

## Provider Inspection Summary

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

Fond Du Lac

### Notes

**This report includes Provider Inspection Summaries (Facility Profiles) for Community-Based Residential Facilities in Fond Du Lac County.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 36.00 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.**

**If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.**

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** ANCHOR COMMUNITIES II BRANDON (0017190)

**Address:** 603 E CLARK ST, BRANDON, WI 53919

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/25/2018 12:00:00AM

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

### Survey History

**Survey ID:** 0148375    **End Date:** 12/17/2024    **Type:** OTHER    **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0148300    **End Date:** 09/16/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #M9WE13    Served 12/13/2024

<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	2/3/25	No
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	2/3/25	No
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	2/3/25	No
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	2/3/25	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	2/3/25	No
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	2/3/25	No

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0146822    End Date: 04/15/2024    Type: OTHER    Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #M9WE12    Served 06/28/2024

<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	9/16/24	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/10/24	Yes
83.37(1)(b)	MEDICATION LABEL PERMANENTLY ATTACHED	9/10/24	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	9/10/24	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	9/10/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	9/16/24	No
83.46(1)(a)	COMFORTABLE AND SAFE TEMPERATURES	9/10/24	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	9/16/24	No
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	9/16/24	No
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	9/16/24	No

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0146279 End Date: 02/12/2024 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IIYT11 Served 05/01/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	9/16/24	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	9/16/24	Yes
83.19	ORIENTATION	9/16/24	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	9/16/24	Yes
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	9/16/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	9/16/24	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	9/16/24	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	9/16/24	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	9/16/24	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	9/16/24	No
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	9/16/24	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	9/16/24	Yes
83.41(2)(c)	NUTRITION: MENUS	9/16/24	Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0145161    **End Date:** 12/07/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #M9WE11    Served 01/03/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	4/11/24	Yes
83.29(2)	ADMISSION AGREEMENT	4/11/24	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	4/11/24	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	4/11/24	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	4/11/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/15/24	No
83.37(1)(b)	MEDICATION LABEL PERMANENTLY ATTACHED	4/15/24	No
83.37(1)(g)	DISPOSITION OF MEDICATIONS	4/15/24	No
83.37(2)(a)	SELF-ADMINISTERED BY RESIDENT	4/11/24	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	4/15/24	No
83.41(3)(a)	FOOD SERVICE SANITATION	4/11/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	4/15/24	No
83.43(2)(b)	CLEAN, COMFORTABLE MATTRESS AND PAD	4/11/24	Yes
83.43(2)(d)	CLEAN SHEETS, PILLOWCASES, AND TOWELS	4/11/24	Yes
83.45(3)	TOXIC SUBSTANCES	4/11/24	Yes
83.45(5)	GARBAGE & REFUSE	4/11/24	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	4/15/24	No
83.47(2)(d)	FIRE DRILLS	4/11/24	Yes
83.47(3)	FIRE INSPECTION	4/11/24	Yes
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	4/11/24	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	4/11/24	Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	4/11/24	Yes
83.55(3)	BATH AND TOILET AREAS: HAND DRYING	4/11/24	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	4/15/24	No

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**Survey ID:** 0143316    **End Date:** 06/09/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID:** 0142303    **End Date:** 02/27/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (ANCHOR COMMUNITIES II BRANDON--0017190)

**Date:** 12/13/2024      **SOD #**M9WE13      **Appealed:** No

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---N0196 83.14(2)(a)

FORFEITURE---N0416 83.37(2)(e)

FORFEITURE---N0481 83.43(1)

FORFEITURE---N0504 83.46(1)(c)

FORFEITURE---N0617 83.55(6)(b)

FORFEITURE---N0639 83.59(2)(a)

