

**Notes**

Ozaukee

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 67.00 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.**

### Facility Information

Facility Name: **BELGIUM GARDENS (0012459)**  
Address: **432 S HERITAGE ST, BELGIUM, WI 53004**  
License Status: **REGULAR**  
Licensed/Certified/Registered **08/01/2009 12:00:00AM**  
Regional Office: **NORTHEASTERN REGION (GREEN BAY), (920) 448-5252**

### Survey History

Survey ID: **0141469** End Date: **12/01/2022** Type: **OTHER** Purpose: **VERIFICATION VISIT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #PY2C12 Served 12/01/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	1/15/23	

Survey ID: **0140318** End Date: **04/28/2022** Type: **STANDARD** Purpose: **SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PY2C11 Served 07/29/2022

<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	11/29/22	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	11/29/22	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	11/29/22	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	11/29/22	Yes
83.25	CONTINUING EDUCATION	11/29/22	Yes

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Provider Inspection Summary  
For the period 01/22/2022 to 01/21/2025  
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.37(1)(g)	DISPOSITION OF MEDICATIONS	11/29/22	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	11/29/22	
83.46(1)(f)	COMBUSTIBLES	11/29/22	Yes
83.47(2)(d)	FIRE DRILLS	11/29/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	11/29/22	Yes
83.47(3)	FIRE INSPECTION	11/29/22	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	11/29/22	Yes

Enforcement History (BELGIUM GARDENS--0012459)

Date: 07/29/2022 SOD #PY2C11

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.17(1)

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

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

FORFEITURE---83.25

FORFEITURE---83.37(1)(g)

FORFEITURE---83.44(1)(c)

FORFEITURE---83.47(2)(d)

FORFEITURE---83.47(2)(e)

FORFEITURE---83.47(3)

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### Facility Information

Facility Name: Excelcare Inc DBA Harrison Home (0019576)

Address: W72 N675 Harrison Ave, Cedarburg, WI 53012

License Status: REGULAR

Licensed/Certified/Registered 06/01/2024 12:00:00AM

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

### Survey History

Survey ID: 0145791 End Date: 02/15/2024 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9YPM11 Served 03/05/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	4/19/24	Yes

Survey ID: 0143300 End Date: 05/18/2023 Type: INITIAL Purpose: SURVEY

Results: PROBATIONARY LICENSE ISSUED

### Complaint History (Excelcare Inc DBA Harrison Home--0019576)

Date Complaint Received: 10/10/2024

Date Investigation Completed: 02/12/2025

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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### Facility Information

Facility Name: HAMILTON HOUSE SENIOR LIVING INC (0017501)

Address: W76 N629 WAUWATOSA RD, CEDARBURG, WI 53012

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: 0147118      End Date: 07/15/2024      Type: OTHER      Purpose: COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #UYSY12   Served 07/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.37(1)(g)	DISPOSITION OF MEDICATIONS	9/9/24	

Survey ID: 0146370      End Date: 04/17/2024      Type: STANDARD      Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UYSY11   Served 05/10/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.37(1)(g)	DISPOSITION OF MEDICATIONS	7/15/24	No
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES	7/15/24	Yes

Survey ID: 0140259      End Date: 07/26/2022      Type: OTHER      Purpose: COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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**Enforcement History (HAMILTON HOUSE SENIOR LIVING INC--0017501)**

**Date: 05/10/2024**      **SOD #**UYSY11      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Complaint History (HAMILTON HOUSE SENIOR LIVING INC--0017501)**

**Date Complaint Received: 05/22/2024**      **Date Investigation Completed: 07/15/2024**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	

**Date Complaint Received: 12/27/2023**      **Date Investigation Completed: 04/17/2024**

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

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### Facility Information

Facility Name: LakeHouse Cedarburg (0019881)  
Address: W56 N225 McKinley Blvd, Cedarburg, WI 53012  
License Status: PROBATIONARY  
Licensed/Certified/Registered 06/26/2024 12:00:00AM  
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

