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

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

<u>Notes</u>

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 18.00 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.

Adult Family Home

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

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

Survey ID: 0140322End Date: 07/22/2022Type: OTHERPurpose: VERIFICATION VISITResults: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 18 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Adult Family Home

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

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

Survey ID: 0140214End Date: 07/22/2022Type: OTHERPurpose: VERIFICATION VISITResults: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 3 of 18 total pages. If printing this report ensure that your printer is set to print only the desired pages.

For the period 01/30/2022 to 01/29/2025 Adult Family Home Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

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: 0143745
 End Date: 07/17/2023
 Type: ABBREVIATED
 Purpose: SURVEY

 Results: NO STATEMENT OF DEFICIENCY ISSUED
 Fund Deficiency issued
 Fund Deficiency issued

This is Page 4 of 18 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Adult Family Home

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

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

No survey activity during the period 1/30/22 to 1/29/25

This is Page 5 of 18 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Adult Family Home

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

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: 0141837 | End Date: 12/19/2022 | Type: STANDARD | Purpose: SURVEY | | | |
| Results: STATEMENT | OF DEFICIENCY ISSUE | D | | | | |
| Statement of Deficiency | #DLUY11 Served 01 | /13/2023 | | | | |
| Compliance | | | | | | |
| | Deficiencies Cited | Subject Area | | Verified | Corrected | |
| | 88.10(3)(1) | SAFE PHYSICAL ENVIRO | DNMENT | 2/27/23 | | |

This is Page 6 of 18 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

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: 0148439 | End Date: 10/16/2024 | Type: STANDARD | Purpose: SURVEY/C | OMPLAINT | | |
| Results: ENFORCEME | NT ACTION | | | | | |
| Statement of Deficiency | : #8HMO11 Served 01/ | 07/2025 | | | | |
| · | | | | <u>Compliance</u> | | |
| | Deficiencies Cited | Subject Area | | Verified | Corrected | |
| | 83.43(1) | ENVIRONMENT SAFE, C | LEAN, AND | | | |
| | | COMFORTABLE | | | | |
| | 83.47(2)(d) | FIRE DRILLS | | | | |
| | 83.47(2)(e) | OTHER EVACUATION DR | RILLS | | | |
| | 83.47(3) | FIRE INSPECTION | | | | |
| | 83.48(8)(b) | SPRINKLER SYSTEM INS | STALLATION AND | | | |
| | | MAINTENANCE | | | | |
| Survey ID: 0146761 | End Date: 06/12/2024 | Type: OTHER | Purpose: COMPLAINT | | | |

Results: NO STATEMENT OF DEFICIENCY ISSUED

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STATE OF WISCONSIN

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

Community Based Residential Facility -- CLASS CNA (NONAMBULATORY)

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

Type: OTHER Survey ID: 0143972 End Date: 07/28/2023 **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Served 08/22/2023 Statement of Deficiency: #9HII11

| • | | Compliance | |
|---------------------------|----------------------------|------------|-----------|
| Deficiencies Cited | Subject Area | Verified | Corrected |
| 83.37(1)(g) | DISPOSITION OF MEDICATIONS | 10/21/23 | Yes |

Survey ID: 0140980 **Type: STANDARD Purpose: SURVEY/COMPLAINT** End Date: 10/04/2022

Results: NO STATEMENT OF DEFICIENCY ISSUED

| Enforcement History (RESIDENCES ON FOREST LANE (THE)0012609) | | | | |
|--|-------------|--------------|--|--|
| Date: 01/07/2025 | SOD #8HMO11 | Appealed: No | | |
| Sanctions | | | | |
| ORDER TO COMPLY | | | | |

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

P.O. Box 7940 Madison WI 53707-7940

| Complaint History (RESIDENCES ON FOREST LANE (THE)0012609) | | | | | |
|---|-------------------------------|--------------|--|--|--|
| Date Complaint Received: 09/16/2024 | Date Investigation Completed: | 10/16/2024 | | | |
| Subject Area(s) | <u>Result</u> | SOD # | | | |
| PHYSICAL ENVIRONMENT/SAFETY | NOT SUBSTANTIATED | | | | |
| Date Complaint Received:03/22/2024Date Investigation Completed:06/12/2024 | | | | | |
| Subject Area(s) | Result | SOD # | | | |
| PROGRAM SERVICES | NOT SUBSTANTIATED | | | | |
| Date Complaint Received: 04/14/2023 | Date Investigation Completed: | 07/28/2023 | | | |
| Subject Area(s) | Result | <u>SOD #</u> | | | |
| ADMINISTRATION | NOT SUBSTANTIATED | | | | |
| PROGRAM SERVICES | NOT SUBSTANTIATED | | | | |
| STAFF TRAINING AND PROFICIENCY | SUBSTANTIATED | 9HII11 | | | |
| Date Complaint Received: 07/31/2022 | Date Investigation Completed: | 10/04/2022 | | | |
| Subject Area(s) | Result | <u>SOD #</u> | | | |
| RESIDENT RIGHTS | NOT SUBSTANTIATED | | | | |

