

## 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 Green County.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 38.00 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:** HAND IN HAND ADULT DAY CENTER (0008562)

**Address:** 2227 4TH ST, MONROE, WI 53566

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/15/1991 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

Adult Family Home

### Facility Information

**Facility Name:** GREENCO HOUSE I (199018)

**Address:** 2506 2508 16TH AVE, MONROE, WI 53566

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/1997 12:00:00AM

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

### Survey History

**Survey ID:** 0146441      **End Date:** 05/15/2024      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138929      **End Date:** 03/07/2022      **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:** GREENCO HOUSE II (0010120)

**Address:** 1652 25TH ST, MONROE, WI 53566

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/2003 12:00:00AM

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

### Survey History

**Survey ID:** 0144016    **End Date:** 08/10/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143451    **End Date:** 05/30/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #8YWA12    Served 06/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(b)5	MONITORING HEALTH	8/10/23	Yes
88.09(1)(a)	RESIDENT RECORDS	8/10/23	Yes

**Survey ID:** 0142367    **End Date:** 02/16/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #8YWA11    Served 03/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	5/30/23	Yes

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## Provider Inspection Summary

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

Adult Family Home

### Enforcement History (GREENCO HOUSE II--0010120)

**Date:** 06/22/2023      **SOD #**8YWA12      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 03/06/2023      **SOD #**8YWA11      **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:** GREENCO HOUSE III (199059)

**Address:** 2520 16TH AVE, MONROE, WI 53566

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/1999 12:00:00AM

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

### Survey History

**Survey ID:** 0142544    **End Date:** 03/17/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #950N11    Served 03/23/2023

Deficiencies Cited  
88.06(3)(d)

Subject Area  
INDIVIDUAL SERVICE PLAN

Compliance  
Verified  
3/17/23

Corrected  
Yes

### Enforcement History (GREENCO HOUSE III--199059)

**Date:** 03/23/2023    **SOD #**950N11    **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:** GREENCO HOUSE IV (0010441)

**Address:** 2647 10TH AVE, MONROE, WI 53566

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/21/2004 12:00:00AM

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

### Survey History

**Survey ID:** 0142378      **End Date:** 02/28/2023      **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:** GREENCO HOUSE V (0012900)

**Address:** 2636 14TH ST, MONROE, WI 53566

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/24/2009 12:00:00AM

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

### Survey History

**Survey ID:** 0142545    **End Date:** 03/17/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #OZQG11    Served 03/23/2023

Deficiencies Cited  
88.05(3)(a)

Subject Area  
HOME ENVIRONMENT

Compliance  
Verified  
3/17/23

Corrected  
Yes

### Enforcement History (GREENCO HOUSE V--0012900)

**Date:** 03/23/2023    **SOD #**OZQG11    **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:** RAABS ADULT FAMILY HOME I (190082)

**Address:** 1210 10TH ST, MONROE, WI 53566

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/11/1996 12:00:00AM

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

### Survey History

**Survey ID:** 0147676      **End Date:** 09/17/2024      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139076      **End Date:** 03/14/2022      **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:** RAABS ADULT FAMILY HOME II (199013)

**Address:** 1202 10TH ST, MONROE, WI 53566

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/30/1999 12:00:00AM

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

### Survey History

**Survey ID:** 0147677      **End Date:** 09/17/2024      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139026      **End Date:** 03/14/2022      **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:** ALBANY OAKS ASSISTED LIVING (0016902)

**Address:** 750 Carolan Dr, ALBANY, WI 53502

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/02/2018 12:00:00AM

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

### Survey History

**Survey ID:** 0147014    **End Date:** 07/03/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145267    **End Date:** 10/25/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #N1X511    Served 01/16/2024

<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	7/3/24	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	7/3/24	Yes
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE	7/3/24	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:** 0144511    **End Date:** 08/16/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #UZYU12    Served 10/16/2023

<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	8/16/23	Yes

**Survey ID:** 0142524    **End Date:** 01/05/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #UZYU11    Served 03/21/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(d)	COMMUNITY ACTIVITIES	8/16/23	Yes