Survey ID: 0148471 End Date: 11/25/2024 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #QK1Z11 Served 01/08/2025

Deficiencies Cited	Subject Area	Compliance	
		Verified	Corrected
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	2/22/25	Yes

Survey ID: 0147351 End Date: 08/12/2024 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146859 End Date: 06/26/2024 Type: INITIAL Purpose: CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

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**Complaint History (LakeHouse Cedarburg--0019881)**

**Date Complaint Received: 11/14/2024**

**Date Investigation Completed: 11/25/2025**

Subject Area(s)  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	QK1Z11
SUBSTANTIATED	QK1Z11

**Date Complaint Received: 09/16/2024**

**Date Investigation Completed: 11/25/2025**

Subject Area(s)  
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	QK1Z11

**Date Complaint Received: 07/25/2024**

**Date Investigation Completed: 08/12/2024**

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

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

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### Facility Information

Facility Name: FOREST HAVEN (0015119)

Address: 400 MARTIN DR, FREDONIA, WI 53021

License Status: REGULAR

Licensed/Certified/Registered 10/01/2015 12:00:00AM

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

### Survey History

Survey ID: 0148031 End Date: 11/05/2024 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146963 End Date: 05/20/2024 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WDVX12 Served 07/17/2024

Deficiencies Cited	Subject Area	Compliance	
		Verified	Corrected
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	11/5/24	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	11/5/24	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	11/5/24	Yes

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**Survey ID: 0145368      End Date: 11/03/2023      Type: STANDARD      Purpose: SURVEY/COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency:** #WDVX11 Served 01/24/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	5/20/24	No
83.25	CONTINUING EDUCATION	5/15/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	5/15/24	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	5/20/24	No
83.45(3)	TOXIC SUBSTANCES	5/15/24	Yes

**Enforcement History (FOREST HAVEN--0015119)**

**Date: 07/17/2024      SOD #WDVX12     Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.17 2a  
FORFEITURE---83.35 5a

**Date: 01/24/2024      SOD #WDVX11     Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.25  
FORFEITURE---83.35 3d

**Complaint History (FOREST HAVEN--0015119)**

**Date Complaint Received: 07/24/2023      Date Investigation Completed: 11/03/2023**

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

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### Facility Information

Facility Name: HILLTOP VIEW OF FREDONIA INC (0014821)

Address: 130 MEYER AVE, FREDONIA, WI 53021

License Status: REGULAR

Licensed/Certified/Registered 12/20/2013 12:00:00AM

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

### Survey History

Survey ID: 0144210 End Date: 07/20/2023 Type: OTHER Purpose: VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #JNE812 Served 09/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	10/28/23	Yes

Survey ID: 0142702 End Date: 01/31/2023 Type: ABBREVIATED Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JNE811 Served 04/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	7/19/23	Yes
83.19	ORIENTATION	7/19/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	7/19/23	Yes
83.39(5)	PETS VACCINATED	7/19/23	Yes
83.47(2)(d)	FIRE DRILLS	7/19/23	Yes

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83.48(3)(a)

FIRE DETECTION SYSTEMS INSPECTED  
ANNUALLY

7/19/23

Yes

**Enforcement History (HILLTOP VIEW OF FREDONIA INC--0014821)**

**Date: 04/07/2023      SOD #JNE811**

**Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.19  
FORFEITURE---83.21 1-3

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#### Facility Information

Facility Name: WOODLAND VIEW ESTATE (0011745)

Address: 348 S MILWAUKEE ST, FREDONIA, WI 53021

License Status: REGULAR

Licensed/Certified/Registered 10/01/2007 12:00:00AM

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

#### Survey History

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

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### Facility Information

Facility Name: ANITAS GARDENS OF GRAFTON (0014942)

Address: 1777 W HIGHLAND DR, GRAFTON, WI 53024

License Status: REGULAR

Licensed/Certified/Registered 02/13/2014 12:00:00AM

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

### Survey History

Survey ID: 0148289 End Date: 09/11/2024 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #K2JZ11 Served 12/11/2024

