35(3)(c)

FORFEITURE---83.35(5)(b)

FORFEITURE---83.43(1)

FORFEITURE---83.45(3)

FORFEITURE---83.47(2)(d)

FORFEITURE---83.47(2)(e)

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date:** 07/21/2022

**SOD #**I87Y11

**Appealed:**

### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

FORFEITURE---50.09(1)(f)2

FORFEITURE---83.12(2)(a)2

FORFEITURE---83.19

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

FORFEITURE---83.21(1-3)

FORFEITURE---83.32(3)(d)

FORFEITURE---83.37(2)(e )

FORFEITURE---83.45(3)

### Complaint History (TOUCHSTONE OF MAYVILLE--0013818)

**Date Complaint Received:** 08/06/2024

**Date Investigation Completed:** 08/24/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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

**Date Investigation Completed:** 05/24/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

I87Y11

**Date Complaint Received:** 03/18/2022

**Date Investigation Completed:** 05/24/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

I87Y11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

I87Y11

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** Golden Years of Randolph I (0019684)

**Address:** 131 Ellis Ave, Randolph, WI 53956

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/24/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0147011      **End Date:** 07/05/2024      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146394      **End Date:** 05/01/2024      **Type:** OTHER      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #HBGN11      Served 05/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	7/5/24	Yes
83.29(2)	ADMISSION AGREEMENT	7/5/24	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	7/5/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	7/5/24	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	7/5/24	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	7/5/24	Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144503      End Date: 10/12/2023      Type: INITIAL      Purpose: CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (Golden Years of Randolph I--0019684)
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Date: 05/13/2024	SOD #HBGN11	Appealed: No
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Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** Golden Years of Randolph II (0019683)

**Address:** 137 Ellis Ave, Randolph, WI 53956

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/24/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0147012    **End Date:** 07/05/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146398    **End Date:** 05/01/2024    **Type:** OTHER    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #YYEK11    Served 05/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	7/5/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	7/5/24	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	7/5/24	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	7/5/24	Yes

**Survey ID:** 0143708    **End Date:** 07/18/2023    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

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

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (Golden Years of Randolph II--0019683)

**Date:** 05/13/2024      **SOD #**YYEK11      **Appealed:** No

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** Heritage Assisted Living (0019479)

**Address:** 700 Welsh Road, Watertown, WI 53098

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0147376    **End Date:** 08/15/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146740    **End Date:** 06/13/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #REOQ12    Served 06/19/2024

Deficiencies Cited  
83.35(3)(a)

Subject Area  
COMPREHENSIVE INDIVIDUALIZED SERVICE  
PLAN

Compliance  
Verified  
8/15/24

Corrected  
Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0146040    **End Date:** 03/12/2024    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #REOQ11    Served 04/01/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.21(1)-(3)	ALL EMPLOYEE TRAINING	6/13/24	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	6/13/24	No
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	6/13/24	Yes

**Survey ID:** 0145382    **End Date:** 08/25/2023    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

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

### Enforcement History (Heritage Assisted Living--0019479)

**Date:** 06/19/2024    **SOD #**REOQ12    **Appealed:**

Sanctions

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

**Date:** 04/01/2024    **SOD #**REOQ11    **Appealed:**

Sanctions

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

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** Highland House (0018922)

**Address:** 125 Hospital Dr A, Watertown, WI 53098

**License Status:** CLOSED

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

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

### Survey History

**Survey ID:** 0142879      **End Date:** 04/21/2023      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141356      **End Date:** 11/02/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140473      **End Date:** 07/29/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