### Enforcement History (ALBANY OAKS ASSISTED LIVING--0016902)

**Date:** 01/16/2024    **SOD #**N1X511    **Appealed:**

Sanctions

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

**Date:** 10/16/2023    **SOD #**UZYU12    **Appealed:**

Sanctions

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

**Date:** 03/21/2023    **SOD #**UZYU11    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.38(1)(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 (ALBANY OAKS ASSISTED LIVING--0016902)

**Date Complaint Received: 06/04/2024**

**Date Investigation Completed: 07/03/2024**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 09/26/2023**

**Date Investigation Completed: 10/25/2023**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
N1X511

**Date Complaint Received: 07/25/2023**

**Date Investigation Completed: 08/16/2023**

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 11/08/2022**

**Date Investigation Completed: 11/14/2022**

Subject Area(s)  
ADMINISTRATION

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 10/28/2022**

**Date Investigation Completed: 11/14/2022**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #  
UZYU11

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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:** HEARTSONG ASSISTED LIVING (0011573)

**Address:** 415 EAST AVE, BELLEVILLE, WI 53508

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2007 12:00:00AM

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

### Survey History

**Survey ID:** 0147662    **End Date:** 08/13/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #MS6213    Served 09/24/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN		

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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:** 0146453    **End Date:** 04/10/2024    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #MS6212    Served 05/20/2024

<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	8/13/24	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	8/12/24	No
83.21(1)-(3)	ALL EMPLOYEE TRAINING	8/12/24	No
83.26(2)	ORIENTATION, CONTINUING EDUCATION DOCUMENTED	8/12/24	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	8/12/24	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	8/12/24	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	8/12/24	No
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	8/12/24	No
83.47(2)(d)	FIRE DRILLS	8/12/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	8/12/24	Yes
83.47(3)	FIRE INSPECTION	8/12/24	Yes

**Survey ID:** 0145215    **End Date:** 01/08/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #MS6211    Served 01/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.38(1)(a)	PERSONAL CARE	4/9/24	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:** 0145148    **End Date:** 10/11/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #0EGL12    Served 01/02/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	4/10/24	Yes

**Survey ID:** 0143861    **End Date:** 06/29/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #0EGL11    Served 08/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	10/10/23	No
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT	10/10/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	10/10/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	10/10/23	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	10/10/23	Yes

**Survey ID:** 0140928    **End Date:** 09/26/2022    **Type:** STANDARD    **Purpose:** SURVEY/VV

**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: 0139963 End Date: 04/29/2022 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MWNH12 Served 06/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	9/8/22	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 (HEARTSONG ASSISTED LIVING--0011573)

**Date:** 09/24/2024      **SOD #**MS6213      **Appealed:**      **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.20(2)(a-d)  
FORFEITURE---83.21(1-3)  
FORFEITURE---83.37(1)(i)  
FORFEITURE---83.37(2)(d)  
FORFEITURE---83.37(2)(e)

**Date:** 05/20/2024      **SOD #**MS6212      **Appealed:** No

Sanctions

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

**Date:** 01/09/2024      **SOD #**MS6211      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 01/02/2024      **SOD #**0EGL12      **Appealed:** No

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.17(1)

**Date:** 08/07/2023      **SOD #**0EGL11      **Appealed:**

Sanctions

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

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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: 06/29/2022

SOD #MWNI12

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(1)(d)

### Complaint History (HEARTSONG ASSISTED LIVING--0011573)

Date Complaint Received: 12/13/2023

Date Investigation Completed: 01/08/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

MS6211

Date Complaint Received: 05/30/2023

Date Investigation Completed: 06/27/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

0EGL11

RESIDENT RIGHTS

SUBSTANTIATED

0EGL11

Date Complaint Received: 02/12/2022

Date Investigation Completed: 04/29/2022

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** COLLINWOOD MEMORY CARE (0016901)

**Address:** 703 GREEN STREET, BRODHEAD, WI 53520

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/23/2018 12:00:00AM

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

### Survey History

**Survey ID:** 0147240    **End Date:** 06/18/2024    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #FJJO11    Served 08/06/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.45(3)	TOXIC SUBSTANCES		
83.47(2)(d)	FIRE DRILLS		
83.47(2)(e)	OTHER EVACUATION DRILLS		