Deficiencies Cited	Subject Area	Compliance	
		Verified	Corrected
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.45(3)	TOXIC SUBSTANCES		
83.48(3)(b)	SENSITIVITY TESTING PERFORMED		

Survey ID: 0139176 End Date: 04/04/2022 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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**Enforcement History (ANITAS GARDENS OF GRAFTON--0014942)**

**Date:** 12/11/2024      **SOD #**K2JZ11      **Appealed:** No

Sanctions

ORDER TO COMPLY

FORFEITURE---N0352 83.32(3)(h)

FORFEITURE---N0539 83.48(3)(b)

**Complaint History (ANITAS GARDENS OF GRAFTON--0014942)**

**Date Complaint Received:** 07/05/2024

**Date Investigation Completed:** 09/11/2024

Subject Area(s)

PROGRAM SERVICES

RESIDENT RIGHTS

STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED

SOD #

NOT SUBSTANTIATED

NOT SUBSTANTIATED

**Date Complaint Received:** 02/08/2022

**Date Investigation Completed:** 04/04/2022

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

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#### Facility Information

Facility Name: Harvest Home Grafton (0019340)

Address: 1706 Washington Street, Grafton, WI 53024

License Status: REGULAR

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

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

#### Survey History

Survey ID: 0143686      End Date: 07/12/2023      Type: STANDARD      Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Survey ID: 0141684      End Date: 12/13/2022      Type: INITIAL      Purpose: SURVEY

Results: PROBATIONARY LICENSE ISSUED

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### Facility Information

Facility Name: ROSEWOOD MANOR (0016990)

Address: 1515 WASHINGTON ST, GRAFTON, WI 53024

License Status: REGULAR

Licensed/Certified/Registered 02/01/2019 12:00:00AM

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

### Survey History

Survey ID: 0143312      End Date: 04/19/2023      Type: ABBREVIATED      Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WLCA11 Served 06/09/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.19	ORIENTATION	7/24/23	Yes
83.47(2)(d)	FIRE DRILLS	7/24/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	7/24/23	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	7/24/23	Yes

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**Complaint History (ROSEWOOD MANOR--0016990)**

**Date Complaint Received: 03/09/2023**

**Date Investigation Completed: 04/19/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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**Date Complaint Received: 02/23/2023**

**Date Investigation Completed: 04/19/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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### Facility Information

Facility Name: VILLAGE POINTE COMMONS THE CRESTE (0016280)

Address: 201 WALNUT DR, GRAFTON, WI 53024

License Status: REGULAR

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

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

### Survey History

Survey ID: 0147627 End Date: 09/17/2024 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146942 End Date: 04/19/2024 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #16PI11 Served 07/15/2024

Deficiencies Cited	Subject Area	Compliance	
		Verified	Corrected
83.12(6)	DOCUMENTATION REQUIREMENTS FOR WRITTEN REPORT	9/17/24	Yes
83.14(1)(b)	LICENSEE: CAREGIVER BACKGROUND REQUIREMENTS	9/17/24	Yes
83.25	CONTINUING EDUCATION	9/17/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/17/24	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	9/17/24	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	9/17/24	Yes
83.41(3)(b)	FOOD SAFETY	9/17/24	Yes

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**Survey ID: 0140384      End Date: 08/03/2022      Type: OTHER      Purpose: COMPLAINT**

**Results: NO STATEMENT OF DEFICIENCY ISSUED**

**Enforcement History (VILLAGE POINTE COMMONS THE CRESTE--0016280)**

**Date: 07/15/2024      SOD #16PI11     Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---N 172 83.12(6)

FORFEITURE---N 277 83.25

FORFEITURE---N 389 83.35(3)(d)

**Complaint History (VILLAGE POINTE COMMONS THE CRESTE--0016280)**

**Date Complaint Received: 01/30/2024      Date Investigation Completed: 04/19/2024**

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

**Date Complaint Received: 05/03/2022      Date Investigation Completed: 08/03/2022**

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

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### Facility Information

Facility Name: VILLAGE POINTE COMMONS THE PARAMOUNTE STUDIOS (0016281)

