

Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Kewaunee County. The report is a PDF (Adobe Acrobat) document and includes a total of 27.00 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 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Denmark Family Living House 1 (0019121)

Address: N1142 Irish Road, Denmark, WI 54208

License Status: REGULAR

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

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0143991 **End Date:** 08/17/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140731 **End Date:** 09/12/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Denmark Family Living House 1--0019121)

Date Complaint Received: 02/13/2023

Date Investigation Completed: 08/17/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Denmark Family Living House 2 (0019122)

Address: N1148 Irish Road, Denmark, WI 54208

License Status: REGULAR

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

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0143993 **End Date:** 08/17/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140733 **End Date:** 09/12/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Denmark Family Living House 2--0019122)

Date Complaint Received: 02/13/2023

Date Investigation Completed: 08/17/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: ROCKLEDGE AFH (0010470)

Address: 201 RONALD ST, LUXEMBURG, WI 54217

License Status: REGULAR

Licensed/Certified/Registered 01/14/2004 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148061 **End Date:** 11/06/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AUTUMNS JOURNEY ASSISTED LIVING LLC (0017475)

Address: 500 BAY RD, ALGOMA, WI 54201

License Status: REGULAR

Licensed/Certified/Registered 04/01/2020 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0144712 **End Date:** 11/02/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Sycamore Lodge Senior Living LLC Algoma (0019407)

Address: 1505 Washington St, Algoma, WI 54201

License Status: REGULAR

Licensed/Certified/Registered 06/02/2023 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0146339 **End Date:** 05/06/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143279 **End Date:** 06/02/2023 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Sycamore Lodge Senior Living LLC Algoma--0019407)

Date Complaint Received: 11/03/2023

Date Investigation Completed: 05/06/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ABRIDGE CARE COTTAGE OF KEWAUNEE (0018628)

Address: 1100 BAUMEISTER DR, KEWAUNEE, WI 54216

License Status: REGULAR

Licensed/Certified/Registered 08/26/2021 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147831 **End Date:** 08/05/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #LSZI11 Served 10/15/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.07	PROHIBITED ACTS	11/29/24	
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	11/29/24	
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	11/29/24	
83.45(3)	TOXIC SUBSTANCES	11/29/24	

Survey ID: 0146862 **End Date:** 06/06/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TUXM11 Served 07/03/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	8/17/24	

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0146164 End Date: 04/16/2024 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145372 End Date: 11/01/2023 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KYQW11 Served 01/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	4/16/24	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	4/16/24	Yes
83.38(1)(g)	HEALTH MONITORING	4/16/24	Yes

Survey ID: 0142802 End Date: 11/09/2022 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #XEW11 Served 04/18/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.18(2)	EMPLOYEE RECORDS AVAILABLE UPON REQUEST	6/2/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	6/2/23	Yes
83.46(4)(c)	ELECTRICAL PROTECTION	6/2/23	Yes
83.47(4)(b)	FIRE EXTINGUISHERS: LOCATIONS	6/2/23	Yes

Enforcement History (ABRIDGE CARE COTTAGE OF KEWAUNEE--0018628)

Date: 01/26/2024 SOD #KYQW11 Appealed:

Sanctions

ORDER TO COMPLY
 FORFEITURE---83.37 1k
 FORFEITURE---83.38 1g

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (ABRIDGE CARE COTTAGE OF KEWAUNEE--0018628)

Date Complaint Received: 06/20/2024

Date Investigation Completed: 08/05/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	LSZI11
RESIDENT RIGHTS	SUBSTANTIATED	LSZI11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	LSZI11

Date Complaint Received: 05/31/2024

Date Investigation Completed: 06/06/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	TUXM11
PROGRAM SERVICES	SUBSTANTIATED	TUXM11
RESIDENT RIGHTS	SUBSTANTIATED	TUXM11

Date Complaint Received: 09/20/2023

Date Investigation Completed: 11/01/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	KYQW11

Date Complaint Received: 08/01/2023

Date Investigation Completed: 11/01/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	KYQW11
PROGRAM SERVICES	SUBSTANTIATED	KYQW11
RESIDENT RIGHTS	SUBSTANTIATED	KYQW11

Date Complaint Received: 09/08/2022

Date Investigation Completed: 11/06/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	XEWR11
RESIDENT RIGHTS	SUBSTANTIATED	XEWR11

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 04/19/2022

Date Investigation Completed: 11/09/2022

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

XEWR11
XEWR11
XEWR11

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LINDEN MANOR (410404)

Address: 1204 FOURTH ST, KEWAUNEE, WI 54216

License Status: REGULAR

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

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0146275 **End Date:** 04/16/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KHO811 Served 04/30/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	6/14/24	Yes

Survey ID: 0141545 **End Date:** 12/05/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Facility Information

Facility Name: SILVER LEAF MANOR (410310)