### Complaint History (Highland House--0018922)

**Date Complaint Received:** 10/27/2022

**Date Investigation Completed:** 11/02/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** PARK RIDGE (110538)

**Address:** 1148 BAYBERRY DR, WATERTOWN, WI 53098

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/1990 12:00:00AM

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

### Survey History

**Survey ID:** 0148126    **End Date:** 11/08/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0147296    **End Date:** 06/26/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #XWTR12    Served 08/12/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	11/8/24	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	11/8/24	Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0144169    **End Date:** 06/16/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #XWTR11    Served 09/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	6/26/24	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	6/26/24	No
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	6/26/24	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	6/26/24	Yes
83.47(2)(d)	FIRE DRILLS	6/26/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	6/26/24	Yes
83.47(3)	FIRE INSPECTION	6/26/24	Yes
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT	6/26/24	Yes

---

**Survey ID:** 0141510    **End Date:** 11/10/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**Survey ID:** 0140517    **End Date:** 07/27/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (PARK RIDGE--110538)

**Date:** 08/12/2024      **SOD #**XWTR12      **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.28(4)(a)

FORFEITURE---83.35(3)(d)

**Date:** 09/11/2023      **SOD #**XWTR11      **Appealed:** Yes      **Decision:** STIPULATION

Sanctions

ORDER TO COMPLY

FORFEITURE---83.14 (2)(j)

FORFEITURE---83.35(3)(a)

**Date:** 05/12/2022      **SOD #**0M6O12      **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.25 Continuing Education

FORFEITURE---83.35(3)(c)

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (PARK RIDGE--110538)

**Date Complaint Received: 05/25/2023**

**Date Investigation Completed: 06/14/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 04/03/2023**

**Date Investigation Completed: 06/14/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

XWTR11

PROGRAM SERVICES

SUBSTANTIATED

XWTR11

**Date Complaint Received: 10/21/2022**

**Date Investigation Completed: 11/10/2022**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** PARK TERRACE (0016164)

**Address:** 1047 HILL STREET, WATERTOWN, WI 53098

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/04/2016 12:00:00AM

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

### Survey History

**Survey ID:** 0148143    **End Date:** 11/13/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0147297    **End Date:** 08/09/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0147398    **End Date:** 07/16/2024    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ON2I11    Served 08/23/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	11/13/24	Yes
83.35(1)(d)	RETAIN WRITTEN REPORT OF ASSESSMENT	11/13/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	11/13/24	Yes
83.47(2)(d)	FIRE DRILLS	11/13/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	11/13/24	Yes
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	11/13/24	Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0140243      **End Date:** 06/22/2022      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138793      **End Date:** 02/16/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (PARK TERRACE--0016164)

**Date:** 08/22/2024      **SOD #**ON2I11      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.47(2)(d)

**Date:** 03/22/2022      **SOD #**B77I11      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.35(1)(a)  
FORFEITURE---83.38(1)(b)

### Complaint History (PARK TERRACE--0016164)

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

**Date Investigation Completed:** 08/09/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
RESIDENT RIGHTS

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** RESCARE STONERIDGE (0016943)

**Address:** 1502 STONERIDGE CT, WATERTOWN, WI 53098

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0147140    **End Date:** 07/09/2024    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #79HL11    Served 07/30/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(3)(b)	FOOD SAFETY	7/9/24	Yes
83.47(2)(d)	FIRE DRILLS	7/9/24	Yes

**Survey ID:** 0141404    **End Date:** 11/11/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140456    **End Date:** 08/10/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140626 End Date: 05/18/2022 Type: OTHER Purpose: SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JCY011 Served 08/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(g)	HEALTH MONITORING	11/11/22	Yes

### Enforcement History (RESCARE STONERIDGE--0016943)

Date: 07/30/2024 SOD #79HL11 Appealed: No

Sanctions

ORDER TO COMPLY

Date: 08/31/2022 SOD #JCY011 Appealed:

Sanctions

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

### Complaint History (RESCARE STONERIDGE--0016943)

Date Complaint Received: 07/13/2022

Date Investigation Completed: 08/10/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** Christian Senior Living (0020507)

**Address:** 1001 W Brown St, Waupun, WI 53963

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 02/28/2025 12:00:00AM

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

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** DAYBREAK INC WAUPUN (110539)

