

## Provider Inspection Summary

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

Jefferson

### Notes

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

**The report includes only facilities located within the City of FORT ATKINSON. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 41.00 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:** BIRCH TERRACE CBRF (310314)

**Address:** 1109 CASWELL ST, FORT ATKINSON, WI 53538

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/15/1995 12:00:00AM

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

### Survey History

**Survey ID:** 0148724      **End Date:** 01/15/2025      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146686      **End Date:** 06/06/2024      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145572      **End Date:** 12/05/2023      **Type:** OTHER      **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #D9HJ12      Served 02/12/2024

Deficiencies Cited  
83.43(1)

Subject Area  
ENVIRONMENT SAFE, CLEAN, AND  
COMFORTABLE

Compliance  
Verified  
6/6/24

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:** 0143985    **End Date:** 08/01/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #D9HJ11    Served 08/21/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	10/5/23	Yes
83.46(1)(f)	COMBUSTIBLES	10/5/23	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	10/5/23	Yes

### Enforcement History (BIRCH TERRACE CBRF--310314)

**Date:** 02/12/2024    **SOD #**D9HJ12    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.43(1)

**Date:** 08/21/2023    **SOD #**D9HJ11    **Appealed:** No

Sanctions

ORDER TO COMPLY

### Complaint History (BIRCH TERRACE CBRF--310314)

**Date Complaint Received:** 11/21/2024    **Date Investigation Completed:** 01/15/2025

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

**Date Complaint Received:** 10/19/2023    **Date Investigation Completed:** 12/04/2023

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

### Facility Information

**Facility Name:** BLACK HAWK SENIOR RESIDENCE (0014288)

**Address:** 1 MILWAUKEE AVE WEST, FORT ATKINSON, WI 53538

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2013 12:00:00AM

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

### Survey History

**Survey ID:** 0143271      **End Date:** 05/30/2023      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139820      **End Date:** 12/21/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141781      **End Date:** 12/08/2022      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #XD1Z13      Served 01/09/2023

Deficiencies Cited  
83.62(1)(b)

Subject Area  
NFPA 72, NATIONAL FIRE ALARM CODE

Compliance  
Verified  
5/30/23

Corrected  
Yes

**Survey ID:** 0141254      **End Date:** 10/27/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**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:** 0140488    **End Date:** 08/16/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID:** 0140235    **End Date:** 06/24/2022    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #XD1Z12    Served 08/01/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	12/8/22	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	12/8/22	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	12/8/22	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	12/8/22	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	12/8/22	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: 0139051 End Date: 03/03/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XD1Z11 Served 03/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	6/24/22	Yes
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	6/24/22	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	6/24/22	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	6/24/22	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	6/24/22	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	6/24/22	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	6/24/22	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	6/24/22	Yes
83.27(2)(c)	ADMISSIONS COMPATIBLE WITH PROGRAM STATEMENT	6/24/22	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	6/24/22	Yes
83.32(3)(a)	RIGHTS OF RESIDENTS: COMMUNICATIONS	6/24/22	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	6/24/22	No
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	6/24/22	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	6/24/22	No
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	6/24/22	No
83.37(1)(c)	CBRF IDENTIFY MEDICATION PACKAGING SYSTEM	6/24/22	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	6/24/22	Yes
83.41(2)(c)	NUTRITION: MENUS	6/24/22	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)

83.41(3)(b)	FOOD SAFETY	6/24/22	Yes
83.43(2)(b)	CLEAN, COMFORTABLE MATTRESS AND PAD	6/24/22	Yes
83.45(3)	TOXIC SUBSTANCES	6/24/22	Yes
83.46(1)(f)	COMBUSTIBLES	6/24/22	Yes
83.47(2)(d)	FIRE DRILLS	6/24/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	6/24/22	Yes
83.47(3)	FIRE INSPECTION	6/24/22	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	6/24/22	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	6/24/22	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 (BLACK HAWK SENIOR RESIDENCE--0014288)