Address: 101 WALNUT CIRCLE, GRAFTON, WI 53024

License Status: REGULAR

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

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

### Survey History

Survey ID: 0143817 End Date: 07/27/2023 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142724 End Date: 01/24/2023 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y95L11 Served 04/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	7/27/23	Yes
83.47(2)(d)	FIRE DRILLS	7/27/23	Yes

Survey ID: 0140385 End Date: 08/03/2022 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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**Enforcement History (VILLAGE POINTE COMMONS THE PARAMOUNTE STUDIOS--0016281)**

**Date: 04/11/2023      SOD #Y95L11     Appealed:      Decision: PENDING**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.25  
FORFEITURE---83.47(2)(d)

**Complaint History (VILLAGE POINTE COMMONS THE PARAMOUNTE STUDIOS--0016281)**

**Date Complaint Received: 12/28/2022**

**Date Investigation Completed: 01/24/2023**

Subject Area(s)  
ADMINISTRATION

Result      SOD #  
NOT SUBSTANTIATED

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#### Facility Information

Facility Name: **Lumia of Mequon Memory Care (0019687)**

Address: **11900 N Port Washington Road, Mequon, WI 53092**

License Status: **REGULAR**

Licensed/Certified/Registered **07/11/2023 12:00:00AM**

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

#### Survey History

Survey ID: **0143674** End Date: **07/11/2023** Type: **INITIAL** Purpose: **SURVEY**

Results: **LICENSE/CERT/REGISTRATION ISSUED**

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### Facility Information

Facility Name: NEWCASTLE PLACE (0018618)

Address: 12600 N PORT WASHINGTON RD, MEQUON, WI 53092

License Status: REGULAR

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

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

### Survey History

Survey ID: 0147152 End Date: 07/30/2024 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146249 End Date: 01/24/2024 Type: STANDARD Purpose: SURVEY/COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #T04212 Served 04/26/2024

Deficiencies Cited	Subject Area	Compliance	
		Verified	Corrected
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	6/10/24	Yes
83.41(3)(b)	FOOD SAFETY	6/10/24	Yes

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**Survey ID: 0143236      End Date: 03/02/2023      Type: OTHER      Purpose: COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency:** #T04211      Served 06/01/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	1/24/24	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	1/24/24	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	1/24/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/24/24	Yes

---

**Survey ID: 0138569      End Date: 01/27/2022      Type: STANDARD      Purpose: SURVEY**

**Results: NO STATEMENT OF DEFICIENCY ISSUED**

**Enforcement History (NEWCASTLE PLACE--0018618)**

**Date: 06/01/2023      SOD #T04211     Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY  
FORFEITURE---N 388 83.35(3)(c)  
FORFEITURE---N 389 83.35(3)(d)  
FORFEITURE---N353 83.32(3)(i)

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**Complaint History (NEWCASTLE PLACE--0018618)**

**Date Complaint Received: 04/25/2024**

**Date Investigation Completed: 07/30/2024**

Subject Area(s)

ADMINISTRATION  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 11/14/2023**

**Date Investigation Completed: 01/24/2024**

Subject Area(s)

STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 10/06/2022**

**Date Investigation Completed: 03/02/2023**

Subject Area(s)

PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED  
SUBSTANTIATED

SOD #

T04211  
T04211

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#### Facility Information

Facility Name: River Oaks of Mequon (0020539)  
Address: 11340 N Cedarburg Rd, Mequon, WI 53092  
License Status: REGULAR  
Licensed/Certified/Registered 12/25/2024 12:00:00AM  
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

#### Survey History

Survey ID: 0148399      End Date: 12/23/2024      Type: INITIAL      Purpose: SURVEY  
Results: LICENSE/CERT/REGISTRATION ISSUED