**Survey ID:** 0140048    **End Date:** 06/16/2022    **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)

### Enforcement History (COLLINWOOD MEMORY CARE--0016901)

**Date:** 08/06/2024      **SOD #**FJJO11      **Appealed:** Yes      **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.37(1)(i)

FORFEITURE---83.43(1)

### Complaint History (COLLINWOOD MEMORY CARE--0016901)

**Date Complaint Received:** 05/26/2022

**Date Investigation Completed:** 06/16/2022

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:** 1st Health LLC 2 (0020009)

**Address:** 316 3rd Ave, Monroe, WI 53566

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 07/18/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0147009      **End Date:** 07/19/2024      **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)

### Facility Information

**Facility Name:** 1st Health LLC (0019987)

**Address:** 215 3rd St, Monroe, WI 53566

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 07/18/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0148838    **End Date:** 01/24/2025    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #TYPT11    Served 02/25/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.22(1)-(4)	TASK SPECIFIC TRAINING		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.37(1)(j)	PROOF-OF-USE RECORD		
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		
83.55(3)	BATH AND TOILET AREAS: HAND DRYING		

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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: 0148521 End Date: 12/27/2024 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #E16T11 Served 01/16/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY		
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES		
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.16(2)	RESIDENT CARE STAFF AT LEAST 18 YEARS OLD		
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.29(2)	ADMISSION AGREEMENT		
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT		
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT		
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.38(1)(c)	LEISURE TIME ACTIVITIES		

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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: 0147008      End Date: 07/19/2024      Type: INITIAL      Purpose: CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

### Enforcement History (1st Health LLC--0019987)

Date: 01/16/2025      SOD #E16T11      Appealed:      Decision: PENDING

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS  
ORDER TO COMPLY  
FORFEITURE---83.29(2)  
FORFEITURE---83.32(3)(d)  
FORFEITURE---83.32(3)(i)  
FORFEITURE---83.35(3)(a)  
FORFEITURE---83.36(1)(b)

### Complaint History (1st Health LLC--0019987)

Date Complaint Received: 11/27/2024      Date Investigation Completed: 12/18/2024

Subject Area(s)	Result	SOD #
RESIDENT RIGHTS	SUBSTANTIATED	E16T11

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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:** AZURA MEMORY CARE MONROE 2 (0013408)

**Address:** 2810 6TH AVE, MONROE, WI 53566

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/2011 12:00:00AM

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

### Survey History

**Survey ID:** 0144262      **End Date:** 09/07/2023      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138688      **End Date:** 02/02/2022      **Type:** INITIAL      **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:** AZURA MEMORY CARE MONROE (0013409)  
**Address:** 2800 6TH AVE, MONROE, WI 53566  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/01/2011 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0145876    **End Date:** 03/06/2024    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144877    **End Date:** 11/21/2023    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144678    **End Date:** 09/07/2023    **Type:** STANDARD    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141721    **End Date:** 09/22/2022    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #K0EK11    Served 01/03/2023

Deficiencies Cited  
83.35(3)(c)

Subject Area  
IMPLEMENT, FOLLOW THE INDIVIDUAL  
SERVICE PLAN

Compliance  
Verified  
4/25/23

Corrected  
Withdrawn

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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:** 0140070      **End Date:** 06/21/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138707      **End Date:** 02/03/2022      **Type:** OTHER      **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (AZURA MEMORY CARE MONROE--0013409)

**Date:** 01/03/2023      **SOD #**K0EK11      **Appealed:** Yes      **Decision:** STIPULATION

#### Sanctions

ORDER TO COMPLY

FORFEITURE---83.35(3)(c)

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 (AZURA MEMORY CARE MONROE--0013409)

**Date Complaint Received: 10/18/2023**

**Date Investigation Completed: 11/21/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 09/07/2022**

**Date Investigation Completed: 09/22/2022**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

K0EK11

PROGRAM SERVICES

SUBSTANTIATED

K0EK11

RESIDENT RIGHTS

SUBSTANTIATED

K0EK11

**Date Complaint Received: 06/08/2022**

**Date Investigation Completed: 06/21/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 02/01/2022**

**Date Investigation Completed: 02/03/2022**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** GRACELAND MANOR II (110515)