**Date:** 06/28/2024      **SOD #**M9WE12      **Appealed:** No

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.14 2a

FORFEITURE---83.35 3d

FORFEITURE---83.37 1b

FORFEITURE---83.37 1g

FORFEITURE---83.38 1h

FORFEITURE---83.43 1

FORFEITURE---83.46 1c

FORFEITURE---83.55 6b

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date:** 05/01/2024      **SOD #**IITYT11      **Appealed:** No

### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.19  
FORFEITURE---83.22 1-4  
FORFEITURE---83.32 3c  
FORFEITURE---83.37 1k  
FORFEITURE---83.37 2e  
FORFEITURE---83.37 3i

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**Date:** 01/03/2024      **SOD #**M9WE11      **Appealed:** No

### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.25  
FORFEITURE---83.32 3d  
FORFEITURE---83.35 1c  
FORFEITURE---83.35 3a  
FORFEITURE---83.35 3d  
FORFEITURE---83.37 1g  
FORFEITURE---83.37 2a  
FORFEITURE---83.38 1h  
FORFEITURE---83.43 1  
FORFEITURE---83.45 3  
FORFEITURE---83.46 1c  
FORFEITURE---83.47 2d  
FORFEITURE---83.47 3  
FORFEITURE---83.48 3a  
FORFEITURE---83.48 8b  
FORFEITURE---83.55 6b

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (ANCHOR COMMUNITIES II BRANDON--0017190)

**Date Complaint Received: 09/03/2024**

**Date Investigation Completed: 09/16/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

M9WE13

PROGRAM SERVICES

SUBSTANTIATED

M9WE13

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

**Date Investigation Completed: 09/16/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 01/31/2024**

**Date Investigation Completed: 02/12/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

IITY11

PROGRAM SERVICES

SUBSTANTIATED

IITY11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

IITY11

ADMINISTRATION

SUBSTANTIATED

IITY11

PROGRAM SERVICES

SUBSTANTIATED

IITY11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

IITY11

**Date Complaint Received: 12/04/2023**

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

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

M9WE11

PROGRAM SERVICES

SUBSTANTIATED

M9WE11

RESIDENT RIGHTS

SUBSTANTIATED

M9WE11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

M9WE11

PROGRAM SERVICES

SUBSTANTIATED

M9WE11

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 11/29/2023**

Subject Area(s)

ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY  
PROGRAM SERVICES

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

Result

SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

M9WE11  
M9WE11  
M9WE11  
M9WE11

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

Subject Area(s)

PROGRAM SERVICES

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

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 09/20/2023**

Subject Area(s)

PROGRAM SERVICES  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

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

Result

SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED

SOD #

M9WE11  
M9WE11  
M9WE11

**Date Complaint Received: 05/23/2023**

Subject Area(s)

ADMINISTRATION

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

Result

NOT SUBSTANTIATED

SOD #

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

Subject Area(s)

RESIDENT RIGHTS

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

Result

NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** A Fond du Lac Senior Living LLC (0020045)

**Address:** 300 Winnebago St, North Fond du Lac, WI 54937

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/02/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0146858      **End Date:** 07/02/2024      **Type:** INITIAL      **Purpose:** SURVEY

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

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** BARRETT HOUSE OF RIPON (0016789)

**Address:** 632 HILLTOP LANE, RIPON, WI 54971

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/2018 12:00:00AM

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

### Survey History

**Survey ID:** 0142152      **End Date:** 02/13/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

### Facility Information

**Facility Name:** BETHEL RIPON NORTH (0017977)

**Address:** 530 NORTH UNION STREET, RIPON, WI 54971

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/22/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0147058    **End Date:** 06/24/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #R4XS12    Served 07/23/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.46(1)(c)	HEATING SYSTEM MAINTENANCE		
83.47(3)	FIRE INSPECTION		

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

**Survey ID:** 0144315    **End Date:** 08/14/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #R4XS11    Served 09/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	6/24/24	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	6/18/24	Yes