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#### Facility Information

Facility Name: SENIOR LIVING MEQUON II (0018677)

Address: 6729 W MEQUON RD, MEQUON, WI 53092

License Status: REGULAR

Licensed/Certified/Registered 09/28/2022 12:00:00AM

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

#### Survey History

Survey ID: 0148250 End Date: 12/03/2024 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0148572 End Date: 10/03/2024 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QZQU12 Served 01/28/2025

Deficiencies Cited	Subject Area	Compliance Verified	Corrected
50.09(1)(f)	PRIVACY		
83.19	ORIENTATION		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.38(1)(a)	PERSONAL CARE		
83.44(2)(b)	TOILET AND BATHING AREA		

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**Survey ID: 0147032      End Date: 05/21/2024      Type: STANDARD      Purpose: SURVEY/COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency:** #QZQU11   Served 07/22/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.09(1)(f)	PRIVACY	10/3/24	No
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	10/3/24	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	10/3/24	Yes
83.19	ORIENTATION	10/3/24	No
83.21(1)-(3)	ALL EMPLOYEE TRAINING	10/3/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	10/3/24	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/3/24	Yes
83.37(1)(h)	SCHEDEDULED PSYCHOTROPIC MEDICATIONS	10/3/24	Yes

---

**Survey ID: 0144946      End Date: 11/29/2023      Type: OTHER      Purpose: COMPLAINT**

**Results: NO STATEMENT OF DEFICIENCY ISSUED**

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**Survey ID: 0140855      End Date: 09/22/2022      Type: STANDARD      Purpose: VERIFICATION VISIT**

**Results: NO STATEMENT OF DEFICIENCY ISSUED**

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

**Survey ID: 0140405      End Date: 07/13/2022      Type: STANDARD      Purpose: SURVEY/COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency:** #OCDN11 Served 08/09/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.09(1)(f)	PRIVACY	9/22/22	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	9/22/22	Yes
83.14(2)(h)	POSTING: LICENSE, DEFICIENCIES, REVOCATIONS	9/22/22	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	9/22/22	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	9/22/22	Yes
83.29(2)	ADMISSION AGREEMENT	9/22/22	Yes
83.32(2)(b)	POST RESIDENT RIGHTS, GRIEVANCE PROCEDURE	9/22/22	Yes
83.33(4)	POSTING OF LONG TERM CARE OMBUDSMAN PROGRAM	9/22/22	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	9/22/22	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	9/22/22	Yes
83.41(2)(c)	NUTRITION: MENUS	9/22/22	Yes
83.41(3)(b)	FOOD SAFETY	9/22/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	9/22/22	Yes
83.43(2)(b)	CLEAN, COMFORTABLE MATTRESS AND PAD	9/22/22	Yes
83.47(2)(d)	FIRE DRILLS	9/22/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	9/22/22	Yes
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	9/22/22	Yes

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**Enforcement History (SENIOR LIVING MEQUON II--0018677)**

**Date: 07/22/2024      SOD #QZQU11     Appealed:      Decision: PENDING**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---N 230 83.19  
FORFEITURE---N 243 83.21(1)-(3)  
FORFEITURE---N 352 83.32(3)(h)  
FORFEITURE---N 389 83.35(3)(d)

**Date: 08/09/2022      SOD #OCDN11     Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.29(2)  
FORFEITURE---83.41(3)(b)

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**Complaint History (SENIOR LIVING MEQUON II--0018677)**

**Date Complaint Received: 11/13/2024**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

**Date Investigation Completed: 12/03/2024**

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

**Date Complaint Received: 09/19/2024**

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

**Date Investigation Completed: 10/03/2024**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	QZQU12

**Date Complaint Received: 03/11/2024**

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

**Date Investigation Completed: 05/21/2024**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	QZQU11
SUBSTANTIATED	QZQU11
SUBSTANTIATED	QZQU11

**Date Complaint Received: 07/25/2023**

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

**Date Investigation Completed: 11/29/2023**

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

**Date Complaint Received: 04/01/2022**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 07/13/2022**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	OCDN11