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

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

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: 0146272
 End Date: 04/24/2024
 Type: ABBREVIATED
 Purpose: SURVEY

 Results:
 NO STATEMENT OF DEFICIENCY ISSUED

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

| | | | Facility Information | | |
|--------------------------|----------------------------|------------------------|--------------------------|------------|-----------|
| Facility Name: Lily Mea | adows (0019610) | | | | |
| Address: N6581 Villa Pl | , , , | 4 | | | |
| License Status: REGUL | | | | | |
| Licensed/Certified/Regis | stered 10/04/2023 12:00: | 00AM | | | |
| 0 | | GREEN BAY), (920) 448- | 5252 | | |
| | , | ,,,, , | | | |
| | | | Survey History | | |
| Survey ID: 0147875 | End Date: 09/25/2024 | Type: OTHER | Purpose: COMPLAINT | | |
| Results: ENFORCEMEN | T ACTION | | | | |
| Statement of Deficiency: | #E17E11 Served 10/2 | 21/2024 | | | |
| - | | | | Compliance | |
| | Deficiencies Cited | Subject Area | | Verified | Corrected |
| | 83.12(4)(b) | REPORTING WHEN LAY | W ENFORCEMENT IS | | |
| | 83.63(2)(a) | CONSTRUCTION, ADD | TION. REMODELING | | |
| | | PLANS | | | |
| Survey ID: 0147284 | End Date: 08/08/2024 | Type: OTHER | Purpose: COMPLAINT | | |
| Results: NO STATEMEN | T OF DEFICIENCY ISS | UED | | | |
| Survey ID: 0144435 | End Date: 10/04/2023 | Type: INITIAL | Purpose: CHOWDESK REVIEW | | |
| Results: LICENSE/CERT | CREGISTRATION ISSUI | ED | | | |

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

| | Enforcement History (Lily Meadows0019610) | | | | |
|-------------------------------------|---|--|--|--|--|
| Date: 10/21/2024 SOD #E17E11 | Appealed: No | | | | |
| Sanctions | | | | | |
| ORDER TO COMPLY | | | | | |
| | Complaint History (Lily Meadows0019610) | | | | |
| Date Complaint Received: 09/17/2024 | Date Investigation Completed: 09/25/2024 | | | | |
| Subject Area(s) | <u>Result</u> <u>SOD #</u> | | | | |
| RESIDENT RIGHTS | NOT SUBSTANTIATED | | | | |
| Date Complaint Received: 07/23/2024 | Date Investigation Completed: 08/08/2024 | | | | |
| Subject Area(s) | <u>Result</u> <u>SOD #</u> | | | | |
| ADMINISTRATION PROGRAM SERVICES | NOT SUBSTANTIATED NOT SUBSTANTIATED | | | | |
| STAFF TRAINING AND PROFICIENCY | NOT SUBSTANTIATED | | | | |
| | | | | | |

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Facility Information

Facility Name: MILL POND ONE (0013473)

Address: 507 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: 0148011 | End Date: 10/24/2024 | Type: OTHER | Purpose: COMPLAINT/VV | | | |
| Results: NO STATEME | NT OF DEFICIENCY ISS | UED | | | | |
| Survey ID: 0143971 | End Date: 07/27/2023 | Type: OTHER | Purpose: COMPLAINT | | | |
| Results: ENFORCEME | NT ACTION | | | | | |
| Statement of Deficiency | : #Q56U11 Served 08/ | 22/2023 | | | | |
| | Deficiencies Cited 83.37(1)(g) 83.38(1)(b) | <u>Subject Area</u> DISPOSITION OF MEE SUPERVISION | DICATIONS | <u>Compliance</u> <u>Verified</u> 10/24/24 10/24/24 | <u>Corrected</u> Yes Yes | |

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

STATE OF WISCONSIN

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

| Survey ID: 01/3075 | End Date: 02/28/2023 | Type: STANDADD | Purpose: SURVEY/COMPLAINT |
|--------------------|----------------------|----------------|---------------------------|
| Survey ID: 0143075 | Enu Date: 02/20/2025 | Type: STANDARD | Furpose: SURVE1/CONFLAINT |

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #8WTF11 Served 05/17/2023

| · | | <u>Compliance</u> | |
|--------------------|--------------------------------------|-------------------|-----------|
| Deficiencies Cited | Subject Area | Verified | Corrected |
| 83.35(2) | TEMPORARY SERVICE PLAN | 6/30/23 | Yes |
| 83.35(3)(a) | COMPREHENSIVE INDIVIDUALIZED SERVICE | 6/30/23 | Yes |
| | PLAN | | |
| 83.47(2)(d) | FIRE DRILLS | 6/30/23 | Yes |
| 83.47(2)(e) | OTHER EVACUATION DRILLS | 6/30/23 | Yes |
| | | | |

