

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 is a PDF (Adobe Acrobat) document and includes a total of 84.00 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: Autumn Winds llc (0016509)

Address: N3767 Airport RD, CAMBRIDGE, WI 53523

License Status: REGULAR

Licensed/Certified/Registered 03/01/2018 12:00:00AM

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

Survey History

Survey ID: 0148120 **End Date:** 09/12/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147521 **End Date:** 07/25/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FFKZ12 Served 09/06/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.37(1)(g)	DISPOSITION OF MEDICATIONS		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.37(3)(a)	MEDICATION STORAGE: ORIGINAL CONTAINERS		
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		
83.38(1)(a)	PERSONAL CARE		
83.38(1)(h)	MEDICATION ADMINISTRATION		
83.41(3)(b)	FOOD SAFETY		
83.45(3)	TOXIC SUBSTANCES		

This is Page 2 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0145633 End Date: 11/16/2023 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FFKZ11 Served 02/16/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	7/25/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	7/25/24	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	7/25/24	Yes
83.37(2)(a)	SELF-ADMINISTERED BY RESIDENT	7/25/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	7/25/24	No
83.37(3)(a)	MEDICATION STORAGE: ORIGINAL CONTAINERS	7/25/24	No
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION	7/25/24	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	7/25/24	Yes
83.45(3)	TOXIC SUBSTANCES	7/25/24	No
83.47(3)	FIRE INSPECTION	7/25/24	Yes
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	7/25/24	Yes
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT	7/25/24	Yes

This is Page 3 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (Autumn Winds llc--0016509)

Date: 09/06/2024 **SOD #**FFKZ12 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.37(1)(g)

FORFEITURE---83.37(3)(a)

FORFEITURE---83.38(1)(h)

FORFEITURE---83.45 (3)

Date: 02/16/2024 **SOD #**FFKZ11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37(3)(a)

Complaint History (Autumn Winds llc--0016509)

Date Complaint Received: 09/06/2024 **Date Investigation Completed:** 09/10/2024

Subject Area(s)

ADMINISTRATION

Result

NOT SUBSTANTIATED

SOD #

This is Page 4 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LONDON LODGE I (310455)

Address: W9095 LONDON RD, CAMBRIDGE, WI 53523

License Status: REGULAR

Licensed/Certified/Registered 07/10/1996 12:00:00AM

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

Survey History

Survey ID: 0144002 **End Date:** 08/04/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 5 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LONDON LODGE II (310717)

Address: W9097 LONDON RD, CAMBRIDGE, WI 53523

License Status: REGULAR

Licensed/Certified/Registered 05/01/1999 12:00:00AM

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

Survey History

Survey ID: 0146604 **End Date:** 05/22/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140326 **End Date:** 07/28/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139014 **End Date:** 02/24/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PK4411 Served 03/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	7/28/22	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	7/28/22	Yes
83.46(3)	PUBLIC WATER SUPPLY OR WELL WATER TEST	7/28/22	Yes

This is Page 6 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (LONDON LODGE II--310717)

Date: 03/21/2022

SOD #PK4411

Appealed: No

Sanctions

ORDER TO COMPLY

This is Page 7 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: JEFFERSON MEMORY CARE LLC (0015378)

Address: 414 COUNTY HWY Y, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 11/01/2015 12:00:00AM

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

Survey History

Survey ID: 0147946 **End Date:** 10/22/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146692 **End Date:** 06/11/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141896 **End Date:** 01/18/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141261 **End Date:** 10/27/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 8 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141256 **End Date:** 09/29/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BS5W12 Served 11/04/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	1/18/23	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	1/18/23	Yes

Survey ID: 0141250 **End Date:** 08/11/2022 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ET2M11 Served 11/04/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	1/18/23	Yes
83.13(3)(a)	POSTING LICENSE, DEFICIENCIES, REVOCATIONS	1/18/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	1/18/23	Yes
83.25	CONTINUING EDUCATION	1/18/23	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	1/18/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	1/18/23	Yes
83.38(1)(b)	SUPERVISION	1/18/23	Yes

This is Page 9 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139980 End Date: 03/31/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BS5W11 Served 06/29/2022

Deficiencies Cited	Subject Area	Compliance	Corrected
		Verified	
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	9/21/22	No
83.38(1)(g)	HEALTH MONITORING	9/21/22	Yes

Enforcement History (JEFFERSON MEMORY CARE LLC--0015378)

Date: 11/04/2022 SOD #ET2M11 Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.12(4)(B)
FORFEITURE---83.14 (2)(j)
FORFEITURE---83.15(3)(a)
FORFEITURE---83.20(2)(a)-(d)
FORFEITURE---83.25
FORFEITURE---83.32 (3)(i)
FORFEITURE---83.35(.3)(c)
FORFEITURE---83.35(1)(a)
FORFEITURE---83.38(1)(b)

Date: 06/29/2022 SOD #BS5W11 Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.35(3)(c)
FORFEITURE---83.38(1)(g)

This is Page 10 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (JEFFERSON MEMORY CARE LLC--0015378)

Date Complaint Received: 09/09/2024

Date Investigation Completed: 10/25/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 05/02/2024