Address: 1310 LINCOLN ST, KEWAUNEE, WI 54216

License Status: REGULAR

Licensed/Certified/Registered 11/01/1995 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147932 **End Date:** 07/25/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1TR612 Served 10/25/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		

Survey ID: 0146384 **End Date:** 04/16/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1TR611 Served 05/10/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	7/25/24	No
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	7/25/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	7/25/24	Yes

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Survey ID: 0141547 End Date: 12/05/2022 Type: OTHER Purpose: DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (SILVER LEAF MANOR--410310)			
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Date: 10/25/2024	SOD #1TR612	Appealed:	Decision: PENDING
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Sanctions

ORDER TO COMPLY
FORFEITURE---N 220 83.17(2)(a)

Date: 05/10/2024	SOD #1TR611	Appealed: No	
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Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AUTUMN FIELDS (0015388)

Address: E426 COUNTY RD SS, LUXEMBURG, WI 54217

License Status: REGULAR

Licensed/Certified/Registered 03/01/2016 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148641 **End Date:** 11/11/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YSXZ12 Served 01/31/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.16(2)	RESIDENT CARE STAFF AT LEAST 18 YEARS OLD		
83.19	ORIENTATION		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.28(6)	RESIDENT RIGHTS, GRIEVANCE PROCEDURE, RULES		
83.29(2)	ADMISSION AGREEMENT		

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For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0147212 **End Date: 06/19/2024** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YSXZ11 Served 08/05/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19	ORIENTATION	11/11/24	No
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	11/11/24	No
83.21(1)-(3)	ALL EMPLOYEE TRAINING	11/11/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	11/11/25	Yes
83.35(4)	RESIDENT SATISFACTION EVALUATION	11/11/24	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	11/11/24	Yes

Survey ID: 0143783 **End Date: 07/26/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140413 **End Date: 08/10/2022** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139656 **End Date: 03/08/2022** **Type: ABBREVIATED** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FYGZ11 Served 05/26/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	8/10/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/10/22	Yes

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (AUTUMN FIELDS--0015388)

Date: 08/05/2024 **SOD #**YSXZ11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.19
FORFEITURE---83.20 2a-d
FORFEITURE---83.21 1-3

Date: 05/26/2022 **SOD #**FYGZ11 **Appealed:**

Sanctions

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

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (AUTUMN FIELDS--0015388)

Date Complaint Received: 10/15/2024

Date Investigation Completed: 11/11/2024

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: 09/30/2024

Date Investigation Completed: 11/11/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 04/16/2024

Date Investigation Completed: 06/19/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 02/13/2023

Date Investigation Completed: 07/26/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HELPING HEARTS ASSISTED LIVING LLC (0015336)

Address: 143 SCHOOL CREEK TRL, LUXEMBURG, WI 54217

License Status: REGULAR

Licensed/Certified/Registered 12/01/2014 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148290 **End Date:** 09/16/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UOZH12 Served 12/11/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	2/11/25	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	2/11/25	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	2/12/25	Yes
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION	2/12/25	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	2/11/25	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	2/11/25	Yes

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For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0146670 **End Date: 04/08/2024** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UOZH11 Served 06/11/2024

<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	9/11/24	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	9/11/24	Yes
83.35(2)	TEMPORARY SERVICE PLAN	9/11/24	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	9/11/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/11/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	9/11/24	Yes
83.38(1)(g)	HEALTH MONITORING	9/11/24	Yes
83.41(2)(c)	NUTRITION: MENUS	9/11/24	Yes
83.44(2)(b)	TOILET AND BATHING AREA	9/11/24	Yes
83.45(5)	GARBAGE & REFUSE	9/11/24	Yes
83.46(1)(a)	COMFORTABLE AND SAFE TEMPERATURES	9/11/24	Yes

Survey ID: 0145169 **End Date: 12/21/2023** **Type: STANDARD** **Purpose: SURVEY/SELF REPORT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DT3P11 Served 01/04/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	2/18/24	Yes

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (HELPING HEARTS ASSISTED LIVING LLC--0015336)

Date: 12/11/2024 **SOD #**UOZH12 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---N0164 83.12(4)(b)

FORFEITURE---N0243 83.21(1)-(3)

FORFEITURE---N0420 83.37(3)(d)

FORFEITURE---N0432 83.38(1)(h)

Date: 06/11/2024 **SOD #**UOZH11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---83.32 3h

FORFEITURE---83.35 3d

FORFEITURE---83.37 2d

FORFEITURE---83.38 1g

FORFEITURE---83.44 2b

FORFEITURE---83.46 1a

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (HELPING HEARTS ASSISTED LIVING LLC--0015336)