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### Facility Information

Facility Name: SILVER SPRINGS (0012125)

Address: 11840 N SILVER AVE, MEQUON, WI 53097

License Status: REGULAR

Licensed/Certified/Registered 09/01/2008 12:00:00AM

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

### Survey History

Survey ID: 0142608      End Date: 01/31/2023      Type: ABBREVIATED      Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #Z9QW11   Served 03/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
<u>Verified</u>	<u>Corrected</u>		
83.47(2)(d)	FIRE DRILLS	5/14/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	5/14/23	Yes

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### Facility Information

Facility Name: TEROVA SENIOR LIVING OF MEQUON (0018247)

Address: 10995 N MARKET STREET, MEQUON, WI 53092

License Status: REGULAR

Licensed/Certified/Registered 10/01/2021 12:00:00AM

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

### Survey History

Survey ID: 0148361 End Date: 09/04/2024 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7UI011 Served 12/30/2024

Deficiencies Cited	Subject Area	Compliance	
		Verified	Corrected
50.09(1)(a)3	PRIVATE VISITS		
50.09(1)(l)	CARE		
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED		
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY		
83.32(3)(m)	RIGHTS OF RESIDENTS: RECORDING AND FILMING		
83.37(1)(g)	DISPOSITION OF MEDICATIONS		
83.37(1)(j)	PROOF-OF-USE RECORD		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.41(3)(b)	FOOD SAFETY		
83.44(2)(b)	TOILET AND BATHING AREA		
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS		

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83.59(1)(g) PROPER EXIT LOCATIONS, SIDEWALKS,  
DRIVEWAYS

---

**Survey ID: 0146516      End Date: 05/22/2024      Type: OTHER      Purpose: VERIFICATION VISIT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID: 0145346      End Date: 10/25/2023      Type: STANDARD      Purpose: SURVEY/COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #Y6UU11      Served 01/23/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	5/22/24	Yes
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT	5/22/24	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	5/22/24	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	5/22/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	5/22/24	Yes
83.39(3)	HAND WASHING	5/22/24	Yes
83.41(3)(b)	FOOD SAFETY	5/22/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	5/22/24	Yes

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**Survey ID: 0143239      End Date: 05/31/2023      Type: OTHER      Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID: 0140700      End Date: 09/07/2022      Type: OTHER      Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID: 0140061      End Date: 06/13/2022      Type: OTHER      Purpose: COMPLAINT**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #MSP911      Served 07/08/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.41(3)(b)	FOOD SAFETY	8/22/22	

**Enforcement History (TEROVA SENIOR LIVING OF MEQUON--0018247)**

**Date: 12/30/2024      SOD #7UI011      Appealed:      Decision: PENDING**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---50.09(1)(a)3

FORFEITURE---50.09(1)(L)

FORFEITURE---N 164 83.12(4)(b)

FORFEITURE---N 165 83.13(4)(c)

FORFEITURE---N 357 83.32(3)(m)

FORFEITURE---N 406 83.37(1)(g)

FORFEITURE---N 409 83.37(1)(j)

FORFEITURE---N 415 83.37(2)(d)

FORFEITURE---N 452 83.41(3)(b)

FORFEITURE---N 491 83.44(2)(c)

**Date: 01/23/2024      SOD #Y6UU11      Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---N 239 83.20(2)(a)-(d)

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**Complaint History (TEROVA SENIOR LIVING OF MEQUON--0018247)**

**Date Complaint Received: 08/27/2024**

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

**Date Investigation Completed: 09/04/2024**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	7UI011

**Date Complaint Received: 08/05/2024**

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

**Date Investigation Completed: 09/04/2024**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	7UI011

**Date Complaint Received: 07/11/2024**

Subject Area(s)  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 09/04/2024**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	7UI011
SUBSTANTIATED	7UI011