Date Investigation Completed: 06/11/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 08/23/2022

Date Investigation Completed: 09/29/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

BS5W12

Date Complaint Received: 07/27/2022

Date Investigation Completed: 08/11/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

ET2M11

RESIDENT RIGHTS

SUBSTANTIATED

ET2M11

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 03/10/2022

Date Investigation Completed: 03/31/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

BS5W11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

BS5W11

This is Page 11 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: LUEDER HOUSE (310460)

Address: 1473 ANNEX RD, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 08/01/1996 12:00:00AM

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

Survey History

Survey ID: 0146314 **End Date:** 04/29/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145534 **End Date:** 12/14/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZOV111 Served 02/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	4/29/24	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	4/29/24	Yes

Survey ID: 0139549 **End Date:** 04/14/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 12 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (LUEDER HOUSE--310460)

Date: 02/08/2024

SOD #ZOVI11

Appealed:

Sanctions

ORDER TO COMPLY

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

FORFEITURE---83.21(1-3)

This is Page 13 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: RESCARE HYER (0016942)

Address: 411 HYER DRIVE, JEFFERSON, WI 53549

License Status: REGULAR

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

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

Survey History

Survey ID: 0148128 **End Date:** 11/04/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143401 **End Date:** 06/15/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138666 **End Date:** 10/14/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9VKN12 Served 02/10/2022

Deficiencies Cited
83.37(1)(i)

Subject Area
PRN PSYCHOTROPIC MEDICATION

Compliance
Verified
4/14/22

Corrected
Yes

Survey ID: 0139544 **End Date:** 04/14/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 14 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Enforcement History (RESCARE HYER--0016942)

Date: 02/10/2022 **SOD #**9VKN12 **Appealed:**

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

Complaint History (RESCARE HYER--0016942)

Date Complaint Received: 08/06/2024

Date Investigation Completed: 11/04/2024

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 05/30/2023

Date Investigation Completed: 06/15/2023

Subject Area(s)
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED

This is Page 15 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ST COLETTA OF WI DOWER CBRF (0013042)
Address: 528 S KRANZ AVE, Jefferson, WI 53549
License Status: REGULAR
Licensed/Certified/Registered 12/11/2009 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0139117 **End Date:** 03/01/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #SH0811 Served 03/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED	5/15/22	Yes

Enforcement History (ST COLETTA OF WI DOWER CBRF--0013042)

Date: 03/31/2022 **SOD #**SH0811 **Appealed:** No

Sanctions
ORDER TO COMPLY

This is Page 16 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ST COLETTA OF WI JACOBA (0012782)

Address: 640 E THEODORE ST, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 05/04/2009 12:00:00AM

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

Survey History

Survey ID: 0144904 **End Date:** 11/20/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 17 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ST COLETTA OF WI LOURDES (310538)

Address: 140 S KRANZ AVE, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 08/30/1986 12:00:00AM

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

Survey History

Survey ID: 0144149 **End Date:** 09/05/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #990I11 Served 09/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(6)(e)	INTEGRATED HEAT DETECTOR IN LAUNDRY ROOM	10/22/23	Yes

Enforcement History (ST COLETTA OF WI LOURDES--310538)

Date: 09/07/2023 **SOD #**990I11 **Appealed:** No

Sanctions
ORDER TO COMPLY

This is Page 18 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ST COLETTA OF WI PADUA HEIGHTS (0009098)

Address: 724 E RACINE ST, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 07/10/2000 12:00:00AM

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

Survey History

Survey ID: 0142139 **End Date:** 02/08/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 19 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ST COLETTA OF WI SAN DAMIANO (310540)
Address: 128 S KRANZ AVE, JEFFERSON, WI 53549
License Status: REGULAR
Licensed/Certified/Registered 10/01/1985 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0140495 **End Date:** 07/22/2022 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 20 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: ST COLETTA OF WI ST AGNES (310542)

Address: 900 E RACINE ST, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 09/01/1995 12:00:00AM

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

Survey History

Survey ID: 0143717 **End Date:** 07/13/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 21 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ST COLETTA OF WI ST ISIDORE (310548)

Address: 124 ORCHARD VIEW COURT, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 07/01/1988 12:00:00AM

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

Survey History

Survey ID: 0143738 **End Date:** 07/20/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142583 **End Date:** 03/20/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4ZY211 Served 03/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	7/20/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	7/20/23	Yes

Enforcement History (ST COLETTA OF WI ST ISIDORE--310548)

Date: 03/28/2023 **SOD #**4ZY211 **Appealed:** No

Sanctions

ORDER TO COMPLY

This is Page 22 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: ST COLETTA OF WI ST JOHN THE BAPTIST (310549)

Address: W5078 HWY 18, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 05/31/1993 12:00:00AM

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

Survey History

Survey ID: 0145777 **End Date:** 02/20/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144769 **End Date:** 09/07/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VBNN11 Served 11/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	2/20/24	Yes

Enforcement History (ST COLETTA OF WI ST JOHN THE BAPTIST--310549)

Date: 11/10/2023 **SOD #**VBNN11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

