

Provider Inspection Summary

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

Kenosha

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 68.00 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 AA (AMBULATORY)

Facility Information

Facility Name: ADVOCATE HOMES LLC (0012373)

Address: 6555 PERSHING BLVD, KENOSHA, WI 53142

License Status: REGULAR

Licensed/Certified/Registered 05/08/2008 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0144842 **End Date:** 11/14/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144162 **End Date:** 08/02/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YUKV11 Served 09/15/2023

Deficiencies Cited
83.14(2)(a)

Subject Area
LICENSEE ENSURES FACILITY COMPLIES
WITH LAWS

Compliance
Verified
11/14/23

Corrected
Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0139896 **End Date:** 02/08/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YHE511 Served 06/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT		
83.25	CONTINUING EDUCATION		
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS		
83.37(1)(g)	DISPOSITION OF MEDICATIONS		
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN		
83.41(3)(b)	FOOD SAFETY		
83.42(1)	RESIDENT RECORD MAINTAINED		
83.45(3)	TOXIC SUBSTANCES		
83.47(2)(d)	FIRE DRILLS		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (ADVOCATE HOMES LLC--0012373)

Date: 09/11/2023 **SOD #**YUKV11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 06/21/2022 **SOD #**YHE511 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---(N277) 83.25

FORFEITURE---(N416) 83.37(2)(e)

FORFEITURE---(N454) 83.42(1)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AN INNOVATIVE CARE SOUTH WINDS (0018496)

Address: 6305 7TH AVE, KENOSHA, WI 53143

License Status: REGULAR

Licensed/Certified/Registered 07/11/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142231 **End Date:** 02/07/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136751 **End Date:** 07/31/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

Survey ID: 0140150 **End Date:** 07/11/2022 **Type:** STANDARD **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139996 **End Date:** 06/08/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #47KH11 Served 06/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	7/11/22	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	7/11/22	Yes
83.45(3)	TOXIC SUBSTANCES	7/11/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	7/11/22	Yes

Enforcement History (AN INNOVATIVE CARE SOUTH WINDS--0018496)

Date: 06/29/2022 **SOD #**47KH11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.37(2)(e)
FORFEITURE---83.47(2)(e)

Complaint History (AN INNOVATIVE CARE SOUTH WINDS--0018496)

Date Complaint Received: 01/17/2023 **Date Investigation Completed:** 02/07/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: ASPEN HOME (0013568)

Address: 6225 91ST AVE, KENOSHA, WI 53142

License Status: REGULAR

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

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AZALEA PLACE (0015745)

Address: 8322 14TH AVENUE, KENOSHA, WI 53143

License Status: REGULAR

Licensed/Certified/Registered 02/01/2016 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0145785 **End Date:** 02/22/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141478 **End Date:** 11/30/2022 **Type:** STANDARD **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (AZALEA PLACE--0015745)

Date Complaint Received: 02/01/2024

Date Investigation Completed: 02/22/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 09/11/2023

Date Investigation Completed: 02/22/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 09/21/2022

Date Investigation Completed: 11/30/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AZURA MEMORY CARE OF KENOSHA NORTH II (0015656)

Address: 4600 52ND AVE, KENOSHA, WI 53144

License Status: REGULAR

Licensed/Certified/Registered 07/20/2015 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142468 **End Date:** 12/15/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G50312 Served 03/15/2023

Deficiencies Cited
83.20(2)(a)-(d)

Subject Area
DEPARTMENT-APPROVED TRAINING COURSE

Compliance
Verified

Corrected

Enforcement History (AZURA MEMORY CARE OF KENOSHA NORTH II--0015656)

Date: 03/15/2023 **SOD #**G50312 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (AZURA MEMORY CARE OF KENOSHA NORTH II--0015656)

Date Complaint Received: 11/11/2022 **Date Investigation Completed:** 12/15/2022

Subject Area(s)

STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED

SOD #

G50312

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AZURA MEMORY CARE OF KENOSHA NORTH (0013412)

Address: 4600 52ND AVE, KENOSHA, WI 53144

License Status: REGULAR

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

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0144390 **End Date:** 09/19/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144918 **End Date:** 07/21/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QHJ12 Served 11/30/2023

Deficiencies Cited
83.35(3)(c)