**Address:** 631 S MADISON ST, WAUPUN, WI 53963

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0148009    **End Date:** 08/26/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #M9VX13    Served 11/04/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.35(3)(f)	STAFF ACCESS TO ASSESSMENT AND ISP		
83.35(4)	RESIDENT SATISFACTION EVALUATION		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0146431 End Date: 01/18/2024 Type: STANDARD Purpose: SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #M9VX12 Served 05/16/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	8/26/24	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	8/26/24	No
83.25	CONTINUING EDUCATION	8/26/24	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	8/26/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	8/26/24	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	8/26/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/26/24	No
83.35(3)(f)	STAFF ACCESS TO ASSESSMENT AND ISP	8/26/24	No
83.35(4)	RESIDENT SATISFACTION EVALUATION	8/26/24	No
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	8/26/24	Yes
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS	8/26/24	Yes
83.45(3)	TOXIC SUBSTANCES	8/26/24	Yes
83.47(2)(d)	FIRE DRILLS	8/26/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	8/26/24	Yes
83.59(1)(f)	EXIT PASSAGEWAYS, STAIRWAYS: WIDTH MAINTAINED	8/26/24	Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

**Survey ID:** 0143987    **End Date:** 06/21/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #M9VX11    Served 08/21/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	1/16/24	Yes
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	1/16/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	1/16/24	Yes

---

**Survey ID:** 0141581    **End Date:** 12/01/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID:** 0140709    **End Date:** 06/02/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #N55G11    Served 09/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	12/1/22	Yes
83.29(2)	ADMISSION AGREEMENT	12/1/22	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	12/1/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	12/1/22	Yes
83.47(2)(d)	FIRE DRILLS	12/1/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	12/1/22	Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Enforcement History (DAYBREAK INC WAUPUN--110539)

**Date:** 11/04/2024      **SOD #**M9VX13      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

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

FORFEITURE---83.35(3)(a)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37(1)(i)

**Date:** 05/16/2024      **SOD #**M9VX12      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

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

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

FORFEITURE---83.25

FORFEITURE---83.35(3)(a)

FORFEITURE---83.35(3)(b)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.35(5)(b)

FORFEITURE---83.47(2)(e)

**Date:** 08/21/2023      **SOD #**M9VX11      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.12(4)(b)

FORFEITURE---83.32(3)(k)

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

Date: 09/09/2022

SOD #N55G11

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.112(4)(b)

FORFEITURE---83.35(3)(d)

### Complaint History (DAYBREAK INC WAUPUN--110539)

Date Complaint Received: 06/01/2023

Date Investigation Completed: 06/06/2023

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Result

SUBSTANTIATED

SOD #

M9VX11

Date Complaint Received: 05/09/2022

Date Investigation Completed: 06/02/2022

Subject Area(s)

RESIDENT RIGHTS

STAFF TRAINING AND PROFICIENCY

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** PRAIRIE RIDGE ASSISTED LIVING (0012604)  
**Address:** 819 WILCOX ST, WAUPUN, WI 53963  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/01/2009 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0148646    **End Date:** 01/24/2025    **Type:** OTHER    **Purpose:** VERIFICATION VISIT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0148566    **End Date:** 01/15/2025    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0148346    **End Date:** 12/11/2024    **Type:** OTHER    **Purpose:** DESK REVIEW  
**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #RQU211    Served 01/02/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.09	BIENNIAL REPORT AND FEES	1/24/25	Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0147443    **End Date:** 07/31/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #X5CD13    Served 08/28/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(b)	ADMINISTRATOR RESPONSIBLE FOR STAFF TRAINING		
83.19	ORIENTATION		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.22(1)-(4)	TASK SPECIFIC TRAINING		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.38(1)(g)	HEALTH MONITORING		