**Date:** 01/09/2023      **SOD #**XD1Z13      **Appealed:** No

Sanctions

NNAO EXTENDED  
ORDER TO COMPLY

**Date:** 07/25/2022      **SOD #**XD1Z12      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NNAO EXTENDED  
ORDER TO COMPLY  
FORFEITURE---83.32(3)(d)  
FORFEITURE---83.32(3)(h)  
FORFEITURE---83.35(1)(a)  
FORFEITURE---83.35(3)(a)  
FORFEITURE---83.36(1)(b)

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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:** 03/25/2022

**SOD #**XD1Z11

**Appealed:**

### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.12(5)(a)

FORFEITURE---83.14(2)(a)

FORFEITURE---83.17(2)(a)

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

FORFEITURE---83.21(1-3)

FORFEITURE---83.22(1-4)

FORFEITURE---83.27(2)(c )

FORFEITURE---83.32(3)(a)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(1)(a)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.37(1)(i)

FORFEITURE---83.43(1)

FORFEITURE---83.47(2)(d)

FORFEITURE---83.47(2)(e )

FORFEITURE---83.48(3)(a)

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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 (BLACK HAWK SENIOR RESIDENCE--0014288)

**Date Complaint Received: 09/20/2022**

**Date Investigation Completed: 10/26/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 02/28/2022**

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

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

XD1Z11

PROGRAM SERVICES

SUBSTANTIATED

XD1Z11

RESIDENT RIGHTS

SUBSTANTIATED

XD1Z11

**Date Complaint Received: 02/09/2022**

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

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

XD1Z11

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

XD1Z11

**Date Complaint Received: 02/03/2022**

**Date Investigation Completed: 03/25/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

XD1Z11

RESIDENT RIGHTS

SUBSTANTIATED

XD1Z11

**Date Complaint Received: 01/26/2022**

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

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

XD1Z11

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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:** CEDAR HILL (310332)

**Address:** N1366 HWY 12, FORT ATKINSON, WI 53538

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/1995 12:00:00AM

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

### Survey History

**Survey ID:** 0147017    **End Date:** 07/02/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143050    **End Date:** 04/21/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142134    **End Date:** 01/31/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140445    **End Date:** 07/25/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3C7111    Served 08/16/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	1/31/23	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	1/31/23	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 (CEDAR HILL--310332)

Date: 08/16/2022 SOD #3C7111 Appealed: No

Sanctions

ORDER TO COMPLY

### Complaint History (CEDAR HILL--310332)

Date Complaint Received: 04/30/2024

Date Investigation Completed: 07/03/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 02/07/2023

Date Investigation Completed: 04/18/2023

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 AA (AMBULATORY)

### Facility Information

**Facility Name:** CRABAPPLE COURT CBRF (0014290)

**Address:** 1315 S MAIN ST, FORT ATKINSON, WI 53538

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/01/2013 12:00:00AM

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

### Survey History

**Survey ID:** 0143045    **End Date:** 04/24/2023    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #6CY611    Served 05/16/2023

Deficiencies Cited  
83.43(1)

Subject Area  
ENVIRONMENT SAFE, CLEAN, AND  
COMFORTABLE

Compliance  
Verified  
4/24/23

Corrected  
Yes

### Enforcement History (CRABAPPLE COURT CBRF--0014290)

**Date:** 05/16/2023

**SOD #**6CY611

**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)

### Facility Information

**Facility Name:** FALCONS NEST CBRF (0012983)

**Address:** 160 W BLACKHAWK DR, FORT ATKINSON, WI 53538

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/17/2009 12:00:00AM

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

### Survey History

**Survey ID:** 0144229    **End Date:** 09/05/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143721    **End Date:** 06/09/2023    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #IPWN11    Served 07/21/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	9/5/23	Yes

### Enforcement History (FALCONS NEST CBRF--0012983)

**Date:** 07/21/2023    **SOD #**IPWN11    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.25

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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:** GOLDEN EAGLE CBRF (0012778)

**Address:** 216 W BLACKHAWK DR, FORT ATKINSON, WI 53538

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/15/2009 12:00:00AM

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

### Survey History

**Survey ID:** 0144129    **End Date:** 09/05/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #0IWP11    Served 09/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(3)	FIRE INSPECTION	10/26/23	Yes