Enforcement History (MILL POND ONE--0013473)

 Date:
 08/22/2023
 SOD #Q56U11

 Sanctions
 \$

ORDER TO COMPLY

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Appealed: No

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

| Complaint History (MILL POND ONE0013473) | | | | |
|--|--|--------------|--|--|
| Date Complaint Received: 09/26/2024 | Date Investigation Completed: 10 |)/24/2024 | | |
| Subject Area(s) | Result | <u>SOD #</u> | | |
| ADMINISTRATION | NOT SUBSTANTIATED | | | |
| PROGRAM SERVICES | NOT SUBSTANTIATED | | | |
| Date Complaint Received: 04/18/2023 | Date Investigation Completed: 07/27/2023 | | | |
| Subject Area(s) | Result | <u>SOD #</u> | | |
| ADMINISTRATION | SUBSTANTIATED | Q56U11 | | |
| Date Complaint Received: 03/29/2023 | Date Investigation Completed: 07 | //27/2023 | | |
| Subject Area(s) | <u>Result</u> | <u>SOD #</u> | | |
| ADMINISTRATION | NOT SUBSTANTIATED | | | |
| PHYSICAL ENVIRONMENT/SAFETY | NOT SUBSTANTIATED | | | |
| PROGRAM SERVICES | SUBSTANTIATED | Q56U11 | | |
| STAFF TRAINING AND PROFICIENCY | NOT SUBSTANTIATED | | | |
| PHYSICAL ENVIRONMENT/SAFETY | NOT SUBSTANTIATED | | | |
| PROGRAM SERVICES | NOT SUBSTANTIATED | | | |
| RESIDENT RIGHTS | NOT SUBSTANTIATED | | | |
| STAFF TRAINING AND PROFICIENCY | NOT SUBSTANTIATED | | | |
| Date Complaint Received: 11/04/2022 | Date Investigation Completed: 02 | 2/28/2023 | | |
| Subject Area(s) | <u>Result</u> | <u>SOD #</u> | | |
| RESIDENT RIGHTS | NOT SUBSTANTIATED | | | |

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

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: 0148562 | End Date: 04/26/2024 | Type: OTHER | Purpose: COMPLAINT/VV | | | |
| Results: NO STATEME | NT OF DEFICIENCY ISS | SUED | | | | |
| Survey ID: 0143901 | End Date: 07/27/2023 | Type: OTHER | Purpose: COMPLAINT/VV | | | |
| Results: ENFORCEMEN | NT ACTION | | | | | |
| Statement of Deficiency: | #JPMD12 Served 08 | /11/2023 | | | | |
| | | | | <u>Compliance</u> | | |
| | Deficiencies Cited | Subject Area | | Verified | Corrected | |
| | 83.31(4)(a) | NOTICE OF FACILITY | INITIATED DISCHARGES | 4/26/24 | Yes | |
| | 83.35(1)(a) | PRE-ADMISSION AND | ONGOING | 4/26/24 | Yes | |
| | ~ / ~ / | ASSESSMENTS | | | | |
| | 83.38(1)(b) | SUPERVISION | | 4/26/24 | Yes | |

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

STATE OF WISCONSIN

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

Community Based Residential Facility -- CLASS CNA (NONAMBULATORY)