**Survey ID:** 0146168    **End Date:** 03/06/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #X5CD12    Served 04/19/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19	ORIENTATION	7/31/24	No
83.21(1)-(3)	ALL EMPLOYEE TRAINING	7/31/24	No
83.22(1)-(4)	TASK SPECIFIC TRAINING	7/31/24	No
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	7/31/24	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	7/31/24	No
83.38(1)(g)	HEALTH MONITORING	7/31/24	No

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0144897    **End Date:** 09/15/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #X5CD11    Served 11/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	3/6/24	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	3/6/24	Yes
83.19	ORIENTATION	3/6/24	No
83.21(1)-(3)	ALL EMPLOYEE TRAINING	3/6/24	No
83.22(1)-(4)	TASK SPECIFIC TRAINING	3/6/24	No
83.25	CONTINUING EDUCATION	3/6/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	3/6/24	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	3/6/24	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	3/6/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/6/24	No
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	3/6/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	3/6/24	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	3/6/24	Yes
83.38(1)(g)	HEALTH MONITORING	3/6/24	No
83.45(4)	PEST CONTROL	3/6/24	Yes
83.47(2)(d)	FIRE DRILLS	3/6/24	Yes

**Survey ID:** 0139899    **End Date:** 05/11/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (PRAIRIE RIDGE ASSISTED LIVING--0012604)

**Date: 01/02/2025**      **SOD #RQU211**      **Appealed:**

Sanctions

COMPLY WITH REQUIREMENT  
NO NEW ADMISSIONS  
FORFEITURE---83.09

**Date: 08/28/2024**      **SOD #X5CD13**      **Appealed:**      **Decision: PENDING**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.19  
FORFEITURE---83.21(1-3)  
FORFEITURE---83.22(1-4)  
FORFEITURE---83.32(3)(h)  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.38(1)(g)

**Date: 04/19/2024**      **SOD #X5CD12**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.19  
FORFEITURE---83.21 (1)-(3)  
FORFEITURE---83.22 (1)-(4)  
FORFEITURE---83.32(3)(h)  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.38(1)(g)

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date:** 11/28/2023      **SOD #**X5CD11      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.19  
FORFEITURE---83.21 (1)-(3)  
FORFEITURE---83.22 (1)-(4)  
FORFEITURE---83.25  
FORFEITURE---83.32(3)(h)  
FORFEITURE---83.35(3)(a)  
FORFEITURE---83.35(3)(c)  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.38(1)(g)

**Date:** 01/31/2022      **SOD #**9D9611      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

### Complaint History (PRAIRIE RIDGE ASSISTED LIVING--0012604)

**Date Complaint Received:** 03/04/2024

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

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 08/11/2023

**Date Investigation Completed:** 09/06/2023

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY

Result  
SUBSTANTIATED

SOD #  
X5CD11

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** Beaver Dam AL Operations LLC (0019448)  
**Address:** 104 Fakes Ct, Beaver Dam, WI 53916  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/01/2023 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0144422    **End Date:** 09/26/2023    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143408    **End Date:** 06/13/2023    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145415    **End Date:** 03/01/2023    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

### Complaint History (Beaver Dam AL Operations LLC--0019448)

<b>Date Complaint Received:</b> 09/15/2023	<b>Date Investigation Completed:</b> 09/26/2023
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED <u>SOD #</u>

<b>Date Complaint Received:</b> 05/24/2023	<b>Date Investigation Completed:</b> 06/13/2023
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED <u>SOD #</u>

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** STONE TERRACE RETIREMENT LIV CTR (0011956)

**Address:** 819 South UNIVERSITY AVE, BEAVER DAM, WI 53916

**License Status:** REGULAR

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

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

### Survey History

No survey activity during the period 1/30/22 to 1/29/25

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** HOPE SENIOR LIVING (0014707)  
**Address:** 475 GROVE STREET, LOMIRA, WI 53048  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/22/2013 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0148578    **End Date:** 01/15/2025    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141227    **End Date:** 10/13/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140296    **End Date:** 04/22/2022    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #Z2EX11    Served 07/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
89.23(4)(a)2	SERVICES	10/13/22	Yes
89.26(4)	ANNUAL REVIEW	10/13/22	Yes
89.28(5)	RISK AGREEMENT	10/13/22	Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Enforcement History (HOPE SENIOR LIVING--0014707)