This is Page 23 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ST COLETTA OF WI ST MARTHA (310546)

Address: W5092 HWY 18, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 03/31/1981 12:00:00AM

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

Survey History

Survey ID: 0148493 **End Date:** 12/05/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140417 **End Date:** 07/22/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 24 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ST COLETTA OF WI ST MICHAEL (310551)

Address: 822 E RACINE ST, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 10/01/1986 12:00:00AM

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

Survey History

Survey ID: 0147016 **End Date:** 07/03/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142369 **End Date:** 02/28/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #W7L811 Served 03/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(g)	DISPOSITION OF MEDICATIONS	4/20/23	Yes

Enforcement History (ST COLETTA OF WI ST MICHAEL--310551)

Date: 03/06/2023 **SOD #**W7L811 **Appealed:** No

Sanctions

ORDER TO COMPLY

This is Page 25 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Complaint History (ST COLETTA OF WI ST MICHAEL--310551)

Date Complaint Received: 06/15/2024

Date Investigation Completed: 07/02/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/20/2023

Date Investigation Completed: 02/28/2023

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

This is Page 26 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ST COLETTA OF WI TAU (0012786)

Address: 621 E SPRING ST, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 05/12/2009 12:00:00AM

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

Survey History

Survey ID: 0143523 **End Date:** 06/20/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 27 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SUNSET RIDGE JEFFERSON (0016540)

Address: 826 REINEL STREET, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 03/27/2017 12:00:00AM

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

Survey History

Survey ID: 0146064 **End Date:** 04/03/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145548 **End Date:** 11/20/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #T3OE11 Served 02/12/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	4/3/24	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	4/3/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	4/3/24	Yes

This is Page 28 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144793 **End Date:** 08/17/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #61OL11 Served 11/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(a)	REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN	4/3/24	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	4/3/24	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	4/3/24	Yes
83.15(3)(b)	ADMINISTRATOR RESPONSIBLE FOR STAFF TRAINING	4/3/24	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	4/3/24	Yes
83.23	EMPLOYEE SUPERVISION	4/3/24	Yes
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY	4/3/24	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	4/3/24	Yes
83.38(1)(b)	SUPERVISION	4/3/24	Yes
83.41(2)(c)	NUTRITION: MENUS	4/3/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	4/3/24	Yes

Survey ID: 0142689 **End Date:** 04/05/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 29 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141801 End Date: 10/05/2022 Type: OTHER Purpose: SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L37L12 Served 01/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	4/5/23	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	4/5/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	4/5/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/5/23	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	4/5/23	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	4/5/23	Yes
83.47(2)(d)	FIRE DRILLS	4/5/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	4/5/23	Yes

This is Page 30 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139957 **End Date:** 04/14/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L37L11 Served 06/27/2022

<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	10/5/23	No
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	10/5/22	No
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	10/5/22	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	10/5/22	Yes
83.41(2)(c)	NUTRITION: MENUS	10/5/22	Yes

Survey ID: 0139618 **End Date:** 02/15/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NSP411 Served 05/23/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.37(1)(j)	PROOF-OF-USE RECORD	10/5/22	Yes

This is Page 31 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (SUNSET RIDGE JEFFERSON--0016540)

Date: 11/13/2023 **SOD #61OL11** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.12(4)(a)
FORFEITURE---83.12(5)(a)
FORFEITURE---83.14(2)(a)
FORFEITURE---83.20(2)(a-d)
FORFEITURE---83.23
FORFEITURE---83.35(1)(C)
FORFEITURE---83.38(1)(b)

Date: 02/12/2023 **SOD #T3OE11** **Appealed: No**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35(3)(a)
FORFEITURE---83.37(3)(d)

Date: 01/11/2023 **SOD #L37L12** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NNAO EXTENDED
ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.37(1)(i)
FORFEITURE---83.47(2)(d)
FORFEITURE---83.47(2)(e)

This is Page 32 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 06/27/2022

SOD #L37L11

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.36(1)(a)

FORFEITURE---83.37(2)(d)

Date: 05/20/2022

SOD #NSP411

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.37(1)(j)

This is Page 33 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SUNSET RIDGE JEFFERSON--0016540)

Date Complaint Received: 01/09/2024

Date Investigation Completed: 04/03/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 09/26/2023

Date Investigation Completed: 11/20/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

T3OE11

Date Complaint Received: 08/08/2023

Date Investigation Completed: 08/09/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

61OL11

Date Complaint Received: 08/03/2023

Date Investigation Completed: 08/09/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

61OL11

RESIDENT RIGHTS

SUBSTANTIATED

61OL11

PROGRAM SERVICES

SUBSTANTIATED

61OL11

RESIDENT RIGHTS

SUBSTANTIATED

61OL11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

61OL11

Date Complaint Received: 07/10/2023

Date Investigation Completed: 08/09/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

61OL11

Date Complaint Received: 09/30/2022

Date Investigation Completed: 10/05/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

This is Page 34 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 09/16/2022

Date Investigation Completed: 10/05/2022

Subject Area(s)
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	

Date Complaint Received: 02/08/2022

Date Investigation Completed: 02/15/2022

Subject Area(s)
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	NSP411
SUBSTANTIATED	NSP411