Subject Area
IMPLEMENT, FOLLOW THE INDIVIDUAL
SERVICE PLAN

Compliance
Verified

Corrected

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142561 **End Date:** 10/06/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QHZJ11 Served 03/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	7/20/23	Yes
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	7/20/23	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	7/20/23	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	7/21/23	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	7/20/23	Yes

Survey ID: 0141847 **End Date:** 07/01/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OVZG11 Served 01/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	3/21/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/21/22	Yes

Survey ID: 0139126 **End Date:** 03/04/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (AZURA MEMORY CARE OF KENOSHA NORTH--0013412)

Date: 11/30/2023 **SOD #** QHZJ12 **Appealed:** No

Sanctions

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

Date: 03/27/2023 **SOD #** QHZJ11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(i)
FORFEITURE---83.32(3)(k)
FORFEITURE---83.35(3)(d)

Complaint History (AZURA MEMORY CARE OF KENOSHA NORTH--0013412)

Date Complaint Received: 04/19/2023 **Date Investigation Completed:** 07/21/2023

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
QHZJ12

Date Complaint Received: 06/24/2022 **Date Investigation Completed:** 10/06/2022

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/14/2022 **Date Investigation Completed:** 10/06/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/08/2022 **Date Investigation Completed:** 07/01/2022

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: BIRCH HOME (0012773)

Address: 1549 25TH AVE, KENOSHA, WI 53140

License Status: REGULAR

Licensed/Certified/Registered 08/01/2010 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0148530 **End Date:** 01/15/2025 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BROOKDALE KENOSHA (0008939)

Address: 10108 74TH ST, KENOSHA, WI 53142

License Status: REGULAR

Licensed/Certified/Registered 03/01/2001 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0145732 **End Date:** 02/23/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143228 **End Date:** 05/24/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143070 **End Date:** 01/27/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ZYW212 Served 05/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.47(2)(e)	OTHER EVACUATION DRILLS	7/21/23	Yes
83.59(4)(b)	DELAYED EGRESS: LOCKING DEVICE SIGN POSTED	7/21/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141512 End Date: 06/09/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZYW211 Served 12/06/2022

Deficiencies Cited

83.32(3)(i)

Subject Area

RIGHTS OF RESIDENTS: PROMPT AND
ADEQUATE TREATMENT

Compliance

Verified

1/27/23

Corrected

Yes

Enforcement History (BROOKDALE KENOSHA--0008939)

Date: 12/06/2022

SOD #ZYW211

Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (BROOKDALE KENOSHA--0008939)

Date Complaint Received: 09/23/2023

Date Investigation Completed: 02/23/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 03/02/2023

Date Investigation Completed: 05/24/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 01/11/2023

Date Investigation Completed: 01/27/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 08/23/2022

Date Investigation Completed: 01/27/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 03/23/2022

Date Investigation Completed: 06/09/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

ZYW211

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CASA DEL MARE (0017240)

Address: 3508 7TH AVE, KENOSHA, WI 53140

License Status: REGULAR

Licensed/Certified/Registered 11/01/2018 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141636 **End Date:** 12/07/2022 **Type:** STANDARD **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139828 **End Date:** 02/17/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2NJB11 Served 06/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	12/7/22	Yes
83.16(2)	RESIDENT CARE STAFF AT LEAST 18 YEARS OLD	12/7/22	Yes
83.25	CONTINUING EDUCATION	12/7/22	Yes
83.41(3)(b)	FOOD SAFETY	12/7/22	Yes

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Provider Inspection Summary

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

Enforcement History (CASA DEL MARE--0017240)

Date: 06/15/2022 **SOD #**2NJB11 **Appealed:**

Sanctions
ORDER TO COMPLY
FORFEITURE---83.25

Date: 03/20/2022 **SOD #**63CD13 **Appealed:** **Decision:** PENDING

Sanctions
ORDER TO COMPLY
FORFEITURE---83.25

Complaint History (CASA DEL MARE--0017240)

Date Complaint Received: 08/23/2022 **Date Investigation Completed:** 12/07/2022

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

Date Complaint Received: 08/19/2022 **Date Investigation Completed:** 12/07/2022

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

Date Complaint Received: 08/08/2022 **Date Investigation Completed:** 12/07/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

Date Complaint Received: 08/04/2022 **Date Investigation Completed:** 12/07/2022

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: Dayton Care Center (0018835)