| Survey ID: 0142251 End Date: 10/27/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT Results: ENFORCEMENT ACTION #JPMD11 Served 02/22/2023 Compliance. Statement of Deficiencies: #JPMD11 Served 02/22/2023 Verified Corrected 83.13(3)(b) POST HOUSE RULES, RESIDENT RIGHTS, GRIEVANCES Yers Yers Yers 83.25 CONTINUING EDUCATION 7/27/23 Yes Yers 83.28(4)(a) RESIDENT HEALTH SCREENING AND 7/27/23 Yes 90CUMENTATION 83.32(3)(k) RIGHTS OF RESIDENTS: 7/27/23 Yes 83.32(3)(k) RIGHTS OF RESIDENTS: 7/27/23 Yes Yes 83.32(3)(k) RIGHTS OF RESIDENTS: 7/27/23 Yes Yes 83.32(3)(a) REWICE PLANS UPDATED ANNUALLY OR ON 7/27/23 Yes Yes 83.34(1)(c) LEISURE TIRE CORD MAINTAINED 7/27/23 Yes Yes 83.42(1) RESIDENT RECORD MAINTAINED 7/27/23 Yes Yes Survey ID: 0139088 En | | | | | | | | | |
|--|---|---------------------------|---------------------------------------|------------|-----------|--|--|--|--|
| Statement of Deficiency: #JPMD11 Served 02/22/2023 Deficiencies Cited 83.13(3)(b) Subject Area POST HOUSE RULES, RESIDENT RIGHTS, GRIEVANCES Compliance Verified 7/27/23 Corrected Yes 83.25 CONTINUING EDUCATION 7/27/23 Yes 83.25 CONTINUING EDUCATION 7/27/23 Yes 00CUMENTATION 7/27/23 Yes 83.32(3)(k) RIGHTS OF RESIDENTS: SELF-DETERMINATION 7/27/23 Yes 83.32(3)(k) RIGHTS OF RESIDENTS: SAFE ENVIRONMENT 7/27/23 Yes 83.35(3)(a) RISIDENT RECORD MAINTAINED 7/27/23 Yes 83.42(1) RESIDENT RECORD MAINTAINED 7/27/23 Yes 83.42(2)(b) SOLID CORE WOOD DOORS OR EQUIVALENT 7/27/23 Yes 83.47(2)(d) FIRE DRILLS 7/27/23 Yes 83.47(2)(d) FIRE DRILLS 7/27/23 Yes 83.59(2)(b) SOLID CORE WOOD DOORS | Survey ID: 0142251 | End Date: 10/27/2022 | Type: STANDARD Purpose: SURVEY/COMP | PLAINT | | | | | |
| ComplianceDeficiencies CitedSubject AreaCorrected83.13(3)(b)POST HOUSE RULES, RESIDENT RIGHTS, GRIEVANCES7/27/23Yes83.25CONTINUING EDUCATION7/27/23Yes83.28(4)(a)RESIDENT HEALTH SCREENING AND7/27/23YesDOCUMENTATIONDOCUMENTATION7/27/23Yes83.32(3)(k)RIGHTS OF RESIDENTS: SELF-DETERMINATION7/27/23Yes83.32(3)(k)RIGHTS OF RESIDENTS: SELF-DETERMINATION7/27/23Yes83.33(3)(d)SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES7/27/23Yes83.34(1)(c)LEISURE TIME ACTIVITIES7/27/23Yes83.42(1)RESIDENT RECORD MAINTAINED7/27/23Yes83.47(2)(d)FIRE DRILLS7/27/23Yes83.47(2)(d)FIRE DRILLS7/27/23Yes83.59(2)(b)SOLID CORE WOOD DOORS OR EQUIVALENT7/27/23YesSurvey ID: 0139088End Date: 02/07/2022Type: OTHERPurpose: COMPLAINT/VVCompliance VerifiedCompliance VerifiedOpticience: Statement of Deficiency:#39FG13Served 03/29/2022Compliance VerifiedDeficiencies Cited 83.35(3)(a)Subject Area COMPREHENSIVE INDIVIDUALIZED SERVICEYeified Yi13/22Corrected Verified | Results: ENFORCEMENT ACTION | | | | | | | | |
| ComplianceDeficiencies CitedSubject AreaVerifiedCorrected83.13(3)(b)POST HOUSE RULES, RESIDENT RIGHTS, GRIEVANCES7/27/23Yes83.25CONTINUING EDUCATION7/27/23Yes83.28(4)(a)RESIDENT HEALTH SCREENING AND7/27/23YesDOCUMENTATIONDOCUMENTATION7/27/23Yes83.32(3)(k)RIGHTS OF RESIDENTS: SELF-DETERMINATION7/27/23Yes83.32(3)(n)RIGHTS OF RESIDENTS: SELF-DETERMINATION7/27/23Yes83.35(3)(d)SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES7/27/23Yes83.35(3)(d)SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES7/27/23Yes83.34(1)(c)LEISURE TIME ACTIVITIES7/27/23Yes83.47(2)(d)FIRE DRILLS7/27/23Yes83.47(2)(d)FIRE DRILLS7/27/23Yes83.59(2)(b)SOLID CORE WOOD DOORS OR EQUIVALENT7/27/23YesSurvey ID: 0139088End Date: 02/07/2022Type: OTHERPurpose: COMPLAINT/VVCompliance VerifiedCompliance VerifiedStatement of Deficiency: 83.35(3)(a)Subject Area COMPREHENSIVE INDIVIDUALIZED SERVICES/13/22Corrected VerifiedCompliance VerifiedCompliance VerifiedSubject Area COMPREHENSIVE INDIVIDUALIZED SERVICES/13/22 | Statement of Deficiency: | #JPMD11 Served 02 | /22/2023 | | | | | | |