**Address:** 320 W 17TH ST, MONROE, WI 53566

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/31/1996 12:00:00AM

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

### Survey History

**Survey ID:** 0138930      **End Date:** 03/07/2022      **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:** PLEASANT VIEW OROURKE DEMENTIA STABILIZATION UNIT (0018440)

**Address:** N3150 HIGHWAY 81, MONROE, WI 53566

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/2021 12:00:00AM

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

### Survey History

**Survey ID:** 0138847      **End Date:** 02/23/2022      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### 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:** ASTER ASSISTED LIVING OF MONROE (0012238)

**Address:** 616 8TH AVE, MONROE, WI 53566

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/08/2008 12:00:00AM

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

### Survey History

**Survey ID:** 0146742      **End Date:** 06/17/2024      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141334      **End Date:** 10/11/2022      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #PWEW11    Served 11/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.27(3)(d)	SERVICE AGREEMENT	12/26/22	Yes

### Enforcement History (ASTER ASSISTED LIVING OF MONROE--0012238)

**Date:** 11/11/2022      **SOD #**PWEW11      **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

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

### Complaint History (ASTER ASSISTED LIVING OF MONROE--0012238)

**Date Complaint Received: 05/13/2024**

**Date Investigation Completed: 06/17/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 09/28/2022**

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

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 09/23/2022**

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

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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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:** ST CLARE FRIEDENSHEIM (0010297)  
**Address:** 2003 4TH ST, MONROE, WI 53566  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/18/2000 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0146568    **End Date:** 05/23/2024    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #47WR11    Served 05/31/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	7/15/24	Yes

**Survey ID:** 0140539    **End Date:** 08/09/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139452    **End Date:** 02/21/2022    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #DO6W12    Served 05/06/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.26(4)	ANNUAL REVIEW	8/9/22	Yes
89.29(3)(c)1.a	ADMISSION & RETENTION OF TENANTS	8/9/22	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 (ST CLARE FRIEDENSHEIM--0010297)

**Date:** 05/31/2024      **SOD #**47WR11      **Appealed:** No

Sanctions  
ORDER TO COMPLY

**Date:** 05/05/2022      **SOD #**DO6W12      **Appealed:**

Sanctions  
ORDER TO COMPLY  
FORFEITURE---89.26(4)

### Complaint History (ST CLARE FRIEDENSHEIM--0010297)

**Date Complaint Received:** 02/11/2022

**Date Investigation Completed:** 02/21/2022

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES

Result  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
DO6W12  
DO6W12

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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:** GLARNER LODGE (0016075)  
**Address:** 900 GLARNER DR, NEW GLARUS, WI 53574  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/01/2016 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0148355    **End Date:** 10/07/2024    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3E0111    Served 01/25/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(a)2.c	SERVICES		
89.23(4)(a)1	SERVICES		

**Survey ID:** 0142826    **End Date:** 04/18/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141897    **End Date:** 12/05/2022    **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:** 0140838    **End Date:** 06/22/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #8DKM12    Served 09/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
89.23(2)(a)2.c	SERVICES	12/5/22	Yes
89.27(4)	SERVICE AGREEMENT	12/5/22	Yes
89.28(5)	RISK AGREEMENT	12/5/22	Yes
89.29(3)(a)1	ADMISSION & RETENTION OF TENANTS	12/5/22	Yes
89.29(3)(b)	ADMISSION & RETENTION OF TENANTS	12/5/22	Yes

### Enforcement History (GLARNER LODGE--0016075)

**Date:** 01/02/2025    **SOD #**3E0111    **Appealed:**    **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---U 128

**Date:** 09/26/2022    **SOD #**8DKM12    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---89.23(2)(a)2.c  
FORFEITURE---89.27(4)  
FORFEITURE---89.28(5)

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## Provider Inspection Summary

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

### Complaint History (GLARNER LODGE--0016075)

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

**Date Investigation Completed: 04/18/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 06/08/2022**

**Date Investigation Completed: 06/08/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

8DKM12

RESIDENT RIGHTS

SUBSTANTIATED

8DKM12

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