Address: 521 59th Street, Kenosha, WI 53140

License Status: REGULAR

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

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0145473 **End Date:** 01/25/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142612 **End Date:** 01/24/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Dayton Care Center--0018835)

Date Complaint Received: 06/27/2023

Date Investigation Completed: 01/25/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 06/08/2023

Date Investigation Completed: 01/25/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: EXCEL EAST (0019006)

Address: 1130 82ND STREET, KENOSHA, WI 53143

License Status: REGULAR

Licensed/Certified/Registered 12/16/2023 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142287 **End Date:** 02/08/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140285 **End Date:** 07/27/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Facility Information

Facility Name: EXCEL NORTH (0019008)

Address: 5415 ADAMS ROAD, KENOSHA, WI 53144

License Status: REGULAR

Licensed/Certified/Registered 12/16/2023 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142295 **End Date:** 02/08/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140284 **End Date:** 07/27/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: EXCEL WEST (0018909)

Address: 1150 82ND STREET, KENOSHA, WI 53143

License Status: REGULAR

Licensed/Certified/Registered 12/16/2023 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142274 **End Date:** 02/20/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140368 **End Date:** 08/04/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HOME INSPIRED SENIOR LIVING (0018212)

Address: 1201 VILLAGE CENTRE DRIVE, KENOSHA, WI 53144

License Status: REGULAR

Licensed/Certified/Registered 08/26/2020 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139762 **End Date:** 05/17/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (HOME INSPIRED SENIOR LIVING--0018212)

Date Complaint Received: 05/10/2022

Date Investigation Completed: 05/17/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: KARE CENTER (0017066)

Address: 1202 60TH ST, KENOSHA, WI 53140

License Status: REGULAR

Licensed/Certified/Registered 04/03/2018 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140317 **End Date:** 07/20/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Facility Information

Facility Name: KENOSHA PLACE 2 (0017873)
Address: 5060 GREEN BAY RD, KENOSHA, WI 53144
License Status: REGULAR
Licensed/Certified/Registered 10/21/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0145236 **End Date:** 01/02/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142005 **End Date:** 11/08/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WPWZ11 Served 02/01/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	1/22/25	Yes
83.46(1)(f)	COMBUSTIBLES	1/22/25	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	1/22/25	Yes

Enforcement History (KENOSHA PLACE 2--0017873)

Date: 02/01/2023 **SOD #**WPWZ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Complaint History (KENOSHA PLACE 2--0017873)

Date Complaint Received: 01/02/2025

Date Investigation Completed: 01/30/2025

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

WPWZ12

Date Complaint Received: 12/18/2023

Date Investigation Completed: 01/02/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 07/14/2023

Date Investigation Completed: 01/02/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 09/22/2022

Date Investigation Completed: 11/08/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: KENOSHA PLACE 3 (0018323)

Address: 5036 GREEN BAY ROAD, KENOSHA, WI 53144

License Status: REGULAR

Licensed/Certified/Registered 07/01/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0146777 **End Date:** 05/24/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141977 **End Date:** 01/25/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140031 **End Date:** 06/20/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139689 End Date: 04/29/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VXIS11 Served 05/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	6/20/22	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	6/20/22	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	6/20/22	Yes
83.41(3)(b)	FOOD SAFETY	6/20/22	Yes

Enforcement History (KENOSHA PLACE 3--0018323)

Date: 06/02/2022 SOD #VXIS11 Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.37(2)(e)

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Provider Inspection Summary

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

Complaint History (KENOSHA PLACE 3--0018323)

Date Complaint Received: 12/29/2023

Date Investigation Completed: 05/24/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 11/21/2022

Date Investigation Completed: 01/25/2023

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 02/11/2022

Date Investigation Completed: 04/21/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: KENOSHA PLACE (0016721)

Address: 5048 GREEN BAY RD, KENOSHA, WI 53144

License Status: REGULAR

Licensed/Certified/Registered 11/01/2018 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0145234 **End Date:** 01/02/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143469 **End Date:** 04/07/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P70Y11 Served 06/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	1/2/24	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	1/2/24	Yes
83.45(3)	TOXIC SUBSTANCES	1/2/24	Yes

Enforcement History (KENOSHA PLACE--0016721)

Date: 06/26/2023 **SOD #**P70Y11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (KENOSHA PLACE--0016721)