| 83.13(3)(b)POST HOUSE RULES, RESIDENT RIGHTS, GRIEVANCES7/27/23Yes83.25CONTINUING EDUCATION7/27/23Yes83.26(4)(a)RESIDENT HEALTH SCREENING AND DOCUMENTATION7/27/23Yes83.32(3)(k)RIGHTS OF RESIDENTS: SELF-DETERMINATION7/27/23Yes83.32(3)(n)RIGHTS OF RESIDENTS: SELF-DETERMINATION7/27/23Yes83.35(3)(d)SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES7/27/23Yes83.38(1)(c)LEISURE TIME ACTIVITIES7/27/23Yes83.47(2)(d)FIRE DRILLS7/27/23Yes83.59(2)(b)SOLID CORE WOOD DOORS OR EQUIVALENT7/27/23YesSurvey ID: 0139088End Date: 02/07/2022Type: OTHERPurpose: COMPLAINT/VVResults:STATEMENT OF DEFICIENCY ISSUEDStatement of Deficiency: #39FG13Served 03/29/2022Corrected PLAN201Deficience: Cited 83.35(3)(a)Subject Area COMPREHENSIVE INDIVIDUALIZED SERVICE5/13/22Corrected | - | | | Compliance | | | | | |
| GRIEVANCES83.25CONTINUING EDUCATION7/27/23Yes83.26(4)(a)RESIDENT HEALTH SCREENING AND7/27/23YesDOCUMENTATIONDOCUMENTATION7/27/23Yes83.32(3)(k)RIGHTS OF RESIDENTS: SELF-DETERMINATION7/27/23Yes83.32(3)(n)RIGHTS OF RESIDENTS: SELF-DETERMINATION7/27/23Yes83.35(3)(d)SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES7/27/23Yes83.35(3)(d)LEISURE TIME ACTIVITIES7/27/23Yes83.42(1)RESIDENT RECORD MAINTAINED7/27/23Yes83.42(1)RESIDENT RECORD MAINTAINED7/27/23Yes83.42(1)RESIDENT RECORD MAINTAINED7/27/23Yes83.42(1)RESIDENT RECORD MAINTAINED7/27/23Yes83.42(1)RESIDENT RECORD MAINTAINED7/27/23Yes83.59(2)(b)SOLID CORE WOOD DOORS OR EQUIVALENT7/27/23YesSurvey ID: 0139088End Date: 02/07/2022Type: OTHERPurpose: COMPLAINT/VVResults: STATEMENT OF DEFICIENCY ISSUEDStatement of Deficience: #39FG13Served 03/29/2022Compliance Verified Subject Area COMPREHENSIVE INDIVIDUALIZED SERVICES/13/22Deficiencies Cited 83.35(3)(a)Subject Area COMPREHENSIVE INDIVIDUALIZED SERVICES/13/22 | | Deficiencies Cited | Subject Area | Verified | Corrected | | | | |
| 83.25CONTINUING EDUCATION7/27/23Yes83.28(4)(a)RESIDENT HEALTH SCREENING AND7/27/23YesDOCUMENTATIONDOCUMENTATION7/27/23Yes83.32(3)(k)RIGHTS OF RESIDENTS: SELF-DETERMINATION7/27/23Yes83.32(3)(n)RIGHTS OF RESIDENTS: SAFE ENVIRONMENT7/27/23Yes83.35(3)(d)SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES7/27/23Yes83.38(1)(c)LEISURE TIME ACTIVITIES7/27/23Yes83.42(1)RESIDENT RECORD MAINTAINED7/27/23Yes83.42(1)RESIDENT RECORD MAINTAINED7/27/23Yes83.59(2)(b)SOLID CORE WOOD DOORS OR EQUIVALENT7/27/23YesSurvey ID: 0139088End Date: 02/07/2022Type: OTHERPurpose: COMPLAINT/VVResults: STATEMENT OF DEFICIENCY ISSUEDStatement of Deficiency: #39FG13Served 03/29/2022Compliance Verified Statement of Deficiency: #335(3)(a)Subject Area COMPREHENSIVE INDIVIDUALIZED SERVICE5/13/22Corrected | | 83.13(3)(b) | POST HOUSE RULES, RESIDENT RIGHTS, | 7/27/23 | Yes | | | | |
| 83.28(4)(a)RESIDENT HEALTH SCREENING AND DOCUMENTATION7/27/23Yes83.32(3)(k)RIGHTS OF RESIDENTS: SELF-DETERMINATION7/27/23Yes83.32(3)(n)RIGHTS OF RESIDENTS: SAFE ENVIRONMENT SELF-DETERMINATION7/27/23Yes83.32(3)(n)RIGHTS OF RESIDENTS: SAFE ENVIRONMENT CHANGES7/27/23Yes83.35(3)(d)SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES7/27/23Yes83.342(1)RESIDENT RECORD MAINTAINED7/27/23Yes83.44(1)RESIDENT RECORD MAINTAINED7/27/23Yes83.47(2)(d)FIRE DRILLS7/27/23Yes83.59(2)(b)SOLID CORE WOOD DOORS OR EQUIVALENT7/27/23YesSurvey ID: 0139088End Date: 02/07/2022Type: OTHERPurpose: COMPLAINT/VVResults: STATEMENT OF DEFICIENCY ISSUEDStatement of Deficiency: #39FG13Served 03/29/2022Compliance VerifiedDeficiencies Cited 83.35(3)(a)Subject Area COMPREHENSIVE INDIVIDUALIZED SERVICES/13/22Deficiencies Cited PLANSubject Area COMPREHENSIVE INDIVIDUALIZED SERVICES/13/22 | | | GRIEVANCES | | | | | | |