**Date:** 07/29/2022      **SOD #**Z2EX11      **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---89.23(4)(a)2

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** CONTINENTAL MANOR (0016546)  
**Address:** 500 S HIGH STREET, RANDOLPH, WI 53956  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/28/2016 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0139927    **End Date:** 03/17/2022    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (CONTINENTAL MANOR--0016546)

<b>Date Complaint Received:</b> 03/08/2022	<b>Date Investigation Completed:</b> 03/17/2022
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED
	<u>SOD #</u>

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** CHRISTIAN HOME ASSISTED LIVING CENTER (0010292)

**Address:** 331 BLY STREET, WAUPUN, WI 53963

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2000 12:00:00AM

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

### Survey History

No survey activity during the period 1/30/22 to 1/29/25

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** Christian Living Home (0020504)

**Address:** 452 Fox Lake Rd, Waupun, WI 53963

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/28/2025 12:00:00AM

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

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** PRAIRIE RIDGE ASSISTED LIVING (0010669)  
**Address:** 819 WILCOX ST, WAUPUN, WI 53963  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/01/2004 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0147439    **End Date:** 08/02/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #78WP13    Served 08/28/2024

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

**Survey ID:** 0146115    **End Date:** 03/06/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #78WP12    Served 04/11/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(a)2.c	SERVICES	8/2/24	No

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

**Survey ID:** 0144962    **End Date:** 09/15/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #78WP11    Served 12/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
89.23(2)(a)2.c	SERVICES	3/6/24	Yes
89.23(4)(a)2	SERVICES	3/6/24	No
89.23(4)(c)	SERVICES	3/5/24	Yes
89.23(4)(d)1	SERVICES	3/5/24	Yes

**Survey ID:** 0143683    **End Date:** 07/10/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142788    **End Date:** 04/05/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142984    **End Date:** 02/16/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ACO411    Served 05/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
89.23(2)(a)2.c	SERVICES	7/10/23	Yes
89.34(16)	TENANT RIGHTS	7/10/23	Yes

**Survey ID:** 0140069    **End Date:** 06/29/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0139475    End Date: 02/09/2022    Type: STANDARD    Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PO3P11    Served 05/09/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	6/29/22	Yes
89.23(3)(c)	SERVICES	6/29/22	Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Enforcement History (PRAIRIE RIDGE ASSISTED LIVING--0010669)

**Date:** 08/28/2024      **SOD #**78WP13      **Appealed:**      **Decision:** PENDING

Sanctions

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

**Date:** 04/11/2024      **SOD #**78WP12      **Appealed:**

Sanctions

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

**Date:** 12/05/2023      **SOD #**78WP11      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---89.23 (4)(a)2.  
FORFEITURE---89.23 (4)(c)  
FORFEITURE---89.23 (4)(d)1  
FORFEITURE---89.23(2)(a)2.c.

**Date:** 05/08/2023      **SOD #**ACO411      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---89.23(2)(a)2.c  
FORFEITURE---89.34(16)

**Date:** 05/06/2022      **SOD #**PO3P11      **Appealed:**

Sanctions

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

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (PRAIRIE RIDGE ASSISTED LIVING--0010669)

**Date Complaint Received: 03/04/2024**

Subject Area(s)  
PROGRAM SERVICES

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

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 08/11/2023**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY

**Date Investigation Completed: 09/06/2023**

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 02/27/2023**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 04/05/2023**

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 12/15/2022**

Subject Area(s)  
RESIDENT RIGHTS

**Date Investigation Completed: 01/17/2023**

Result  
SUBSTANTIATED

SOD #  
ACO411

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

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 02/09/2022**

Result  
SUBSTANTIATED

SOD #  
PO3P11

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