Date Complaint Received: 12/18/2023

Date Investigation Completed: 01/02/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 07/14/2023

Date Investigation Completed: 01/02/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 01/27/2023

Date Investigation Completed: 04/07/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: KENOSHA SENIOR LIVING (0015616)

Address: 3109 30TH AVE, KENOSHA, WI 53140

License Status: REGULAR

Licensed/Certified/Registered 07/01/2016 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0145838 **End Date:** 02/23/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #XK6411 Served 03/11/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.37(1)(g)	DISPOSITION OF MEDICATIONS	4/26/24	Yes
83.41(3)(b)	FOOD SAFETY	4/26/24	Yes
83.45(3)	TOXIC SUBSTANCES	4/26/24	Yes

Complaint History (KENOSHA SENIOR LIVING--0015616)

Date Complaint Received: 09/11/2023

Date Investigation Completed: 02/23/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: LAKESHORE HEALTH KENOSHA 1 (0017388)

Address: 6024 18TH AVE, KENOSHA, WI 53140

License Status: REGULAR

Licensed/Certified/Registered 04/01/2019 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0148579 **End Date:** 01/16/2025 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6XZ911 Served 01/24/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(a)	RIGHTS OF RESIDENTS: COMMUNICATIONS		
83.43(2)(b)	CLEAN, COMFORTABLE MATTRESS AND PAD		
83.46(4)(f)	ELECTRICAL SWITCHES		
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE		
83.60(3)	HABITABLE ROOM WINDOW COVERINGS		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Complaint History (LAKESHORE HEALTH KENOSHA 1--0017388)

Date Complaint Received: 09/19/2024

Date Investigation Completed: 01/16/2025

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	6XZ911
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	6XZ911
RESIDENT RIGHTS	SUBSTANTIATED	6XZ911
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	6XZ911

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Provider Inspection Summary

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

Facility Information

Facility Name: LAKESHORE HEALTH KENOSHA 2 (0017350)
Address: 5905 19TH AVE, KENOSHA, WI 53140
License Status: REGULAR
Licensed/Certified/Registered 04/01/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0148413 **End Date:** 12/09/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BNG711 Served 01/02/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.31(4)(a)	NOTICE OF FACILITY INITIATED DISCHARGES		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.45(3)	TOXIC SUBSTANCES		

Survey ID: 0145764 **End Date:** 02/22/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142899 **End Date:** 04/12/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0142067 **End Date:** 09/22/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YXXN11 Served 02/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	4/12/23	Yes
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION	4/12/23	Yes
83.45(3)	TOXIC SUBSTANCES	4/12/23	Yes

Enforcement History (LAKESHORE HEALTH KENOSHA 2--0017350)

Date: 01/02/2025 **SOD #**BNG711 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 02/07/2023 **SOD #**YXXN11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Complaint History (LAKESHORE HEALTH KENOSHA 2--0017350)

Date Complaint Received: 09/23/2024

Date Investigation Completed: 12/09/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
SUBSTANTIATED

BNG711

Date Complaint Received: 09/19/2024

Date Investigation Completed: 12/09/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS
RESIDENT RIGHTS

SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

BNG711
BNG711
BNG711
BNG711

Date Complaint Received: 11/16/2023

Date Investigation Completed: 02/22/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 03/17/2023

Date Investigation Completed: 04/12/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 08/22/2022

Date Investigation Completed: 09/22/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: LAKESHORE HEALTH KENOSHA 3 (0017349)

Address: 1834 60TH ST, KENOSHA, WI 53140

License Status: REGULAR

Licensed/Certified/Registered 04/01/2019 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0148411 **End Date:** 12/12/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LH8E11 Served 12/30/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT		
83.26(2)	ORIENTATION, CONTINUING EDUCATION DOCUMENTED		
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION		
83.31(4)(a)	NOTICE OF FACILITY INITIATED DISCHARGES		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

83.55(6)(b)

BATH AND TOILET AREAS: WATER
TEMPERATURE

Survey ID: 0145201 End Date: 01/03/2024 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (LAKESHORE HEALTH KENOSHA 3--0017349)

Date: 12/30/2024 SOD #LH8E11 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (LAKESHORE HEALTH KENOSHA 3--0017349)

Date Complaint Received: 09/19/2024

Date Investigation Completed: 12/12/2024

Subject Area(s)