| DOCUMENTATION83.32(3)(k)RIGHTS OF RESIDENTS: SELF-DETERMINATION7/27/23Yes83.32(3)(n)RIGHTS OF RESIDENTS: SAFE ENVIRONMENT7/27/23Yes83.32(3)(n)RIGHTS OF RESIDENTS: SAFE ENVIRONMENT7/27/23Yes83.35(3)(d)SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES7/27/23Yes83.38(1)(c)LEISURE TIME ACTIVITIES7/27/23Yes83.42(1)RESIDENT RECORD MAINTAINED7/27/23Yes83.42(1)RESIDENT RECORD MAINTAINED7/27/23Yes83.59(2)(b)SOLID CORE WOOD DOORS OR EQUIVALENT7/27/23YesSurvey ID: 0139088End Date: 02/07/2022Type: OTHERPurpose: COMPLAINT/VVResults: STATEMENT OF DEFICIENCY ISSUEDStatement of Deficiency: #39FG13#39FG13Served 03/29/2022Compliance Verified Solija(a)Subject Area COMPREHENSIVE INDIVIDUALIZED SERVICES/13/22Corrected | | 83.25 | CONTINUING EDUCATION | 7/27/23 | Yes | | | | |
| 83.32(3)(k)RIGHTS OF RESIDENTS: SELF-DETERMINATION7/27/23Yes83.32(3)(n)RIGHTS OF RESIDENTS: SAFE ENVIRONMENT7/27/23Yes83.32(3)(n)RIGHTS OF RESIDENTS: SAFE ENVIRONMENT7/27/23Yes83.35(3)(d)SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES7/27/23Yes83.38(1)(c)LEISURE TIME ACTIVITIES7/27/23Yes83.42(1)RESIDENT RECORD MAINTAINED7/27/23Yes83.47(2)(d)FIRE DRILLS7/27/23Yes83.59(2)(b)SOLID CORE WOOD DOORS OR EQUIVALENT7/27/23YesSurvey ID: 0139088End Date: 02/07/2022Type: OTHERPurpose: COMPLAINT/VVResults: STATEMENT OF DEFICIENCY ISSUEDStatement of Deficiency: 83.35(3)(a)Served 03/29/2022Compliance Verified83.35(3)(a)Subject Area COMPREHENSIVE INDIVIDUALIZED SERVICE PLANS/13/22 | | 83.28(4)(a) | RESIDENT HEALTH SCREENING AND | 7/27/23 | Yes | | | | |
| SELF-DETERMINATION 83.32(3)(n) RIGHTS OF RESIDENTS: SAFE ENVIRONMENT 7/27/23 Yes 83.35(3)(d) SERVICE PLANS UPDATED ANNUALLY OR ON 7/27/23 Yes CHANGES CHANGES 7/27/23 Yes 83.38(1)(c) LEISURE TIME ACTIVITIES 7/27/23 Yes 83.42(1) RESIDENT RECORD MAINTAINED 7/27/23 Yes 83.47(2)(d) FIRE DRILLS 7/27/23 Yes 83.47(2)(b) SOLID CORE WOOD DOORS OR EQUIVALENT 7/27/23 Yes Survey ID: 0139088 End Date: 02/07/2022 Type: OTHER Purpose: COMPLAINT/VV Results: STATEMENT OF DEFICIENCY ISSUED Statement of Deficiency: #39FG13 Served 03/29/2022 Deficiencies Cited Subject Area Compliance Verified Corrected 83.35(3)(a) COMPREHENSIVE INDIVIDUALIZED SERVICE 5/13/22 Corrected | | | DOCUMENTATION | | | | | | |
| SELF-DETERMINATION83.32(3)(n)RIGHTS OF RESIDENTS: SAFE ENVIRONMENT7/27/23Yes83.35(3)(d)SERVICE PLANS UPDATED ANNUALLY OR ON7/27/23Yes83.38(1)(c)LEISURE TIME ACTIVITIES7/27/23Yes83.42(1)RESIDENT RECORD MAINTAINED7/27/23Yes83.47(2)(d)FIRE DRILLS7/27/23Yes83.59(2)(b)SOLID CORE WOOD DOORS OR EQUIVALENT7/27/23YesSurvey ID: 0139088End Date: 02/07/2022Type: OTHERPurpose: COMPLAINT/VVResults: STATEMENT OF DEFICIENCY ISSUEDStatement of Deficiency:#39FG13Served 03/29/2022ComplianceDeficiencies Cited 83.35(3)(a)Subject Area COMPREHENSIVE INDIVIDUALIZED SERVICES/13/22Corrected | | 83.32(3)(k) | RIGHTS OF RESIDENTS: | 7/27/23 | Yes | | | | |
| 83.35(3)(d)SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES7/27/23Yes83.38(1)(c)LEISURE TIME ACTIVITIES7/27/23Yes83.42(1)RESIDENT RECORD MAINTAINED7/27/23Yes83.47(2)(d)FIRE DRILLS7/27/23Yes83.59(2)(b)SOLID CORE WOOD DOORS OR EQUIVALENT7/27/23YesSurvey ID: 0139088End Date: 02/07/2022Type: OTHERPurpose: COMPLAINT/VVResults: STATEMENT OF DEFICIENCY ISSUEDStatement of Deficiency: #39FG13Served 03/29/2022Deficiencies Cited 83.35(3)(a)Subject Area COMPREHENSIVE INDIVIDUALIZED SERVICE PLANCorrected | | | SELF-DETERMINATION | | | | | | |
| CHANGES83.38(1)(c)LEISURE TIME ACTIVITIES7/27/23Yes83.42(1)RESIDENT RECORD MAINTAINED7/27/23Yes83.47(2)(d)FIRE DRILLS7/27/23Yes83.59(2)(b)SOLID CORE WOOD DOORS OR EQUIVALENT7/27/23YesSurvey ID: 0139088End Date: 02/07/2022Type: OTHERPurpose: COMPLAINT/VVResults: STATEMENT OF DEFICIENCY ISSUEDStatement of Deficiency: #39FG13Served 03/29/2022Deficiencies Cited 83.35(3)(a)Subject Area COMPREHENSIVE INDIVIDUALIZED SERVICE PLANCorrected 5/13/22 | | 83.32(3)(n) | RIGHTS OF RESIDENTS: SAFE ENVIRONMENT | 7/27/23 | Yes | | | | |