**Survey ID:** 0140008    **End Date:** 06/21/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #0J9811    Served 07/01/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.48(6)(e)	INTEGRATED HEAT DETECTOR IN LAUNDRY ROOM	8/15/22	
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	8/15/22	

### Enforcement History (BETHEL RIPON NORTH--0017977)

**Date:** 07/23/2024    **SOD #**R4XS12    **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 09/22/2023    **SOD #**R4XS11    **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

### Complaint History (BETHEL RIPON NORTH--0017977)

**Date Complaint Received: 05/18/2023**

**Date Investigation Completed: 08/14/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

R4XS11

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

R4XS11

RESIDENT RIGHTS

SUBSTANTIATED

R4XS11

**Date Complaint Received: 05/04/2023**

**Date Investigation Completed: 08/14/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

R4XS11

PROGRAM SERVICES

SUBSTANTIATED

R4XS11

RESIDENT RIGHTS

SUBSTANTIATED

R4XS11

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

### Facility Information

**Facility Name:** BETHEL RIPON SOUTH (0017976)

**Address:** 530 NORTH UNION STREET, RIPON, WI 54971

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/22/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0147062    **End Date:** 06/24/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #WVVY11    Served 07/23/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS		
83.46(1)(c)	HEATING SYSTEM MAINTENANCE		
83.47(3)	FIRE INSPECTION		

**Survey ID:** 0143955    **End Date:** 08/14/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

**Survey ID:** 0140029    **End Date:** 06/21/2022    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #LG5Q11    Served 07/06/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(g)	DISPOSITION OF MEDICATIONS	8/20/22	
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	8/20/22	
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	8/20/22	

### Enforcement History (BETHEL RIPON SOUTH--0017976)

**Date:** 07/23/2024    **SOD #**WVY11    **Appealed:** No

#### Sanctions

ORDER TO COMPLY

### Complaint History (BETHEL RIPON SOUTH--0017976)

**Date Complaint Received:** 05/07/2024

**Date Investigation Completed:** 06/24/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	
RESIDENT RIGHTS	SUBSTANTIATED	WVY11
RESIDENT RIGHTS	NOT SUBSTANTIATED	

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** PLEASANT PARK PLACE (0017897)

**Address:** 1450 N PLEASANT ST, RIPON, WI 54971

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/13/2019 12:00:00AM

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

### Survey History

**Survey ID:** 0148268    **End Date:** 09/05/2024    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #K76R11    Served 12/09/2024

Deficiencies Cited

83.38(1)(g)

83.38(1)(h)

83.38(1)(i)

Subject Area

HEALTH MONITORING

MEDICATION ADMINISTRATION

BEHAVIOR MANAGEMENT

Compliance  
Verified

Corrected

**Survey ID:** 0146329    **End Date:** 05/01/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145279    **End Date:** 01/11/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144685    **End Date:** 10/30/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143737 End Date: 05/16/2023 Type: OTHER Purpose: COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1MV113 Served 07/25/2023

<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	10/30/23	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	10/30/23	Yes

Survey ID: 0142568 End Date: 02/13/2023 Type: OTHER Purpose: COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1MV112 Served 03/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.41(3)(b)	FOOD SAFETY	5/16/23	Yes
83.42(2)	RESIDENT RECORDS SAFEGUARDED	5/16/23	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	5/16/23	Yes
83.45(3)	TOXIC SUBSTANCES	5/16/23	Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141080 End Date: 07/19/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1MV111 Served 10/19/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.19	ORIENTATION	2/13/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	2/13/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	2/13/23	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	2/13/23	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	2/13/23	Yes
83.41(2)(c)	NUTRITION: MENUS	2/13/23	Yes
83.41(3)(b)	FOOD SAFETY	2/13/23	No
83.42(2)	RESIDENT RECORDS SAFEGUARDED	2/13/23	No
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	2/13/23	No
83.44(2)(b)	TOILET AND BATHING AREA	2/13/23	Yes
83.45(3)	TOXIC SUBSTANCES	2/13/23	No
83.46(1)(f)	COMBUSTIBLES	2/13/23	Yes
83.59(4)(b)	DELAYED EGRESS: LOCKING DEVICE SIGN POSTED	2/13/23	Yes
83.59(4)(e)	DELAYED EGRESS: IRREVERSIBLE PROCESS RELEASE	2/13/23	Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (PLEASANT PARK PLACE--0017897)

