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

Kenosha

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 7.00 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: CASA DEL MARE RCAC (0017239)

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: 0146000 End Date: 02/12/2024 Type: STANDARD Purpose: SURVEY/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141649 End Date: 12/13/2022 Type: STANDARD Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142562 End Date: 12/01/2022 Type: OTHER Purpose: COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R60Z13 Served 03/25/2023

Deficiencies Cited
89.34(16)Subject Area
TENANT RIGHTSVerified
2/12/24Corrected
Yes

Compliance

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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: 0139827 End Date: 02/17/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R60Z12 Served 06/13/2022

Compliance

Verified Corrected

50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS

Subject Area

89.23(4)(a)2 SERVICES

Enforcement History (CASA DEL MARE RCAC--0017239)

Date: 03/27/2023 SOD #R60Z13 Appealed:

Deficiencies Cited

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY FORFEITURE---89.34(16)

Date: 06/15/2022 SOD #R60Z12 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

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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)

Complaint History (CASA DEL MARE RCAC0017239)			
Date Complaint Received: 07/07/2023	Date Investigation Completed: 02/12/2024		
Subject Area(s) ADMINISTRATION RESIDENT RIGHTS	Result NOT SUBSTANTIATED NOT SUBSTANTIATED	SOD#	
Date Complaint Received: 08/23/2022	Date Investigation Completed: 12/01/2022		
Subject Area(s) PHYSICAL ENVIRONMENT/SAFETY PROGRAM SERVICES STAFF TRAINING AND PROFICIENCY	Result NOT SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED	SOD #	
Date Complaint Received: 08/04/2022	Date Investigation Completed: 12/13/2022		
Subject Area(s) ADMINISTRATION PROGRAM SERVICES	Result NOT SUBSTANTIATED NOT SUBSTANTIATED	SOD#	
Date Complaint Received: 05/11/2022	Date Investigation Completed: 12/01/2022		
Subject Area(s) PROGRAM SERVICES	Result SUBSTANTIATED	<u>SOD #</u> R60Z13	
Date Complaint Received: 01/24/2022	Date Investigation Completed: 02/17/2022		
Subject Area(s) PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED	SOD#	

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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: CELEBRE PLACE (0014239)

Address: 1870 27TH AVE, KENOSHA, WI 53140

License Status: REGULAR

Licensed/Certified/Registered 07/01/2012 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

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: CHARTER SENIOR LIVING OF KENOSHA (0017779)

Address: 8351 SHERIDAN ROAD, KENOSHA, WI 53143

License Status: REGULAR

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

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

Survey History

Survey ID: 0146778 End Date: 05/31/2024 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142256 End Date: 02/16/2023 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CHARTER SENIOR LIVING OF KENOSHA--0017779) Date Complaint Received: 03/18/2024 Subject Area(s) PROGRAM SERVICES Date Investigation Completed: 05/31/2024 NOT SUBSTANTIATED Date Complaint Received: 10/13/2022 Date Investigation Completed: 02/16/2023 Subject Area(s) Result SOD # RESIDENT RIGHTS NOT SUBSTANTIATED

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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: LIBRARY TERRACE APARTMENTS (0015730)

Address: 7905 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: 0139994 End Date: 06/20/2022 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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