| 83.38(1)(c) LEISURE TIME ACTIVITIES 7/27/23 Yes 83.42(1) RESIDENT RECORD MAINTAINED 7/27/23 Yes 83.42(1) RESIDENT RECORD MAINTAINED 7/27/23 Yes 83.47(2)(d) FIRE DRILLS 7/27/23 Yes 83.59(2)(b) SOLID CORE WOOD DOORS OR EQUIVALENT 7/27/23 Yes Survey ID: 0139088 End Date: 02/07/2022 Type: OTHER Purpose: COMPLAINT/VV Results: STATEMENT OF DEFICIENCY ISSUED Statement of Deficiency: #39FG13 Served 03/29/2022 Deficiencies Cited Subject Area Verified Corrected 83.35(3)(a) Subject Area Verified S/13/22 Corrected | | 83.35(3)(d) | SERVICE PLANS UPDATED ANNUALLY OR ON | 7/27/23 | Yes | | | | |
| 83.42(1) RESIDENT RECORD MAINTAINED 7/27/23 Yes 83.47(2)(d) FIRE DRILLS 7/27/23 Yes 83.59(2)(b) SOLID CORE WOOD DOORS OR EQUIVALENT 7/27/23 Yes Survey ID: 0139088 End Date: 02/07/2022 Type: OTHER Purpose: COMPLAINT/VV Results: STATEMENT OF DEFICIENCY ISSUED Statement of Deficiency: #39FG13 Served 03/29/2022 Deficiencies Cited Subject Area Compliance Verified Corrected 83.35(3)(a) Subject Area COMPREHENSIVE INDIVIDUALIZED SERVICE 5/13/22 Corrected | | | CHANGES | | | | | | |
| 83.47(2)(d) 83.59(2)(b) FIRE DRILLS SOLID CORE WOOD DOORS OR EQUIVALENT 7/27/23 7/27/23 Yes Survey ID: 0139088 End Date: 02/07/2022 Type: OTHER Purpose: COMPLAINT/VV Results: STATEMENT OF DEFICIENCY ISSUED Served 03/29/2022 End Date: 02/07/2022 Corrected Statement of Deficiency: #39FG13 Served 03/29/2022 Subject Area COMPREHENSIVE INDIVIDUALIZED SERVICE Corrected Subject Area 83.35(3)(a) Subject Area COMPREHENSIVE INDIVIDUALIZED SERVICE S/13/22 Corrected | | 83.38(1)(c) | LEISURE TIME ACTIVITIES | 7/27/23 | Yes | | | | |
| 83.59(2)(b) SOLID CORE WOOD DOORS OR EQUIVALENT 7/27/23 Yes Survey ID: 0139088 End Date: 02/07/2022 Type: OTHER Purpose: COMPLAINT/VV Results: STATEMENT OF DEFICIENCY ISSUED Statement of Deficiency: #39FG13 Served 03/29/2022 Deficiencies Cited 83.35(3)(a) Subject Area COMPREHENSIVE INDIVIDUALIZED SERVICE Compliance Verified 5/13/22 Corrected | | | RESIDENT RECORD MAINTAINED | 7/27/23 | Yes | | | | |
| 83.59(2)(b) SOLID CORE WOOD DOORS OR EQUIVALENT 7/27/23 Yes Survey ID: 0139088 End Date: 02/07/2022 Type: OTHER Purpose: COMPLAINT/VV Results: STATEMENT OF DEFICIENCY ISSUED Statement of Deficiency: #39FG13 Served 03/29/2022 Deficiencies Cited 83.35(3)(a) Subject Area COMPREHENSIVE INDIVIDUALIZED SERVICE Compliance Verified 5/13/22 Corrected | | 83.47(2)(d) | FIRE DRILLS | 7/27/23 | Yes | | | | |
| Deficiencies Cited 83.35(3)(a) Subject Area COMPREHENSIVE INDIVIDUALIZED SERVICE Compliance Verified 5/13/22 | | | SOLID CORE WOOD DOORS OR EQUIVALENT | 7/27/23 | Yes | | | | |
| Statement of Deficiency: #39FG13 Served 03/29/2022 Compliance Deficiencies Cited 83.35(3)(a) Subject Area COMPREHENSIVE INDIVIDUALIZED SERVICE Verified 5/13/22 Corrected | Survey ID: 0139088 | End Date: 02/07/2022 | Type: OTHER Purpose: COMPLAINT/VV | | | | | | |
| Deficiencies Cited 83.35(3)(a)Subject Area COMPREHENSIVE INDIVIDUALIZED SERVICECompliance VerifiedCorrectedSubject Area PLANVerified 5/13/22Corrected | Results: STATEMENT OF DEFICIENCY ISSUED | | | | | | | | |
| Deficiencies Cited 83.35(3)(a)Subject Area COMPREHENSIVE INDIVIDUALIZED SERVICECompliance VerifiedCorrectedSubject Area PLANVerified 5/13/22Corrected | Statement of Deficiency: | #39FG13 Served 03 | /29/2022 | | | | | | |
| Deficiencies Cited 83.35(3)(a)Subject Area COMPREHENSIVE INDIVIDUALIZED SERVICEVerified 5/13/22CorrectedPLAN | ~ · · · · · · · · · · · · · · · · · · · | | | Compliance | | | | | |
| 83.35(3)(a)COMPREHENSIVE INDIVIDUALIZED SERVICE5/13/22PLAN | | Deficiencies Cited | Subject Area | . | Corrected | | | | |
| PLAN | | | | | | | | | |
| | | | | | | | | | |
| | | 83.35(3)(d) | | 5/13/22 | | | | | |
| CHANGES | | | CHANGES | | | | | | |