**Date Complaint Received: 07/28/2023**

Subject Area(s)  
RESIDENT RIGHTS

**Date Investigation Completed: 10/25/2023**

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

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**Provider Inspection Summary**  
For the period 01/22/2022 to 01/21/2025  
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 12/21/2022**

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
RESIDENT RIGHTS

**Date Complaint Received: 11/22/2022**

Subject Area(s)

RESIDENT RIGHTS

**Date Complaint Received: 07/14/2022**

Subject Area(s)

ADMINISTRATION  
PROGRAM SERVICES

**Date Investigation Completed: 05/31/2023**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Investigation Completed: 05/31/2023**

Result

NOT SUBSTANTIATED

SOD #

**Date Investigation Completed: 09/07/2022**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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### Facility Information

Facility Name: ANITAS GARDENS (0011800)

Address: 117 E VAN BUREN, PORT WASHINGTON, WI 53074

License Status: REGULAR

Licensed/Certified/Registered 09/01/2007 12:00:00AM

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

### Survey History

Survey ID: 0148149      End Date: 08/21/2024      Type: STANDARD      Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5N0Z11      Served 11/21/2024

Deficiencies Cited	Subject Area	Compliance	
		Verified	Corrected
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.38(1)(h)	MEDICATION ADMINISTRATION		
83.44(2)(b)	TOILET AND BATHING AREA		
83.45(3)	TOXIC SUBSTANCES		
83.48(3)(b)	SENSITIVITY TESTING PERFORMED		
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT		

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**Survey ID: 0145872      End Date: 03/12/2024      Type: OTHER      Purpose: VERIFICATION VISIT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID: 0145303      End Date: 10/09/2023      Type: OTHER      Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #49P411      Served 01/19/2024

			<u>Compliance</u>	
<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Verified</u>	<u>Corrected</u>	
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	3/12/24	Yes	
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	3/12/24	Yes	

---

**Survey ID: 0142708      End Date: 04/06/2023      Type: OTHER      Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID: 0142224      End Date: 01/18/2023      Type: ABBREVIATED      Purpose: SURVEY/COMPLAINT/SELF REPORT**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #DTIP11      Served 02/20/2023

			<u>Compliance</u>	
<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Verified</u>	<u>Corrected</u>	
83.47(2)(d)	FIRE DRILLS	4/6/23		
83.47(2)(e)	OTHER EVACUATION DRILLS	4/6/23		
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED	4/6/23		

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**Enforcement History (ANITAS GARDENS--0011800)**

**Date: 11/21/2024      SOD #5N0Z11     Appealed:      Decision: PENDING**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---N0352 83.32(3)(h)

FORFEITURE---N0353 83.32(3)(i)

FORFEITURE---N0389 83.35(3)(d)

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

FORFEITURE---N0499 83.45(3)

FORFEITURE---N0539 83.48(3)(b)

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**Date: 01/19/2024      SOD #49P411     Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.35 3c

FORFEITURE---83.36 1a

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**Complaint History (ANITAS GARDENS--0011800)**

**Date Complaint Received: 05/03/2024**

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

**Date Investigation Completed: 08/21/2024**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	5N0Z11
SUBSTANTIATED	5N0Z11
SUBSTANTIATED	5N0Z11

**Date Complaint Received: 08/31/2023**

Subject Area(s)  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 10/09/2023**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	49P411
SUBSTANTIATED	49P411

**Date Complaint Received: 07/26/2023**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 10/09/2023**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	49P411

**Date Complaint Received: 02/06/2023**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

**Date Investigation Completed: 04/06/2023**

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

**Date Complaint Received: 11/09/2022**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY

**Date Investigation Completed: 01/18/2023**

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

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#### Facility Information

Facility Name: CORNERSTONE GROUP HOME (0012525)

Address: 1521 W 2ND AVE, PORT WASHINGTON, WI 53074

License Status: REGULAR

Licensed/Certified/Registered 10/01/2009 12:00:00AM

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

#### Survey History

Survey ID: 0147850      End Date: 08/13/2024      Type: ABBREVIATED      Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #USQY11   Served 10/16/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.37(1)(g)	DISPOSITION OF MEDICATIONS	11/30/24	