### Enforcement History (GOLDEN EAGLE CBRF--0012778)

**Date:** 09/11/2023    **SOD #**0IWP11    **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)

### Facility Information

**Facility Name:** HIL APPLE HOUSE (0012615)

**Address:** 1621 PREMIER PL, FORT ATKINSON, WI 53538

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/30/2009 12:00:00AM

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

### Survey History

**Survey ID:** 0141929    **End Date:** 01/09/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141104    **End Date:** 06/13/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #M7II13    Served 10/24/2022

Deficiencies Cited

83.32(3)(i)

Subject Area

RIGHTS OF RESIDENTS: PROMPT AND  
ADEQUATE TREATMENT

Compliance

Verified

1/9/23

Corrected

Yes

### Enforcement History (HIL APPLE HOUSE--0012615)

**Date:** 10/24/2022

**SOD #**M7II13

**Appealed:**

**Decision:** PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(i)

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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 (HIL APPLE HOUSE--0012615)

**Date Complaint Received: 04/14/2022**

**Date Investigation Completed: 06/13/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

M7II13

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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:** HIL LINDEN CORNER (0009792)

**Address:** 325 W BLACKHAWK DR, FORT ATKINSON, WI 53538

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/01/2002 12:00:00AM

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

### Survey History

**Survey ID:** 0145117      **End Date:** 12/13/2023      **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 CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** HIL WILLOW COURT (0009795)

**Address:** 575 BLACKHAWK DR, FORT ATKINSON, WI 53538

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/01/2002 12:00:00AM

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

### Survey History

**Survey ID:** 0142240    **End Date:** 02/14/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141173    **End Date:** 09/23/2022    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #XFX212    Served 10/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	2/14/23	Yes

### Enforcement History (HIL WILLOW COURT--0009795)

**Date:** 10/31/2022    **SOD #**XFX212    **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)

### Facility Information

**Facility Name:** MAPLE RUN CBRF (0012086)

**Address:** N2489 WENHAM RD, FORT ATKINSON, WI 53538

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2008 12:00:00AM

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

### Survey History

**Survey ID:** 0145963      **End Date:** 03/20/2024      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145155      **End Date:** 10/02/2023      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #07SK12      Served 01/02/2024

<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	3/20/24	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	3/20/24	Yes

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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: 0143126 End Date: 03/01/2023 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #07SK11 Served 05/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	10/2/23	Yes
83.12(2)(c)	REPORT TO LAW ENFORCEMENT AND CORONER	10/2/23	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	10/2/23	Yes

### Enforcement History (MAPLE RUN CBRF--0012086)

Date: 01/02/2024 SOD #07SK12 Appealed: No

Sanctions

ORDER TO COMPLY

Date: 05/22/2023 SOD #07SK11 Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.14(2)(a)

### Complaint History (MAPLE RUN CBRF--0012086)

Date Complaint Received: 02/07/2023

Date Investigation Completed: 02/24/2023

Subject Area(s)  
ADMINISTRATION

Result  
SUBSTANTIATED

SOD #  
07SK11

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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:** OAK GROVE CBRF (0013156)

**Address:** W3343 HOFFMAN RD, FORT ATKINSON, WI 53538

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/15/2010 12:00:00AM

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

### Survey History

**Survey ID:** 0146006    **End Date:** 03/20/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145179    **End Date:** 10/02/2023    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #I6Q112    Served 01/05/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	3/20/24	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	3/20/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	3/20/24	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:** 0142685    **End Date:** 01/31/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #I6Q111    Served 04/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	10/2/24	No
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	10/2/23	Yes

**Survey ID:** 0139551    **End Date:** 04/14/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (OAK GROVE CBRF--0013156)

**Date:** 01/05/2024    **SOD #I6Q112**    **Appealed:** No

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.12(4)(c)

**Date:** 04/06/2023    **SOD #I6Q111**    **Appealed:**

Sanctions

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

### Complaint History (OAK GROVE CBRF--0013156)

**Date Complaint Received:** 01/06/2023    **Date Investigation Completed:** 01/31/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	I6Q111

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** Pinnacle Assisted Living Services Rolling Meadows (0018906)

**Address:** N464 Poeppel Rd, Fort Atkinson, WI 53538

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0147947    **End Date:** 10/22/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146560    **End Date:** 05/14/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #H0OG12    Served 05/30/2024