This is Page 35 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SUNSET RIDGE MEMORY CARE (0015292)

Address: 816 E REINEL ST, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 11/01/2015 12:00:00AM

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

Survey History

Survey ID: 0147204 **End Date:** 07/09/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #J3W511 Served 08/02/2024

Deficiencies Cited
83.38(1)(h)

Subject Area
MEDICATION ADMINISTRATION

Compliance
Verified
7/9/24

Corrected
Yes

Survey ID: 0145210 **End Date:** 12/20/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144298 **End Date:** 09/13/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144000 **End Date:** 08/09/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 36 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143447 **End Date:** 04/05/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #708Y11 Served 06/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	9/13/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	9/13/23	Yes
83.25	CONTINUING EDUCATION	9/13/23	Yes
83.38(1)(g)	HEALTH MONITORING	9/13/23	Yes

Survey ID: 0140967 **End Date:** 10/05/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (SUNSET RIDGE MEMORY CARE--0015292)

Date: 08/02/2024 **SOD #**J3W511 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 06/22/2023 **SOD #**708Y11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

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

FORFEITURE---83.25

FORFEITURE---83.38

This is Page 37 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SUNSET RIDGE MEMORY CARE--0015292)

Date Complaint Received: 06/08/2024

Date Investigation Completed: 07/09/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

J3W511

Date Complaint Received: 12/06/2023

Date Investigation Completed: 12/20/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 03/31/2023

Date Investigation Completed: 04/04/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

7O8Y11

PROGRAM SERVICES

NOT SUBSTANTIATED

This is Page 38 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SYLVAN CROSSINGS OF JEFFERSON (310666)

Address: 279 N JACKSON AVE, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 06/01/1998 12:00:00AM

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

Survey History

Survey ID: 0147912 **End Date:** 10/03/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147026 **End Date:** 07/17/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144814 **End Date:** 11/03/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144108 **End Date:** 08/30/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 39 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143623 **End Date:** 06/19/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PSV111 Served 07/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(2)(c)	REPORT TO LAW ENFORCEMENT AND CORONER	8/30/23	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	8/30/23	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	8/30/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	8/30/23	Yes

Survey ID: 0143561 **End Date:** 04/25/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0TLN12 Served 07/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	8/30/23	Yes
83.25	CONTINUING EDUCATION	8/30/23	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	8/30/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	8/30/23	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	8/30/23	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	8/30/23	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	8/30/23	Yes
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	8/30/23	Yes
83.48(3)(b)	SENSITIVITY TESTING PERFORMED	8/30/23	Yes

This is Page 40 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142354 **End Date:** 02/14/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #0TLN11 Served 03/03/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	4/17/23	Yes
83.12(3)(b)	DOCUMENTATION OF INVESTIGATIONS OF INJURIES	4/17/23	Yes

Survey ID: 0141926 **End Date:** 01/17/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 41 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (SYLVAN CROSSINGS OF JEFFERSON--310666)

Date: 07/13/2023 **SOD #**PSV111 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.35(3)(c)

FORFEITURE---83.38(1)(i)

Date: 07/05/2023 **SOD #**0TLN12 **Appealed:**

Sanctions

ORDER TO COMPLY

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

FORFEITURE---83.25

FORFEITURE---83.35(1)(a)

FORFEITURE---83.37(1)(k)

FORFEITURE---83.38(1)(h)

Date: 03/03/2023 **SOD #**0TLN11 **Appealed:** No

Sanctions

ORDER TO COMPLY

This is Page 42 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SYLVAN CROSSINGS OF JEFFERSON--310666)

Date Complaint Received: 08/21/2024

Date Investigation Completed: 10/03/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 05/13/2024

Date Investigation Completed: 07/17/2024

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 09/06/2023

Date Investigation Completed: 11/02/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 06/20/2023

Date Investigation Completed: 08/30/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 05/23/2023

Date Investigation Completed: 06/19/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

SUBSTANTIATED
SUBSTANTIATED
PSV111
PSV111

Date Complaint Received: 04/08/2023

Date Investigation Completed: 04/26/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED
0TLN12

This is Page 43 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 01/15/2023

Subject Area(s)

RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 02/13/2023

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

0TLN11

Date Complaint Received: 01/05/2023

Subject Area(s)

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 01/17/2023

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 44 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: RESCARE 141 MICHELLE (0016945)

Address: 141 MICHELLE DR, JOHNSON CREEK, WI 53038

License Status: REGULAR

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

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

Survey History

Survey ID: 0143869 **End Date:** 07/28/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142914 **End Date:** 02/17/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZMQV12 Served 04/28/2023

Deficiencies Cited

83.32(3)(h)

Subject Area

RIGHTS OF RESIDENTS: TO RECEIVE
MEDICATION

Compliance

Verified

7/28/23

Corrected

Yes

This is Page 45 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141585 **End Date:** 09/07/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZMQV11 Served 12/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	2/17/23	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	2/17/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	2/17/23	Yes

Enforcement History (RESCARE 141 MICHELLE--0016945)