Date Complaint Received: 01/08/2025

Date Investigation Completed: 02/12/2025

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

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

Date Complaint Received: 12/18/2024

Date Investigation Completed: 02/12/2025

Subject Area(s)
PROGRAM SERVICES

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

Date Complaint Received: 08/28/2024

Date Investigation Completed: 09/16/2024

Subject Area(s)
ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	UOZH12
SUBSTANTIATED	UOZH12
SUBSTANTIATED	UOZH12
SUBSTANTIATED	UOZH12

Date Complaint Received: 08/22/2024

Date Investigation Completed: 09/16/2024

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	UOZH12
SUBSTANTIATED	UOZH12
SUBSTANTIATED	UOZH12

Date Complaint Received: 07/26/2024

Date Investigation Completed: 09/16/2024

Subject Area(s)
ADMINISTRATION
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	UOZH12
SUBSTANTIATED	UOZH12

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 07/10/2024

Date Investigation Completed: 09/16/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	UOZH12
RESIDENT RIGHTS	SUBSTANTIATED	UOZH12

Date Complaint Received: 05/24/2024

Date Investigation Completed: 09/16/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	UOZH12
PROGRAM SERVICES	SUBSTANTIATED	UOZH12
RESIDENT RIGHTS	SUBSTANTIATED	UOZH12

Date Complaint Received: 04/03/2024

Date Investigation Completed: 04/08/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	UOZH11
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	UOZH11
PROGRAM SERVICES	SUBSTANTIATED	UOZH11
RESIDENT RIGHTS	SUBSTANTIATED	UOZH11

Date Complaint Received: 03/26/2024

Date Investigation Completed: 04/08/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	UOZH11
PROGRAM SERVICES	SUBSTANTIATED	UOZH11
RESIDENT RIGHTS	SUBSTANTIATED	UOZH11

Date Complaint Received: 02/27/2024

Date Investigation Completed: 04/08/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	UOZH11
PROGRAM SERVICES	SUBSTANTIATED	UOZH11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	UOZH11

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 02/19/2024

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY
ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 04/08/2024

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	UOZH11
SUBSTANTIATED	UOZH11
SUBSTANTIATED	UOZH11
SUBSTANTIATED	UOZH11
SUBSTANTIATED	UOZH11
SUBSTANTIATED	UOZH11
SUBSTANTIATED	UOZH11
SUBSTANTIATED	UOZH11

Date Complaint Received: 01/11/2024

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 04/08/2024

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	UOZH11
SUBSTANTIATED	UOZH11
SUBSTANTIATED	UOZH11
SUBSTANTIATED	UOZH11

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PINE TREE CBRF (0012647)

Address: 324 ROBIN LN, LUXEMBURG, WI 54217

License Status: REGULAR

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

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0143846 **End Date:** 05/26/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #PB7311 Served 08/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	9/21/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	9/21/23	Yes

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Sycamore Lodge Senior Living Luxemburg (0019416)
Address: 409 3rd Street, Luxemburg, WI 54217
License Status: REGULAR
Licensed/Certified/Registered 03/06/2023 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0144254 **End Date:** 09/12/2023 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142383 **End Date:** 03/06/2023 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Sycamore Lodge Senior Living Luxemburg--0019416)

<u>Subject Area(s)</u>	<u>Date Investigation Completed:</u>	<u>SOD #</u>
PROGRAM SERVICES	09/12/2023	
STAFF TRAINING AND PROFICIENCY		

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: CONCORD AT KEWAUNEE (THE) (0019034)
Address: 625 4TH ST, KEWAUNEE, WI 54216
License Status: REGULAR
Licensed/Certified/Registered 12/20/2022 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0146248 **End Date:** 04/23/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143774 **End Date:** 07/26/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143307 **End Date:** 04/17/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CWB811 Served 06/09/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	7/26/23	Yes
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	7/26/23	Yes
89.23(3)(b)	SERVICES	7/26/23	Yes
89.27(4)	SERVICE AGREEMENT	7/26/23	Yes

Survey ID: 0141685 **End Date:** 12/02/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025
Residential Care Apartment Complex (CERTIFIED)

Enforcement History (CONCORD AT KEWAUNEE (THE)--0019034)

Date: 06/09/2023 **SOD #**CWB811 **Appealed:** No

Sanctions
ORDER TO COMPLY

Complaint History (CONCORD AT KEWAUNEE (THE)--0019034)

Date Complaint Received: 02/12/2024 **Date Investigation Completed:** 04/23/2024

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

Date Complaint Received: 11/15/2023 **Date Investigation Completed:** 04/23/2024

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

Date Complaint Received: 02/21/2023 **Date Investigation Completed:** 04/17/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	CWB811
RESIDENT RIGHTS	SUBSTANTIATED	CWB811

Date Complaint Received: 02/13/2023 **Date Investigation Completed:** 04/17/2023

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

Date Complaint Received: 12/28/2022 **Date Investigation Completed:** 04/17/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	CWB811

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