

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 Door County.

The report is a PDF (Adobe Acrobat) document and includes a total of 17.00 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 Day Care Center

Facility Information

Facility Name: SUNFLOWER COTTAGE (0016185)

Address: 55 WEST YEW STREET, STURGEON BAY, WI 54235

License Status: REGULAR

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

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

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

Adult Family Home

Facility Information

Facility Name: SAMANTHA HICKS ADULT FAMILY HOME (0015935)

Address: 414 S 4TH STREET, STURGEON BAY, WI 54235

License Status: REGULAR

Licensed/Certified/Registered 04/01/2016 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0146641 **End Date:** 05/31/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139664 **End Date:** 05/25/2022 **Type:** ABBREVIATED **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)

Facility Information

Facility Name: Serenity Spring Senior Living at Scandia Village (0020724)
Address: 2311 Meadow Wood Dr, Sister Bay, WI 54234
License Status: PROBATIONARY
Licensed/Certified/Registered 10/16/2024 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148071 **End Date:** 10/16/2024 **Type:** INITIAL **Purpose:** SURVEY
Results: PROBATIONARY LICENSE 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: Bayview Senior Care LLC (0019111)

Address: 839 S 18th Ave, Sturgeon Bay, WI 542351557

License Status: REGULAR

Licensed/Certified/Registered 09/15/2022 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147496 **End Date:** 09/03/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146361 **End Date:** 02/27/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I6MI11 Served 05/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(1)(b)	EQUIPMENT	9/3/24	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	9/3/24	Yes
83.44(2)(b)	TOILET AND BATHING AREA	9/3/24	Yes
83.47(2)(d)	FIRE DRILLS	9/3/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	9/3/24	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	9/3/24	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: 0144216 **End Date:** 08/01/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #Z0F912 Served 09/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(a)	SELF-ADMINISTERED BY RESIDENT	10/28/23	Yes

Survey ID: 0142268 **End Date:** 01/17/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Z0F911 Served 02/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	7/26/23	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	7/26/23	Yes
83.41(2)(a)	NUTRITION: DIET	7/26/23	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	7/26/23	Yes

Survey ID: 0140775 **End Date:** 09/15/2022 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (Bayview Senior Care LLC--0019111)

Date: 05/09/2024 **SOD #**I6MI11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 02/23/2023 **SOD #**Z0F911 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.32 3I

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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 (Bayview Senior Care LLC--0019111)

Date Complaint Received: 08/15/2024

Date Investigation Completed: 09/03/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 06/26/2024

Date Investigation Completed: 09/03/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 04/30/2024

Date Investigation Completed: 09/03/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 01/16/2024

Date Investigation Completed: 03/27/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

I6MI11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

I6MI11

Date Complaint Received: 01/08/2024

Date Investigation Completed: 02/27/2024

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)

Date Complaint Received: 12/20/2023

Date Investigation Completed: 02/27/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

I6MI11

PROGRAM SERVICES

SUBSTANTIATED

I6MI11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

I6MI11

Date Complaint Received: 12/11/2023

Date Investigation Completed: 02/27/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

I6MI11

PROGRAM SERVICES

SUBSTANTIATED

I6MI11

Date Complaint Received: 07/27/2023

Date Investigation Completed: 08/01/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 03/06/2023

Date Investigation Completed: 08/01/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

Z0F912

PROGRAM SERVICES

SUBSTANTIATED

Z0F912

Date Complaint Received: 02/02/2023

Date Investigation Completed: 08/01/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 01/09/2023

Date Investigation Completed: 01/17/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

Z0F911

PROGRAM SERVICES

SUBSTANTIATED

Z0F911

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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: 12/13/2022

Date Investigation Completed: 01/17/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	Z0F911
PROGRAM SERVICES	SUBSTANTIATED	Z0F911
PROGRAM SERVICES	SUBSTANTIATED	Z0F911
PROGRAM SERVICES	SUBSTANTIATED	Z0F911
PROGRAM SERVICES	SUBSTANTIATED	Z0F911
PROGRAM SERVICES	SUBSTANTIATED	Z0F911
PROGRAM SERVICES	SUBSTANTIATED	Z0F911
PROGRAM SERVICES	SUBSTANTIATED	Z0F911
PROGRAM SERVICES	SUBSTANTIATED	Z0F911
PROGRAM SERVICES	SUBSTANTIATED	Z0F911

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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: CARDINAL RIDGE RESIDENTIAL CARE (0010030)

Address: 817 CIRCLE RIDGE PLACE, STURGEON BAY, WI 54235

License Status: REGULAR

Licensed/Certified/Registered 10/01/2003 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147650 **End Date:** 09/19/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142848 **End Date:** 04/11/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139002 **End Date:** 03/17/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CARDINAL RIDGE RESIDENTIAL CARE--0010030)

Date Complaint Received: 09/07/2022

Date Investigation Completed: 04/11/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/07/2022

Date Investigation Completed: 04/11/2023

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Result
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: Cherry Cove Assisted Living and Memory Care 1 (0018837)

Address: 1704 Georgia Street, Sturgeon Bay, WI 54235

License Status: REGULAR

Licensed/Certified/Registered 05/01/2023 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147576 **End Date:** 09/13/2024 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142821 **End Date:** 04/18/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142106 **End Date:** 01/30/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I47U11 Served 02/09/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.03(14)(c)	LICENSING POWERS AND DUTIES	4/18/23	Yes

Survey ID: 0139481 **End Date:** 03/28/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE 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 (Cherry Cove Assisted Living and Memory Care 1--0018837)

Date: 02/09/2023 **SOD #**I47U11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---50.03 14c

Complaint History (Cherry Cove Assisted Living and Memory Care 1--0018837)

Date Complaint Received: 06/07/2024

Date Investigation Completed: 09/13/2024

Subject Area(s)

PROGRAM SERVICES
RESIDENT RIGHTS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Cherry Cove Assisted Living and Memory Care 3 (0018838)

Address: 1610 Georgia Street, Sturgeon Bay, WI 54235

License Status: REGULAR

Licensed/Certified/Registered 05/01/2023 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0144806 **End Date:** 11/10/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142844 **End Date:** 04/18/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142108 **End Date:** 01/30/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q1ZQ11 Served 02/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	4/18/23	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	4/18/23	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	4/18/23	Yes
83.47(2)(d)	FIRE DRILLS	4/18/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	4/18/23	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: 0139482 End Date: 03/28/2022 Type: INITIAL Purpose: CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (Cherry Cove Assisted Living and Memory Care 3--0018838)

Date: 02/10/2023 SOD #Q1ZQ11 Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.35 5a
FORFEITURE---83.47 2d

Complaint History (Cherry Cove Assisted Living and Memory Care 3--0018838)

Date Complaint Received: 08/10/2023

Date Investigation Completed: 11/10/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/06/2022

Date Investigation Completed: 01/30/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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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: Serenity Spring Senior Living at Scandia Village (0020247)
Address: 10554 Applewood Rd, Sister Bay, WI 54234
License Status: REGULAR
Licensed/Certified/Registered 10/16/2024 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148073 **End Date:** 10/16/2024 **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
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: PINE CREST VILLAGE LLC (0010344)
Address: 1241 N 18TH AVE, STURGEON BAY, WI 54235
License Status: REGULAR
Licensed/Certified/Registered 12/10/1999 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0142649 **End Date:** 02/06/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ETMB11 Served 04/04/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	5/19/23	Yes

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