Date: 04/28/2023 **SOD #**ZMQV12 **Appealed:**

Sanctions

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

Date: 12/13/2022 **SOD #**ZMQV11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.37(2)(d)

Complaint History (RESCARE 141 MICHELLE--0016945)

Date Complaint Received: 09/02/2022 **Date Investigation Completed:** 09/07/2022

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

This is Page 46 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SUNSET RIDGE ASSISTED LIVING (0014539)
Address: 1275 REMMEL DRIVE, JOHNSON CREEK, WI 53038
License Status: REGULAR
Licensed/Certified/Registered 06/01/2014 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0146189 **End Date:** 04/03/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145275 **End Date:** 12/20/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144880 **End Date:** 09/12/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I9TX11 Served 11/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.31(4)(c)	INVOLUNTARY DISCHARGE NOTICE REQUIREMENTS	4/3/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/3/24	Yes
83.38(1)(g)	HEALTH MONITORING	4/3/24	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	4/3/24	Yes

This is Page 47 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143918 **End Date:** 06/22/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y15312 Served 08/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	12/20/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	12/20/23	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	12/20/23	Yes

Survey ID: 0142628 **End Date:** 01/12/2023 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y15311 Served 04/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	6/22/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	6/22/23	Yes
83.25	CONTINUING EDUCATION	6/22/23	Yes
83.28(6)	RESIDENT RIGHTS, GRIEVANCE PROCEDURE, RULES	6/22/23	Yes
83.29(2)	ADMISSION AGREEMENT	6/22/23	Yes
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY	6/22/23	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	6/22/23	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	6/22/23	Yes
83.45(3)	TOXIC SUBSTANCES	6/22/23	Yes
83.47(2)(d)	FIRE DRILLS	6/22/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	6/22/23	Yes

This is Page 48 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (SUNSET RIDGE ASSISTED LIVING--0014539)

Date: 11/27/2023 **SOD #**I9TX11 **Appealed:** No

Sanctions

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

Date: 08/22/2023 **SOD #**Y15312 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a-d)
FORFEITURE---83.32(3)(i)

Date: 04/05/2023 **SOD #**Y15311 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a-d)
FORFEITURE---83.21(1)-(3)
FORFEITURE---83.25
FORFEITURE---83.36(1)(a)
FORFEITURE---83.47(2)(d)
FORFEITURE---83.47(2)(e)

This is Page 49 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SUNSET RIDGE ASSISTED LIVING--0014539)

Date Complaint Received: 08/03/2023

Date Investigation Completed: 08/10/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

I9TX11

Date Complaint Received: 07/28/2023

Date Investigation Completed: 08/10/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

I9TX11

Date Complaint Received: 05/09/2023

Date Investigation Completed: 06/22/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

Y15312

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

Y15312

This is Page 50 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: VIEW AT JOHNSON CREEK (THE) (0018030)

Address: 1 HARTWIG DRIVE, JOHNSON CREEK, WI 53038

License Status: REGULAR

Licensed/Certified/Registered 04/24/2020 12:00:00AM

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

Survey History

Survey ID: 0147884 **End Date:** 10/07/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143975 **End Date:** 07/14/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CFUV11 Served 08/21/2023

Deficiencies Cited

83.32(3)(h)

Subject Area

RIGHTS OF RESIDENTS: TO RECEIVE
MEDICATION

Compliance

Verified

7/14/23

Corrected

Yes

Survey ID: 0143368 **End Date:** 05/31/2023 **Type:** OTHER **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 51 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142498 **End Date:** 01/12/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9BVI11 Served 03/17/2023

<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	5/31/23	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	5/31/23	Yes

Survey ID: 0140629 **End Date:** 08/30/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (VIEW AT JOHNSON CREEK (THE)--0018030)

Date: 08/21/2023 **SOD #**CFUV11 **Appealed:** Yes **Decision:** WITHDRAWN APPEAL (NO STIPULATION)

Sanctions
ORDER TO COMPLY

Date: 03/17/2023 **SOD #**9BVI11 **Appealed:**

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

Complaint History (VIEW AT JOHNSON CREEK (THE)--0018030)

Date Complaint Received: 07/30/2024 **Date Investigation Completed:** 10/07/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	

Date Complaint Received: 01/03/2023 **Date Investigation Completed:** 01/11/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	9BVI11

This is Page 52 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LakeHouse Lake Mills (0019877)

Address: 300 ONEIL ST, LAKE MILLS, WI 53551

License Status: PROBATIONARY

Licensed/Certified/Registered 05/01/2024 12:00:00AM

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

Survey History

Survey ID: 0147987 **End Date:** 10/25/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147237 **End Date:** 08/01/2024 **Type:** OTHER **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N4EP11 Served 08/06/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19	ORIENTATION	10/25/24	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	10/25/24	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	10/25/24	Yes

Survey ID: 0146367 **End Date:** 05/09/2024 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

This is Page 53 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (LakeHouse Lake Mills--0019877)

Date: 08/06/2024 **SOD #**N4EP11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---83.19

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

FORFEITURE---83.22 (1)-(4)

This is Page 54 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Lilac Springs Assisted Living LLC (0019044)