Deficiencies Cited  
83.43(1)

Subject Area  
ENVIRONMENT SAFE, CLEAN, AND  
COMFORTABLE

Compliance  
Verified  
10/22/24

Corrected  
Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

**Survey ID:** 0145846    **End Date:** 02/26/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #H0OG11    Served 03/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(e)	REPORTING FIRE ON THE PREMISES	5/14/24	Yes
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	5/14/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	5/14/24	No

**Survey ID:** 0142877    **End Date:** 04/12/2023    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141152    **End Date:** 10/26/2022    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

**Results:** PROBATIONARY LICENSE ISSUED

### Enforcement History (Pinnacle Assisted Living Services Rolling Meadows--0018906)

**Date:** 05/30/2024    **SOD #**H0OG12    **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 03/13/2024    **SOD #**H0OG11    **Appealed:**

Sanctions

NO NEW ADMISSIONS  
ORDER TO COMPLY  
FORFEITURE---83.14(2)(j)

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Complaint History (Pinnacle Assisted Living Services Rolling Meadows--0018906)

**Date Complaint Received: 02/26/2024**

**Date Investigation Completed: 02/26/2024**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

H0OG11

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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:** REENA SENIOR LIVING (0017764)

**Address:** 737 REENA AVE, FORT ATKINSON, WI 53538

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0142814    **End Date:** 04/11/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142049    **End Date:** 10/31/2022    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #HG6111    Served 02/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	4/11/23	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	4/11/23	Yes
83.47(3)	FIRE INSPECTION	4/11/23	Yes
83.48(6)(e)	INTEGRATED HEAT DETECTOR IN LAUNDRY ROOM	4/11/23	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 (REENA SENIOR LIVING--0017764)

Date: 02/06/2023

SOD #HG6111

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.37(2)(e)

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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:** SIENNA CREST FORT ATKINSON (310733)

**Address:** 1531 COMMONWEALTH DR, FORT ATKINSON, WI 53538

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/1999 12:00:00AM

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

### Survey History

**Survey ID:** 0148590    **End Date:** 11/17/2024    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #NNWT11    Served 01/27/2025

<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		
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT		

**Survey ID:** 0140890    **End Date:** 09/22/2022    **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:** 0139894    **End Date:** 03/31/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #9HG211    Served 06/21/2022

<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	9/22/22	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	9/22/22	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	9/22/22	Yes

### Enforcement History (SIENNA CREST FORT ATKINSON--310733)

**Date:** 06/21/2022    **SOD #**9HG211    **Appealed:** No

#### Sanctions

ORDER TO COMPLY

### Complaint History (SIENNA CREST FORT ATKINSON--310733)

**Date Complaint Received:** 03/16/2022    **Date Investigation Completed:** 03/31/2022

#### Subject Area(s)

RESIDENT RIGHTS

#### 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 AA (AMBULATORY)

### Facility Information

**Facility Name:** STEPPING STONE CBRF (0012335)

**Address:** 318 N MAIN ST, FORT ATKINSON, WI 53538

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/15/2008 12:00:00AM

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

### Survey History

**Survey ID:** 0145341      **End Date:** 01/18/2024      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139078      **End Date:** 03/17/2022      **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)

### Facility Information

**Facility Name:** WELLINGTON MEADOWS (0012024)

**Address:** 525 MEMORIAL DRIVE, FORT ATKINSON, WI 53538

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2008 12:00:00AM

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

### Survey History

**Survey ID:** 0147856    **End Date:** 10/14/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145867    **End Date:** 02/21/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #FM0G12    Served 03/13/2024

Deficiencies Cited

83.32(3)(k)

Subject Area

RIGHTS OF RESIDENTS:  
SELF-DETERMINATION

Compliance

Verified

10/14/24

Corrected

Yes

**Survey ID:** 0144013    **End Date:** 08/21/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**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:** 0143709    **End Date:** 05/16/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #FM0G11    Served 07/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	2/21/24	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	2/21/24	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	2/21/24	Yes
83.41(3)(b)	FOOD SAFETY	2/21/24	Yes
83.45(3)	TOXIC SUBSTANCES	2/21/24	Yes

