

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Marquette County. The report is a PDF (Adobe Acrobat) document and includes a total of 22.00 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 08/24/2018 to 08/23/2021

Adult Family Home

Facility Information

Facility Name: CATHOLIC CHARITIES CENTRAL (0009552)

Address: 230 CENTRAL AVE, MONTELLO, WI 53949

License Status: REGULAR

Licensed/Certified/Registered 02/24/2002 12:00:00AM

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

Survey History

No survey activity during the period 8/24/18 to 8/23/21

This is Page 2 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Facility Information

Facility Name: CATHOLIC CHARITIES SIESTA DRIVE (0009553)

Address: 140 SIESTA DR, MONTELLO, WI 53949

License Status: REGULAR

Licensed/Certified/Registered 02/24/2002 12:00:00AM

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

Survey History

No survey activity during the period 8/24/18 to 8/23/21

This is Page 3 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Facility Information

Facility Name: METTA HOMES (0014349)

Address: N3497 HWY K, MONTELLO, WI 53949

License Status: REGULAR

Licensed/Certified/Registered 10/09/2012 12:00:00AM

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

Survey History

Survey ID: 0130511 **End Date:** 05/29/2019 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128945 **End Date:** 10/25/2018 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JDI311 Served 01/16/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	5/29/19	Yes
88.10(3)(b)	PRIVACY	5/29/19	Yes

Enforcement History (METTA HOMES--0014349)

Date: 01/09/2019 **SOD #**JDI311 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

This is Page 4 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Facility Information

Facility Name: METTA HOMES (0014534)

Address: W3490 FOREST TRAIL, MONTELLO, WI 53949

License Status: REGULAR

Licensed/Certified/Registered 03/13/2013 12:00:00AM

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

Survey History

Survey ID: 0136852 **End Date:** 07/22/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 5 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Facility Information

Facility Name: OUR HOUSE III (0009455)

Address: N9211 CTY RD N, NESHKORO, WI 54960

License Status: REGULAR

Licensed/Certified/Registered 10/01/2001 12:00:00AM

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

Survey History

Survey ID: 0132790 **End Date:** 02/20/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128896 **End Date:** 12/11/2018 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 6 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Facility Information

Facility Name: OXFORD COMFORT LIVING (0015305)

Address: W8550 STATE HWY 82, OXFORD, WI 53952

License Status: REGULAR

Licensed/Certified/Registered 10/28/2014 12:00:00AM

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

Survey History

Survey ID: 0135618 **End Date:** 02/10/2021 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135094 **End Date:** 11/05/2020 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MLPZ11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	11/9/20	

Survey ID: 0128978 **End Date:** 01/10/2019 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (OXFORD COMFORT LIVING--0015305)

Date: 11/09/2020 **SOD #**MLPZ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

This is Page 7 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Complaint History (OXFORD COMFORT LIVING--0015305)

Date Complaint Received: 07/13/2021

Date Investigation Completed: 08/31/2021

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/02/2021

Date Investigation Completed: 08/31/2021

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/02/2021

Date Investigation Completed: 02/10/2021

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/20/2021

Date Investigation Completed: 02/10/2021

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/21/2020

Date Investigation Completed: 11/05/2020

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/31/2020

Date Investigation Completed: 11/05/2020

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/01/2018

Date Investigation Completed: 01/10/2019

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 8 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Date Complaint Received: 10/19/2018

Date Investigation Completed: 01/10/2019

Subject Area(s)

Result

SOD #

OTHER

NOT SUBSTANTIATED

This is Page 9 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: GOLDEN YEARS INC BLDG 1 (0012736)

Address: 497 SOUTH LAKE STREET, MONTELLO, WI 53949

License Status: REGULAR

Licensed/Certified/Registered 03/19/2009 12:00:00AM

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

Survey History

Survey ID: 0135489 **End Date:** 01/25/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130806 **End Date:** 04/17/2019 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KGBH11 Served 07/20/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	1/25/21	Yes

Enforcement History (GOLDEN YEARS INC BLDG 1--0012736)

Date: 07/15/2019 **SOD #**KGBH11 **Appealed:** No

Sanctions

OTHER SANCTION

This is Page 10 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (GOLDEN YEARS INC BLDG 1--0012736)

Date Complaint Received: 05/22/2020

Date Investigation Completed: 01/25/2021

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/19/2020

Date Investigation Completed: 01/25/2021

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/08/2019

Date Investigation Completed: 01/25/2021

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

This is Page 11 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: GOLDEN YEARS INC BLDG 2 (0012700)

Address: 497 SOUTH LAKE STREET, MONTELLO, WI 53949

License Status: REGULAR

Licensed/Certified/Registered 03/19/2009 12:00:00AM

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

Survey History

Survey ID: 0135488 **End Date:** 01/25/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0132481 **End Date:** 09/12/2019 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JZQV11 Served 01/27/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	8/24/20	Withdrawn
83.38(1)(d)	COMMUNITY ACTIVITIES	1/25/21	Yes
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	1/25/21	Yes