Address: 403 ONeil Street, Lake Mills, WI 535511384

License Status: REGULAR

Licensed/Certified/Registered 10/28/2022 12:00:00AM

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

Survey History

Survey ID: 0148008 **End Date:** 10/25/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #NS3C11 Served 11/04/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	10/25/24	Yes
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	10/25/24	Yes

This is Page 55 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0148453 **End Date:** 09/27/2024 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZOLI13 Served 01/08/2025

<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		
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES		
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.38(1)(g)	HEALTH MONITORING		
83.42(3)	ACCESS TO RESIDENT RECORDS		

Survey ID: 0146765 **End Date:** 05/30/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZOLI12 Served 06/21/2024

<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	9/27/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/27/24	No

This is Page 56 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0145848 **End Date:** 01/24/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZOLI11 Served 03/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	5/30/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	5/30/24	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	5/30/24	No
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	5/30/24	Yes
83.38(1)(g)	HEALTH MONITORING	5/30/24	Yes

Survey ID: 0144139 **End Date:** 09/05/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 57 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143641 **End Date:** 06/23/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S9RD11 Served 07/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	9/5/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	9/5/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	9/5/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/5/23	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	9/5/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	9/5/23	Yes
83.46(1)(f)	COMBUSTIBLES	9/5/23	Yes

Survey ID: 0141885 **End Date:** 01/11/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #B2XG11 Served 01/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(3)(b)	DOCUMENTATION OF INVESTIGATIONS OF INJURIES	1/11/23	Yes

Survey ID: 0141166 **End Date:** 09/13/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

This is Page 58 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (Lilac Springs Assisted Living LLC--0019044)

Date: 01/08/2025 **SOD #**ZOLI13 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.15(3)(a)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(g)

Date: 11/04/2024 **SOD #**NS3C11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 06/21/2024 **SOD #**ZOLI12 **Appealed:**

Sanctions

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

Date: 03/13/2024 **SOD #**ZOLI11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.20(2)(a)-(d)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.37(2)(d)
FORFEITURE---83.38(1)(g)

This is Page 59 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 07/17/2023

SOD #S9RD11

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

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

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

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(d)

Date: 01/19/2023

SOD #B2XG11

Appealed: No

Sanctions

ORDER TO COMPLY

This is Page 60 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (Lilac Springs Assisted Living LLC--0019044)		
Date Complaint Received: 10/18/2024	Date Investigation Completed: 10/25/2024	
<u>Subject Area(s)</u> ADMINISTRATION	<u>Result</u> SUBSTANTIATED	<u>SOD #</u> NS3C11
Date Complaint Received: 08/06/2024	Date Investigation Completed: 09/24/2024	
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> SUBSTANTIATED	<u>SOD #</u> ZOLI13
Date Complaint Received: 06/12/2024	Date Investigation Completed: 09/24/2024	
<u>Subject Area(s)</u> RESIDENT RIGHTS	<u>Result</u> SUBSTANTIATED	<u>SOD #</u> ZOLI13
Date Complaint Received: 12/21/2023	Date Investigation Completed: 01/17/2024	
<u>Subject Area(s)</u> PROGRAM SERVICES RESIDENT RIGHTS STAFF TRAINING AND PROFICIENCY	<u>Result</u> NOT SUBSTANTIATED SUBSTANTIATED SUBSTANTIATED	<u>SOD #</u> NOT RECORDED NOT RECORDED
Date Complaint Received: 01/10/2023	Date Investigation Completed: 01/10/2023	
<u>Subject Area(s)</u> PHYSICAL ENVIRONMENT/SAFETY RESIDENT RIGHTS STAFF TRAINING AND PROFICIENCY	<u>Result</u> NOT SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED	<u>SOD #</u>
Date Complaint Received: 10/26/2022	Date Investigation Completed: 01/10/2023	
<u>Subject Area(s)</u> PHYSICAL ENVIRONMENT/SAFETY STAFF TRAINING AND PROFICIENCY	<u>Result</u> SUBSTANTIATED SUBSTANTIATED	<u>SOD #</u> B2XG11 B2XG11

This is Page 61 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Timberwood Lodge Lake Mills (0018891)

Address: 510 Owen Street, Lake Mills, WI 53551

License Status: REGULAR

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

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

Survey History

Survey ID: 0145865 **End Date:** 02/22/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #G6L311 Served 03/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	4/7/24	Yes
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES	4/7/24	Yes

Survey ID: 0142790 **End Date:** 04/06/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 62 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141884 **End Date:** 01/12/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #T7XR11 Served 01/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(1)-(3)	ALL EMPLOYEE TRAINING	4/6/23	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	4/6/23	Yes
83.41(3)(b)	FOOD SAFETY	4/6/23	Yes
83.46(1)(f)	COMBUSTIBLES	4/6/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	4/6/23	Yes
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	4/6/23	Yes

Survey ID: 0139300 **End Date:** 04/19/2022 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (Timberwood Lodge Lake Mills--0018891)

Date: 03/13/2024 **SOD #**G6L311 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 01/18/2023 **SOD #**T7XR11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.21(1-3)