**Date:** 12/09/2024      **SOD #**K76R11      **Appealed:**      **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---N 0433 83.38(1)(i)  
FORFEITURE---N 431 83.38(1)(g)  
FORFEITURE---N 432 83.38(1)(h)

**Date:** 07/25/2023      **SOD #**1MV113      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---N 352 83.32(3)(h)  
FORFEITURE---N 427 83.38(1)(c)

**Date:** 03/27/2023      **SOD #**1MV112      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 10/19/2022      **SOD #**1MV111      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.19 2nd cite  
FORFEITURE---83.211)-(3) 2nd cite  
FORFEITURE---83.32(3)(h)  
FORFEITURE---83.35(3)(c)  
FORFEITURE---83.38(1)(c)

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (PLEASANT PARK PLACE--0017897)

**Date Complaint Received: 08/30/2024**

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

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED

K76R11

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

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

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

SUBSTANTIATED  
SUBSTANTIATED

K76R11  
K76R11

**Date Complaint Received: 04/22/2024**

**Date Investigation Completed: 05/01/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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

**Date Investigation Completed: 01/11/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 04/06/2023**

**Date Investigation Completed: 05/16/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED

1MV113  
1MV113  
1MV113

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 03/30/2023**

Subject Area(s)

PROGRAM SERVICES

**Date Investigation Completed: 05/16/2023**

Result

NOT SUBSTANTIATED

SOD #

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

Subject Area(s)

ADMINISTRATION  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY  
ADMINISTRATION  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 05/16/2023**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 03/07/2023**

Subject Area(s)

ADMINISTRATION  
PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 05/16/2023**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 01/02/2023**

Subject Area(s)

ADMINISTRATION  
PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

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

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

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

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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

**Date Investigation Completed: 07/19/2022**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

**Date Complaint Received: 06/23/2022**

**Date Investigation Completed: 07/19/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

1MV111

PROGRAM SERVICES

SUBSTANTIATED

1MV111

RESIDENT RIGHTS

SUBSTANTIATED

1MV111

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

1MV111

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

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

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

1MV111

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 04/05/2022**

**Date Investigation Completed: 07/19/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

1MV111

PROGRAM SERVICES

SUBSTANTIATED

1MV111

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

1MV111

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 03/29/2022**

**Date Investigation Completed: 07/19/2022**

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** PRAIRIE PLACE CBRF (0014486)

**Address:** 745 E OSHKOSH ST, RIPON, WI 54971

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2014 12:00:00AM

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

### Survey History

**Survey ID:** 0146619    **End Date:** 05/29/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145168    **End Date:** 09/12/2023    **Type:** OTHER    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #XZ9Z12    Served 12/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	5/29/24	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	5/29/24	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	5/29/24	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	5/29/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	5/29/24	Yes
83.45(3)	TOXIC SUBSTANCES	5/29/24	Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0143085    **End Date:** 02/14/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #XZ9Z11    Served 05/17/2023

<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	9/12/23	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	9/12/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	9/12/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	9/12/23	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	9/12/23	Yes

**Survey ID:** 0140968    **End Date:** 10/04/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (PRAIRIE PLACE CBRF--0014486)

**Date:** 12/05/2023    **SOD #**XZ9Z12    **Appealed:** Yes    **Decision:** WITHDRAWN APPEAL (NO STIPULATION)

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---N 381 83.35(1)(a)  
FORFEITURE---N 396 83.36(1)(a)