Result

SOD

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS
PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

LH8E11
LH8E11
LH8E11

Date Complaint Received: 11/16/2023

Date Investigation Completed: 01/03/2024

Subject Area(s)

Result

SOD

ADMINISTRATION
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LEGACY AT ST JOSEPHS (THE) (0017767)

Address: 9244 29TH AVE, KENOSHA, WI 53143

License Status: REGULAR

Licensed/Certified/Registered 11/05/2020 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0144521 **End Date:** 09/28/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142243 **End Date:** 12/07/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #XXBI11 Served 02/21/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT	4/8/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	4/8/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (LEGACY AT ST JOSEPHS (THE)--0017767)

Date Complaint Received: 09/20/2023

Date Investigation Completed: 09/28/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 04/29/2022

Date Investigation Completed: 12/07/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LIBRARY TERRACE SUITES (0015729)

Address: 7924 36TH AVENUE, KENOSHA, WI 53142

License Status: REGULAR

Licensed/Certified/Registered 07/01/2015 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142930 **End Date:** 04/18/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139991 **End Date:** 06/20/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (LIBRARY TERRACE SUITES--0015729)

Date Complaint Received: 03/21/2023

Date Investigation Completed: 05/18/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Facility Information

Facility Name: LINDEN HOME (0012809)

Address: 3216 29TH ST, KENOSHA, WI 53144

License Status: REGULAR

Licensed/Certified/Registered 08/01/2010 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: NORTH POINT SENIOR LIVING (0016740)

Address: 3109 12TH ST, KENOSHA, WI 53144

License Status: REGULAR

Licensed/Certified/Registered 06/16/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0144261 **End Date:** 04/12/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0HUP11 Served 09/18/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES		
83.31(4)(b)	ALLOWABLE REASONS FOR INVOLUNTARY DISCHARGE		
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT		
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		
83.41(3)(b)	FOOD SAFETY		
83.45(3)	TOXIC SUBSTANCES		
83.46(1)(f)	COMBUSTIBLES		
83.47(2)(d)	FIRE DRILLS		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (NORTH POINT SENIOR LIVING--0016740)

Date: 09/18/2023 **SOD #**0HUP11 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---0HUP11
FORFEITURE---0HUP11
FORFEITURE---0HUP11

Complaint History (NORTH POINT SENIOR LIVING--0016740)

Date Complaint Received: 02/17/2023 **Date Investigation Completed:** 04/12/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	0HUP11

Date Complaint Received: 10/05/2022 **Date Investigation Completed:** 04/12/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	0HUP11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PARKSIDE MANOR (0018350)

Address: 6300 67TH STREET, KENOSHA, WI 53142

License Status: REGULAR

Licensed/Certified/Registered 01/28/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0146721 **End Date:** 05/16/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UJZS11 Served 06/17/2024

<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)(b)	MEDICATION LABEL PERMANENTLY ATTACHED		
83.37(1)(g)	DISPOSITION OF MEDICATIONS		
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		
83.41(3)(b)	FOOD SAFETY		

Survey ID: 0144310 **End Date:** 09/18/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143753 **End Date:** 07/05/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142887 **End Date:** 04/17/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141870 **End Date:** 12/27/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0HU711 Served 01/17/2023

<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	4/17/23	Yes
83.38(1)(b)	SUPERVISION	4/17/23	Yes

Survey ID: 0142288 **End Date:** 11/18/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G91711 Served 02/24/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	7/5/23	Yes

Survey ID: 0139379 **End Date:** 04/20/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (PARKSIDE MANOR--0018350)

Date: 06/17/2024 **SOD #**UJZS11 **Appealed:** **Decision:** PENDING

Sanctions

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

Date: 02/24/2023 **SOD #**G91711 **Appealed:**

Sanctions

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

Date: 01/17/2023 **SOD #**0HU711 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(b)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (PARKSIDE MANOR--0018350)

Date Complaint Received: 12/07/2023

Date Investigation Completed: 05/16/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 10/17/2023

Date Investigation Completed: 05/16/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

UJZS11

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 10/09/2023

Date Investigation Completed: 05/16/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 06/27/2023

Date Investigation Completed: 09/13/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 01/31/2023

Date Investigation Completed: 04/17/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 01/09/2023