FORFEITURE---83.22(1-4)

This is Page 63 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (Timberwood Lodge Lake Mills--0018891)

Date Complaint Received: 02/12/2024

Date Investigation Completed: 02/22/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

G6L311

Date Complaint Received: 02/08/2024

Date Investigation Completed: 02/22/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

G6L311

This is Page 64 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: MARGARET RUTH HOME (310407)

Address: N8007 LAKEVIEW DR, TOWN OF IXONIA, WI 53036

License Status: REGULAR

Licensed/Certified/Registered 02/01/1990 12:00:00AM

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

Survey History

Survey ID: 0144851 **End Date:** 11/13/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 65 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: VICTORY VISION COMMUNITY LIVING EAST (0018368)

Address: 968 E MADISON STREET, WATERLOO, WI 53594

License Status: REGULAR

Licensed/Certified/Registered 12/15/2020 12:00:00AM

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

Survey History

Survey ID: 0146807 **End Date:** 05/16/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N7X612 Served 06/28/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.38(1)(h)	MEDICATION ADMINISTRATION		

This is Page 66 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0145407 **End Date:** 10/27/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N7X611 Served 01/29/2024

<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	5/16/24	No
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	5/16/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	5/16/24	No
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	5/16/24	Yes
83.38(1)(g)	HEALTH MONITORING	5/16/24	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	5/16/24	No

Survey ID: 0144318 **End Date:** 09/18/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143610 **End Date:** 05/09/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #F1EK12 Served 07/12/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	9/18/23	Yes
83.58(1)(c)	SELF-CLOSING 1-3/4-INCH SOLID CORE WOOD DOOR	9/18/23	Yes

This is Page 67 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142477 End Date: 02/22/2023 Type: OTHER Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #F1EK11 Served 03/17/2023

<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	5/9/23	Yes
83.35(4)	RESIDENT SATISFACTION EVALUATION	5/9/23	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	5/9/23	No
83.37(1)(g)	DISPOSITION OF MEDICATIONS	5/9/23	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	5/9/23	Yes
83.41(2)(c)	NUTRITION: MENUS	5/9/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	5/9/23	Yes
83.46(1)(a)	COMFORTABLE AND SAFE TEMPERATURES	5/9/23	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	5/9/23	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	5/9/23	Yes
83.59(7)(b)	REQUIRED EXIT SIGNS LIGHTED	5/9/23	Yes

This is Page 68 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (VICTORY VISION COMMUNITY LIVING EAST--0018368)

Date: 06/28/2024 **SOD #**N7X612 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(h)

Date: 01/29/2024 **SOD #**N7X611 **Appealed:**

Sanctions

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

Date: 07/12/2023 **SOD #**F1EK12 **Appealed:**

Sanctions

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

Date: 03/16/2023 **SOD #**F1EK11 **Appealed:** No

Sanctions

ORDER TO COMPLY

This is Page 69 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (VICTORY VISION COMMUNITY LIVING EAST--0018368)

Date Complaint Received: 09/25/2023

Date Investigation Completed: 10/25/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

N7X611

RESIDENT RIGHTS

SUBSTANTIATED

N7X611

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

N7X611

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 01/03/2023

Date Investigation Completed: 02/14/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

F1EK11

Date Complaint Received: 12/20/2022

Date Investigation Completed: 02/14/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

F1EK11

This is Page 70 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: VICTORY VISION COMMUNITY LIVING NORTH (0018367)

Address: 734 NORTH MONROE STREET, WATERLOO, WI 53594

License Status: REGULAR

Licensed/Certified/Registered 12/15/2020 12:00:00AM

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

Survey History

Survey ID: 0147665 **End Date:** 09/18/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146439 **End Date:** 04/16/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YUJP13 Served 05/16/2024

<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	9/18/24	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	9/18/24	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	9/18/24	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	9/18/24	Yes

This is Page 71 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0145228 **End Date:** 10/10/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YUJP12 Served 01/11/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.13(3)(a)	POSTING LICENSE, DEFICIENCIES, REVOCATIONS	4/16/24	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	4/16/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	4/16/24	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/16/24	No
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	4/16/24	No
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	4/16/24	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	4/16/24	No
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	4/16/24	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	4/16/24	Yes

Survey ID: 0143871 **End Date:** 07/25/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 72 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143546 **End Date:** 04/12/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YUJP11 Served 07/03/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19	ORIENTATION	10/10/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	10/10/23	No
83.22(1)-(4)	TASK SPECIFIC TRAINING	10/10/23	Yes
83.25	CONTINUING EDUCATION	10/10/23	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	10/10/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	10/10/23	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/10/23	No
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	10/10/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	10/10/23	No
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	10/10/23	Yes
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION	10/10/23	Yes
83.41(3)(b)	FOOD SAFETY	10/10/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	10/10/23	Yes
83.58(1)(c)	SELF-CLOSING 1-3/4-INCH SOLID CORE WOOD DOOR	10/10/23	Yes
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT	10/10/23	Yes