**Date:** 05/17/2023    **SOD #**XZ9Z11    **Appealed:** No

#### Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (PRAIRIE PLACE CBRF--0014486)

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

**Date Investigation Completed: 09/12/2023**

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

NOT RECORDED

**Date Complaint Received: 06/09/2022**

**Date Investigation Completed: 02/14/2023**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

XZ9Z11

PROGRAM SERVICES

SUBSTANTIATED

XZ9Z11

RESIDENT RIGHTS

SUBSTANTIATED

XZ9Z11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

XZ9Z11

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** Ripon Copperleaf AL Operations LLC (0019130)  
**Address:** 1002 Eureka Street, Ripon, WI 54971  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/19/2022 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0148384    **End Date:** 12/17/2024    **Type:** OTHER    **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0148684    **End Date:** 11/20/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #C9P711    Served 02/07/2025

Deficiencies Cited  
83.36(1)(a)

Subject Area  
ADEQUATE STAFF TO MEET RESIDENT NEEDS

Compliance  
Verified

Corrected

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0147930    **End Date:** 08/14/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #HX0M11    Served 10/25/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED		
83.16(2)	RESIDENT CARE STAFF AT LEAST 18 YEARS OLD		
83.25	CONTINUING EDUCATION		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		

**Survey ID:** 0141662    **End Date:** 12/19/2022    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

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

### Enforcement History (Ripon Copperleaf AL Operations LLC--0019130)

**Date:** 10/25/2024    **SOD #**HX0M11    **Appealed:**    **Decision:** PENDING

#### Sanctions

ORDER TO COMPLY  
FORFEITURE---N 352 83.32(3)(h)

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (Ripon Copperleaf AL Operations LLC--0019130)

**Date Complaint Received: 10/16/2024**

**Date Investigation Completed: 11/20/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

C9P711

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

C9P711

**Date Complaint Received: 09/10/2024**

**Date Investigation Completed: 11/20/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 04/25/2024**

**Date Investigation Completed: 08/14/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

HX0M11

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** WOLVERTON GLEN ASSISTED LIVING (0018075)

**Address:** 50 SUNSET AVENUE, RIPON, WI 54971

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/12/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0146976    **End Date:** 07/09/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146493    **End Date:** 04/24/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #8NF513    Served 05/22/2024

Deficiencies Cited  
83.38(1)(c)

Subject Area  
LEISURE TIME ACTIVITIES

Compliance  
Verified  
7/9/24

Corrected  
Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0145431    **End Date:** 11/09/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #8NF512    Served 01/30/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	4/24/24	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	4/24/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/24/24	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	4/24/24	No

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**Survey ID:** 0140847    **End Date:** 09/15/2022    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #8NF511    Served 09/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	11/9/23	No

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (WOLVERTON GLEN ASSISTED LIVING--0018075)

**Date:** 05/22/2024      **SOD #**8NF513      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---N 427 83.38(1)(c)

**Date:** 01/30/2024      **SOD #**8NF512      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---N 388 83.35(3)(c)  
FORFEITURE---N 389 83.35(3)(d)  
FORFEITURE---N 427 83.38(1)(c)

**Date:** 09/26/2022      **SOD #**8NF511      **Appealed:**

Sanctions

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

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (WOLVERTON GLEN ASSISTED LIVING--0018075)

**Date Complaint Received: 06/18/2024**

**Date Investigation Completed: 07/09/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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

**Date Investigation Completed: 11/09/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

ADMINISTRATION

SUBSTANTIATED

8NF512

RESIDENT RIGHTS

SUBSTANTIATED

8NF512

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

8NF512

**Date Complaint Received: 08/26/2022**

**Date Investigation Completed: 09/15/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** Tower View Assisted Living (0019131)

**Address:** 401 N Grant St, Rosendale, WI 54974

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0143433      **End Date:** 06/16/2023      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142112      **End Date:** 11/02/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

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