Date Investigation Completed: 04/17/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Date Complaint Received: 12/20/2022

Subject Area(s)

STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 12/27/2022

Result

SUBSTANTIATED

SOD #

0HU711

Date Complaint Received: 12/02/2022

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES

Date Investigation Completed: 12/27/2022

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/05/2022

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 11/18/2022

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/29/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

Date Investigation Completed: 11/18/2022

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

G91711

Date Complaint Received: 04/05/2022

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 12/27/2022

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/31/2022

Subject Area(s)

ADMINISTRATION

Date Investigation Completed: 04/20/2022

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ROBIN WAY (0017360)

Address: 7377 88TH AVE, KENOSHA, WI 53142

License Status: REGULAR

Licensed/Certified/Registered 12/20/2019 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 1/21/22 to 1/20/25

Enforcement History (ROBIN WAY--0017360)

Date: 01/28/2022

SOD #H3HL11

Appealed:

Decision: PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: SYCAMORE HOME (0012772)

Address: 9211 66TH ST, KENOSHA, WI 53142

License Status: REGULAR

Licensed/Certified/Registered 08/01/2010 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: Time To Treasure CBRF (0018871)

Address: 4831 47th Ave, Kenosha, WI 53144

License Status: REGULAR

Licensed/Certified/Registered 09/20/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0144401 **End Date:** 09/27/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143576 **End Date:** 03/06/2023 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LG7311 Served 07/07/2023

Deficiencies Cited

83.37(2)(e)

Subject Area

OTHER ADMINISTRATION GIVEN OR
DELEGATED BY RN

Compliance

Verified

9/27/23

Corrected

Yes

Survey ID: 0140848 **End Date:** 09/20/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Enforcement History (Time To Treasure CBRF--0018871)

Date: 07/07/2023 **SOD #** LG7311 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---LG7311

Complaint History (Time To Treasure CBRF--0018871)

Date Complaint Received: 02/22/2023 **Date Investigation Completed:** 03/06/2023

Subject Area(s)

STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED

SOD #

LG7311

Date Complaint Received: 02/10/2023

Date Investigation Completed: 03/06/2023

Subject Area(s)

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/13/2023

Date Investigation Completed: 03/06/2023

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WILLOWBROOK ASSISTED LIVING (0017041)

Address: 3508 WASHINGTON RD, KENOSHA, WI 53144

License Status: REGULAR

Licensed/Certified/Registered 01/30/2019 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 1/21/22 to 1/20/25

This is Page 56 of 68 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ADDISON OF PLEASANT PRAIRIE (THE) (0015999)

Address: 9651 PRAIRIE RIDGE BOULEVARD, PLEASANT PRAIRIE, WI 5315

License Status: REGULAR

Licensed/Certified/Registered 05/01/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0144558 **End Date:** 07/27/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L2UR11 Served 10/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		
83.45(3)	TOXIC SUBSTANCES		

Survey ID: 0141912 **End Date:** 12/14/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #95FQ11 Served 01/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	3/24/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (ADDISON OF PLEASANT PRAIRIE (THE)--0015999)

Date: 10/17/2023 **SOD #**L2UR11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.12(5)(a)

Complaint History (ADDISON OF PLEASANT PRAIRIE (THE)--0015999)

Date Complaint Received: 06/21/2023 **Date Investigation Completed:** 07/27/2023

Subject Area(s)	Result	SOD #
RESIDENT RIGHTS	SUBSTANTIATED	L2UR11
RESIDENT RIGHTS	SUBSTANTIATED	L2UR11

Date Complaint Received: 03/18/2022 **Date Investigation Completed:** 12/14/2022

Subject Area(s)	Result	SOD #
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	95FQ11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CA (AMBULATORY)

Facility Information

Facility Name: AN INNOVATIVE CARE CBRF (0016870)

Address: 10628 22ND AVE, PLEASANT PRAIRIE, WI 53158

License Status: REGULAR

Licensed/Certified/Registered 07/09/2019 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0145221 **End Date:** 10/27/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PL7U14 Served 01/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.27(2)(a)	ADMISSIONS COMPATIBLE WITH THE LICENSE CLASS		
83.31(4)(a)	NOTICE OF FACILITY INITIATED DISCHARGES		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CA (AMBULATORY)