This is Page 17 of 18 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

| Enforcement History (MILL POND TWO0013474) | | | | | | | | |
|--|--|-------------------|-------------------|--|--|--|--|--|
| Date: 08/11/2023 | SOD #JPMD12 | Appealed: No | | | | | | |
| Sanctions | | | | | | | | |
| ORDER TO COMPLY | <i>I</i> | | | | | | | |
| Date: 02/22/2023 | SOD #JPMD11 | Appealed: | Decision: PENDING | | | | | |
| Sanctions | | | | | | | | |
| COMPLY WITH DEP | ARTMENT PLAN OF COR | RECTION | | | | | | |
| ORDER TO COMPLY | - | | | | | | | |
| FORFEITURE83.2 | | | | | | | | |
| FORFEITURE83.23 | FORFEITURE83.28 4a | | | | | | | |
| FORFEITURE83.4 | | | | | | | | |
| Complaint History (MILL POND TWO0013474) | | | | | | | | |
| Date Complaint Received: 03/28/2023 Date Investigation Completed: 07/27/2023 | | | | | | | | |
| Subject Area(s) | | Result | SOD # | | | | | |
| ADMINISTRATION | | NOT SUBSTANTIATED | | | | | | |
| PROGRAM SERVICE | | SUBSTANTIATED | JPMD12 | | | | | |
| STAFF TRAINING A | ND PROFICIENCY | NOT SUBSTANTIATED | | | | | | |
| Date Complaint Rece | Date Complaint Received: 07/05/2022 Date Investigation Completed: 10/27/2022 | | | | | | | |
| Subject Area(s) | | Result | SOD # | | | | | |
| ADMINISTRATION | | NOT SUBSTANTIATED | | | | | | |
| PROGRAM SERVICE | ES | NOT SUBSTANTIATED | | | | | | |
| RESIDENT RIGHTS | | NOT SUBSTANTIATED | | | | | | |
| STAFF TRAINING A | ND PROFICIENCY | NOT SUBSTANTIATED | | | | | | |

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