**Survey ID:** 0142000    **End Date:** 01/19/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141213    **End Date:** 08/10/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #QL0W17    Served 11/03/2022

<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	1/19/23	Yes
83.14(2)(h)	POSTING: LICENSE, DEFICIENCIES, REVOCATIONS	1/19/23	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: 0139766 End Date: 03/15/2022 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QL0W16 Served 06/06/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	8/10/22	No
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	8/10/22	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	8/10/22	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 (WELLINGTON MEADOWS--0012024)

**Date:** 03/13/2024      **SOD #**FM0G12      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 07/20/2023      **SOD #**FM0G11      **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.35(1)(c)

FORFEITURE---83.37(3)(c)

FORFEITURE---83.38(1)(h)

FORFEITURE---83.45(3)

**Date:** 11/03/2022      **SOD #**QL0W17      **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---50.065(2)(bb)

**Date:** 06/06/2022      **SOD #**QL0W16      **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---50.065(2)(b)

### Complaint History (WELLINGTON MEADOWS--0012024)

**Date Complaint Received:** 08/01/2023

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

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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

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

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:** WELLINGTON PLACE OF FORT ATKINSON (0012025)

**Address:** 200 S WATER ST WEST, FORT ATKINSON, WI 53538

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2008 12:00:00AM

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

### Survey History

**Survey ID:** 0147637    **End Date:** 09/19/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146841    **End Date:** 06/21/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #JVHN11    Served 07/01/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	6/21/24	Yes

**Survey ID:** 0147076    **End Date:** 06/04/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #PS6711    Served 07/24/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	9/19/24	Yes
83.38(1)(b)	SUPERVISION	9/19/24	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:** 0146054    **End Date:** 04/02/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143661    **End Date:** 06/27/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #77HO12    Served 07/18/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	9/1/23	Yes

**Survey ID:** 0143013    **End Date:** 02/21/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #77HO11    Served 05/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	6/27/23	Yes
83.41(3)(b)	FOOD SAFETY	6/27/23	Yes
83.42(2)	RESIDENT RECORDS SAFEGUARDED	6/27/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	6/27/23	Yes
83.43(2)(b)	CLEAN, COMFORTABLE MATTRESS AND PAD	6/27/23	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	6/27/23	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: 0139349 End Date: 04/26/2022 Type: OTHER Purpose: DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #52VM12 Served 06/02/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(2)(c)	NUTRITION: MENUS		
83.44(2)(b)	TOILET AND BATHING AREA		
83.45(3)	TOXIC SUBSTANCES		

Survey ID: 0139745 End Date: 03/17/2022 Type: STANDARD Purpose: SURVEY/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #61KD1C Served 06/02/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(2)(c)	NUTRITION: MENUS	3/17/22	Yes
83.44(2)(b)	TOILET AND BATHING AREA	3/17/22	Yes
83.45(3)	TOXIC SUBSTANCES	3/17/22	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 (WELLINGTON PLACE OF FORT ATKINSON--0012025)

**Date: 07/24/2024**      **SOD #PS6711**      **Appealed: No**

Sanctions

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

**Date: 07/01/2024**      **SOD #JVHN11**      **Appealed: No**

Sanctions

ORDER TO COMPLY

**Date: 07/18/2023**      **SOD #77HO12**      **Appealed: No**

Sanctions

ORDER TO COMPLY

**Date: 05/10/2023**      **SOD #77HO11**      **Appealed:**

Sanctions

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

**Date: 06/02/2022**      **SOD #61KD1C**      **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 (WELLINGTON PLACE OF FORT ATKINSON--0012025)

**Date Complaint Received: 06/03/2024**

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

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

PS6711

**Date Complaint Received: 05/24/2024**

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

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

JVHN11

RESIDENT RIGHTS

SUBSTANTIATED

JVHN11

**Date Complaint Received: 03/31/2024**

**Date Investigation Completed: 05/16/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

PS6711

**Date Complaint Received: 02/09/2024**

**Date Investigation Completed: 04/02/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 06/08/2023**

**Date Investigation Completed: 06/27/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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)

**Date Complaint Received: 01/30/2023**

Subject Area(s)

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

**Date Investigation Completed: 02/21/2023**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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