Survey ID: 0143726 End Date: 02/17/2023 Type: STANDARD Purpose: SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PL7U13 Served 07/24/2023

<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	10/13/23	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	10/13/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	10/13/23	Yes
83.25	CONTINUING EDUCATION	10/13/23	Yes
83.27(2)(a)	ADMISSIONS COMPATIBLE WITH THE LICENSE CLASS	10/27/23	No
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	10/13/23	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	10/13/23	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	10/13/23	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	10/13/23	Yes
83.47(2)(d)	FIRE DRILLS	10/13/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	10/13/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CA (AMBULATORY)

Enforcement History (AN INNOVATIVE CARE CBRF--0016870)

Date: 01/09/2024 **SOD #**PL7U14 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.27(2)(a)
FORFEITURE---83.35(3)(d)

Date: 07/24/2023 **SOD #**PL7U13 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.20(2)(a)-(d)
FORFEITURE---83.25
FORFEITURE---83.27(2)(a)
FORFEITURE---83.37(1)(i)
FORFEITURE---83.37(2)(e)
FORFEITURE---83.47(2)(d)

Complaint History (AN INNOVATIVE CARE CBRF--0016870)

Date Complaint Received: 09/23/2023 **Date Investigation Completed:** 10/27/2023

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD #

PL7U14

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Primrose of Pleasant Prairie (0020006)

Address: 9651 Prairie Ridge Blvd, Pleasant Prairie, WI 53158

License Status: REGULAR

Licensed/Certified/Registered 02/19/2024 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0147070 **End Date:** 07/15/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145665 **End Date:** 02/19/2024 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Primrose of Pleasant Prairie--0020006)

Date Complaint Received: 04/19/2024

Date Investigation Completed: 07/15/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: WINDY OAKS (0016909)

Address: 11831 120TH CT, PLEASANT PRAIRIE, WI 53158

License Status: REGULAR

Licensed/Certified/Registered 03/01/2019 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0147451 **End Date:** 07/31/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TROT12 Served 08/29/2024

Deficiencies Cited

83.26(2)

83.41(2)(b)

83.48(4)(c)

Subject Area

ORIENTATION, CONTINUING EDUCATION
DOCUMENTED

NUTRITION: MEALS

SMOKE DETECTORS NOT MORE 30 FEET
APART

Compliance
Verified

Corrected

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0143424 **End Date:** 06/07/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TR0T11 Served 06/21/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.26(2)	ORIENTATION, CONTINUING EDUCATION DOCUMENTED	7/31/24	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	7/31/24	Yes
83.42(2)	RESIDENT RECORDS SAFEGUARDED	7/31/24	Yes
83.48(4)(c)	SMOKE DETECTORS NOT MORE 30 FEET APART	7/31/24	Yes
83.52(1)(a)	MINIMUM COMMON DINING AND LIVING SPACE	7/31/24	Yes
83.58(1)(d)	REQUIRED EXIT TO GARAGE, 32 INCH SERVICE DOOR	7/31/24	Yes

Enforcement History (WINDY OAKS--0016909)

Date: 08/29/2024 **SOD #**TROT12 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.26(2)
FORFEITURE---83.48(4)(c)

Date: 06/21/2023 **SOD #**TR0T11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Provider Inspection Summary

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

Complaint History (WINDY OAKS--0016909)

Date Complaint Received: 07/16/2024

Date Investigation Completed: 07/31/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

TROT12

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ARCHWOOD SENIOR LIVING (0018008)

Address: 25025 75TH STREET, SALEM, WI 53168

License Status: REGULAR

Licensed/Certified/Registered 06/25/2021 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0147313 **End Date:** 06/05/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YT5Y11 Served 08/14/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19	ORIENTATION		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.25	CONTINUING EDUCATION		
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN		

Enforcement History (ARCHWOOD SENIOR LIVING--0018008)

Date: 08/14/2024 **SOD #**YT5Y11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---83.19

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

FORFEITURE---83.25

FORFEITURE---83.37(2)(e)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (ARCHWOOD SENIOR LIVING--0018008)

Date Complaint Received: 03/20/2024

Date Investigation Completed: 06/05/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Archwood West (0020016)

Address: 25558 77th St, Salem, WI 53168

License Status: REGULAR

Licensed/Certified/Registered 03/07/2024 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0145827 **End Date:** 03/07/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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