Enforcement History (GOLDEN YEARS INC BLDG 2--0012700)

Date: 01/27/2020 **SOD #JZQV11** **Appealed:** Yes **Decision:** HEARING--SPLIT DECISION

Sanctions

FORFEITURE---83.12(4)(b)

FORFEITURE---83.59(2)(a)

This is Page 12 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (GOLDEN YEARS INC BLDG 2--0012700)

Date Complaint Received: 05/22/2020

Date Investigation Completed: 01/25/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 07/17/2019

Date Investigation Completed: 09/12/2019

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

JZQV11

This is Page 13 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: RESIDENCES ON FOREST LANE (THE) (0012609)
Address: 253 FOREST LANE, MONTELLO, WI 53949
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: 0128182 **End Date:** 09/27/2018 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (RESIDENCES ON FOREST LANE (THE)--0012609)

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

This is Page 14 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: OUR HOUSE II (0009454)

Address: N9211 CTY RD N, NESHKORO, WI 54960

License Status: REGULAR

Licensed/Certified/Registered 10/01/2002 12:00:00AM

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

Survey History

Survey ID: 0132791 **End Date:** 02/20/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130977 **End Date:** 07/24/2019 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130697 **End Date:** 03/26/2019 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ESV111 Served 07/03/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.37(1)(g)	DISPOSITION OF MEDICATIONS	7/24/19	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	7/24/19	Yes

Enforcement History (OUR HOUSE II--0009454)

Date: 07/01/2019 **SOD #**ESV111 **Appealed:** No

Sanctions

OTHER SANCTION

This is Page 15 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Complaint History (OUR HOUSE II--0009454)

Date Complaint Received: 01/28/2020

Date Investigation Completed: 02/20/2020

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

This is Page 16 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HARRIS VILLA INC (0011562)

Address: N6581 VILLA PARK WAY, WESTFIELD, WI 53964

License Status: REGULAR

Licensed/Certified/Registered 03/01/2007 12:00:00AM

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

Survey History

No survey activity during the period 8/24/18 to 8/23/21

This is Page 17 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MILL POND ONE (0013473)

Address: 507 S MARKER ST, WESTFIELD, WI 53964

License Status: REGULAR

Licensed/Certified/Registered 11/01/2011 12:00:00AM

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

Survey History

Survey ID: 0136087 **End Date:** 04/23/2021 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0132565 **End Date:** 09/19/2019 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IOD411 Served 02/07/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(3)(b)	POST HOUSE RULES, RESIDENT RIGHTS, GRIEVANCES	4/22/21	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	4/22/21	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	4/22/21	Yes
83.46(4)(c)	ELECTRICAL PROTECTION	4/23/21	Yes

Enforcement History (MILL POND ONE--0013473)

Date: 02/05/2020 **SOD #**IOD411 **Appealed:**

Sanctions

FORFEITURE---83.38(1)(c)

This is Page 18 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (MILL POND ONE--0013473)

Date Complaint Received: 08/04/2020

Date Investigation Completed: 04/23/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 02/06/2020

Date Investigation Completed: 04/23/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 01/16/2020

Date Investigation Completed: 04/23/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

This is Page 19 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MILL POND TWO (0013474)

Address: 515 S MARKET ST, WESTFIELD, WI 53964

License Status: REGULAR

Licensed/Certified/Registered 11/01/2011 12:00:00AM

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

Survey History

Survey ID: 0136158 **End Date:** 04/21/2021 **Type:** STANDARD **Purpose:** COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #39FG12 Served 05/04/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION		

This is Page 20 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0135727 **End Date: 01/29/2021** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #39FG11 Served 03/04/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	4/8/21	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	4/21/21	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	4/8/21	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	4/8/21	Yes
83.45(1)(a)	EXTERIOR AREAS	4/8/21	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	4/8/21	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	4/21/21	Yes

Survey ID: 0128178 **End Date: 09/25/2018** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (MILL POND TWO--0013474)

Date: 05/03/2021 **SOD #39FG12** **Appealed:** **Decision: PENDING**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.15(3)(a)
FORFEITURE---83.32(3)(k)

Date: 03/04/2021 **SOD #39FG11** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25
FORFEITURE---83.48(8)(b)

This is Page 21 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (MILL POND TWO--0013474)

Date Complaint Received: 04/05/2021

Date Investigation Completed: 04/21/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

39FG12

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 04/02/2021

Date Investigation Completed: 04/21/2021

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 03/24/2021

Date Investigation Completed: 04/21/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/23/2020

Date Investigation Completed: 01/29/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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

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