Survey ID: 0140598 **End Date:** 08/22/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 73 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139586 **End Date:** 04/25/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139580 **End Date:** 02/03/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #65W914 Served 05/17/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	8/22/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	8/22/23	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	8/22/23	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	8/22/23	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	8/22/23	Yes

This is Page 74 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (VICTORY VISION COMMUNITY LIVING NORTH--0018367)

Date: 05/16/2024 **SOD #YUJP13** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

FORFEITURE---83.37(1)(i)

FORFEITURE---83.37(2)(e)

FORFEITURE---83.38(1)(i)

Date: 01/11/2024 **SOD #YUJP12** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

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

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37(2)(d)

FORFEITURE---83.37(2)(e)

FORFEITURE---83.38(1)(i)

Date: 07/05/2023 **SOD #YUJP11** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.19

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

FORFEITURE---83.22 (1)-(4)

FORFEITURE---83.25

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37 (2)(d)

This is Page 75 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 05/18/2022 **SOD #**65W914 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(b)

FORFEITURE---83.37(1)(i)

Complaint History (VICTORY VISION COMMUNITY LIVING NORTH--0018367)

Date Complaint Received: 06/26/2023

Date Investigation Completed: 07/25/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 04/19/2022

Date Investigation Completed: 04/25/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

This is Page 76 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CLOVERCREST (0018569)

Address: 503 CLOVERCREST COURT, WATERTOWN, WI 53094

License Status: REGULAR

Licensed/Certified/Registered 06/21/2021 12:00:00AM

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

Survey History

Survey ID: 0143818 **End Date:** 07/27/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142736 **End Date:** 03/21/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141489 **End Date:** 10/28/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1BXT11 Served 12/07/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	3/21/23	Yes
83.45(3)	TOXIC SUBSTANCES	4/19/23	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	3/21/23	Yes

This is Page 77 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (CLOVERCREST--0018569)

Date: 12/07/2022 **SOD #**1BXT11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (CLOVERCREST--0018569)

Date Complaint Received: 07/06/2023

Date Investigation Completed: 07/26/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 10/10/2022

Date Investigation Completed: 10/28/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

This is Page 78 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: DOHERTY HOME (0011631)

Address: N7855 LITTLE COFFEE RD, WATERTOWN, WI 53094

License Status: REGULAR

Licensed/Certified/Registered 04/01/2007 12:00:00AM

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

Survey History

Survey ID: 0145032 **End Date:** 12/01/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #4P3811 Served 12/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.47(4)(b)	FIRE EXTINGUISHERS: LOCATIONS	12/1/23	Yes

Enforcement History (DOHERTY HOME--0011631)

Date: 12/11/2023 **SOD #**4P3811 **Appealed:** No

Sanctions

ORDER TO COMPLY

This is Page 79 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: EAST HAVEN (0018562)

Address: 208 EAST HAVEN, WATERTOWN, WI 53904

License Status: REGULAR

Licensed/Certified/Registered 06/21/2021 12:00:00AM

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

Survey History

Survey ID: 0144590 **End Date:** 09/10/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ESCW11 Served 10/31/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	9/10/23	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	9/10/23	Yes

Enforcement History (EAST HAVEN--0018562)

Date: 10/31/2023 **SOD #ESCW11** **Appealed:** No

Sanctions

ORDER TO COMPLY

This is Page 80 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: EICKSTAEDT (0018568)

Address: 101 EICKSTAEDT LANE, WATERTOWN, WI 53094

License Status: REGULAR

Licensed/Certified/Registered 06/21/2021 12:00:00AM

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

Survey History

Survey ID: 0147555 **End Date:** 07/29/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #D8VQ11 Served 09/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.37(1)(b)	MEDICATION LABEL PERMANENTLY ATTACHED		
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS		
83.47(3)	FIRE INSPECTION		

Enforcement History (EICKSTAEDT--0018568)

Date: 09/11/2024 **SOD #D8VQ11** **Appealed:** No

Sanctions

ORDER TO COMPLY

This is Page 81 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MILFORD (0018558)

Address: 557 MILFORD STREET, WATERTOWN, WI 53094

License Status: REGULAR

Licensed/Certified/Registered 06/21/2021 12:00:00AM

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

Survey History

Survey ID: 0147018 **End Date:** 07/16/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146156 **End Date:** 03/28/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #O9C611 Served 04/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	7/16/24	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	7/16/24	Yes

Enforcement History (MILFORD--0018558)

Date: 04/17/2024 **SOD #**O9C611 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.37(2)(e)

This is Page 82 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: MY PLACE OF WATERTOWN (0016727)

Address: N8761 OVERLAND DRIVE, WATERTOWN, WI 53094

License Status: REGULAR

Licensed/Certified/Registered 12/31/2018 12:00:00AM

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

Survey History

Survey ID: 0148573 **End Date:** 01/17/2025 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140843 **End Date:** 09/21/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139987 **End Date:** 04/12/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8VNH11 Served 06/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	9/21/22	Yes
83.47(2)(d)	FIRE DRILLS	9/21/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	9/21/22	Yes

This is Page 83 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (MY PLACE OF WATERTOWN--0016727)

Date: 06/29/2022

SOD #8VNH11

Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

This is Page 84 of 84 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.