## **Provider Inspection Summary**

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

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Jefferson

## **Notes**

This report includes Provider Inspection Summaries (Facility Profiles) for Residential Care Apartment Complexes in Jefferson County.

The report is a PDF (Adobe Acrobat) document and includes a total of 5.00 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**

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

STATE OF WISCONSIN

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

Residential Care Apartment Complex (CERTIFIED)

#### **Facility Information**

Facility Name: REENA SENIOR LIVING (0016702)

Address: 737 REENA AVE, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 05/22/2017 12:00:00AM

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

**Survey History** 

Survey ID: 0146590 End Date: 05/29/2024 Type: STANDARD Purpose: SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143730 End Date: 06/22/2023 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

**Statement of Deficiency:** #L8UB12 Served 07/24/2023

Deficiencies Cited Subject Area Subject Area Verified

Deficiencies CitedSubject AreaVerifiedCorrected89.27(2)(c)2SERVICE AGREEMENT2/23/24Withdrawn

Survey ID: 0142908 End Date: 03/28/2023 Type: OTHER Purpose: COMPLAINT

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #L8UB11 Served 04/28/2023

Compliance
Deficiencies Cited Subject Area Verified

Deficiencies CitedSubject AreaVerifiedCorrected89.25(1)(c)SCHEDULE OF FEES FOR SERVICES.6/22/23Yes

## This is Page 2 of 5 total pages. If printing this report ensure that your printer is set to print only the desired pages.

### **Provider Inspection Summary**

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

Residential Care Apartment Complex (CERTIFIED)

STATE OF WISCONSIN

Bureau of Assisted Living
P.O. Box 7940

Madison WI 53707-7940

Survey ID: 0139633 End Date: 04/28/2022 Type: ABBREVIATED Purpose: SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (REENA SENIOR LIVING--0016702)

Date: 07/24/2023 SOD #L8UB12 Appealed: Yes Decision: STIPULATION

Sanctions

ORDER TO COMPLY

Date: 04/28/2023 SOD #L8UB11 Appealed: No

Sanctions

ORDER TO COMPLY

**Complaint History (REENA SENIOR LIVING--0016702)** 

Date Complaint Received: 03/20/2023 Date Investigation Completed: 03/27/2023

Subject Area(s)ResultSOD #ADMINISTRATIONSUBSTANTIATEDL8UB11PROGRAM SERVICESSUBSTANTIATEDL8UB11

## This is Page 3 of 5 total pages. If printing this report ensure that your printer is set to print only the desired pages.

## **Provider Inspection Summary**

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

STATE OF WISCONSIN

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

Residential Care Apartment Complex (CERTIFIED)

#### **Facility Information**

Facility Name: RIVERWALK SENIOR LIVING (0018285) Address: 477 W MADISON ST, WATERLOO, WI 53594

License Status: REGULAR

Licensed/Certified/Registered 11/23/2020 12:00:00AM

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

### **Survey History**

Survey ID: 0144907 End Date: 11/21/2023 Type: STANDARD Purpose: SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

## This is Page 4 of 5 total pages. If printing this report ensure that your printer is set to print only the desired pages.

### **Provider Inspection Summary**

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

STATE OF WISCONSIN

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

Residential Care Apartment Complex (CERTIFIED)

#### **Facility Information**

Facility Name: River View (0019631)

Address: 1301 E Main Street, Watertown, WI 53094

License Status: REGULAR

Licensed/Certified/Registered 06/20/2023 12:00:00AM

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

#### Survey History

Survey ID: 0147433 End Date: 08/15/2024 Type: OTHER Purpose: COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143449 End Date: 06/20/2023 Type: INITIAL Purpose: CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

#### **Complaint History (River View--0019631)**

Date Complaint Received: 08/01/2024 Date Investigation Completed: 08/15/2024

Subject Area(s) Result SOD #

PHYSICAL ENVIRONMENT/SAFETY NOT SUBSTANTIATED PROGRAM SERVICES NOT SUBSTANTIATED

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