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### Facility Information

Facility Name: EVELYN'S CBRF (0016595)

Address: 336 MICHAEL COURT, PORT WASHINGTON, WI 53074

License Status: REGULAR

Licensed/Certified/Registered 08/01/2018 12:00:00AM

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

### Survey History

Survey ID: 0142566 End Date: 01/31/2023 Type: ABBREVIATED Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #426611 Served 03/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	5/11/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	5/11/23	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	5/11/23	Yes
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	5/11/23	Yes

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#### Facility Information

Facility Name: HARBOR COVE I CBRF (0016553)

Address: 333 W WALTERS ST, PORT WASHINGTON, WI 53024

License Status: REGULAR

Licensed/Certified/Registered 03/01/2018 12:00:00AM

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

#### Survey History

Survey ID: 0148298      End Date: 12/11/2024      Type: OTHER      Purpose: COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Survey ID: 0141224      End Date: 11/02/2022      Type: ABBREVIATED      Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Survey ID: 0140060      End Date: 07/06/2022      Type: OTHER      Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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## Complaint History (HARBOR COVE I CBRF--0016553)

**Date Complaint Received: 09/30/2024**

**Date Investigation Completed:** 12/11/2024

Subject Area(s)  
RESIDENT RIGHTS

Result SOD #  
NOT SUBSTANTIATED

**Date Complaint Received: 04/12/2022**

**Date Investigation Completed:** 07/06/2022

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

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

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#### Facility Information

Facility Name: HARBOR COVE II MEMORY CARE (0016552)  
Address: 333 W WALTERS ST, PORT WASHINGTON, WI 53024  
License Status: REGULAR  
Licensed/Certified/Registered 03/01/2018 12:00:00AM  
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

#### Survey History

Survey ID: 0148234      End Date: 12/02/2024      Type: ABBREVIATED      Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140063      End Date: 07/06/2022      Type: OTHER      Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

#### Complaint History (HARBOR COVE II MEMORY CARE--0016552)

Date Complaint Received: 05/31/2022

Date Investigation Completed: 07/06/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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### Facility Information

Facility Name: HIGH POINT RESIDENCE PORT WASHINGTON (0019671)

Address: 1800 Granite Lane, Port Washington, WI 53074

License Status: REGULAR

Licensed/Certified/Registered 08/01/2024 12:00:00AM

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

### Survey History

Survey ID: 0146999 End Date: 07/18/2024 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146855 End Date: 07/02/2024 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R6OQ12 Served 07/03/2024

Deficiencies Cited	Subject Area	Compliance	
		Verified	Corrected
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	7/18/24	Yes
83.29(2)	ADMISSION AGREEMENT	7/18/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	7/18/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	7/18/24	Yes

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**Survey ID: 0146159      End Date: 03/13/2024      Type: STANDARD      Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #R6OQ11      Served 04/17/2024**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.19	ORIENTATION	6/21/24	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	6/21/24	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	6/21/24	Yes
83.29(2)	ADMISSION AGREEMENT	7/2/24	No
83.47(2)(c)	OTHER EVACUATION DRILLS	6/21/24	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	6/21/24	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	6/21/24	Yes

**Survey ID: 0143788      End Date: 07/03/2023      Type: INITIAL      Purpose: SURVEY**

**Results: PROBATIONARY LICENSE ISSUED**

**Enforcement History (HIGH POINT RESIDENCE PORT WASHINGTON--0019671)**

**Date: 07/03/2024      SOD #R6OQ12     Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---83.29 2

**Date: 04/17/2024      SOD #R6OQ11     Appealed: No**

Sanctions

ORDER TO COMPLY

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**Complaint History (HIGH POINT RESIDENCE PORT WASHINGTON--0019671)**

**Date Complaint Received: 06/17/2024**

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

**Date Investigation Completed: 07/02/2024**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	R6OQ12
SUBSTANTIATED	R6OQ12
SUBSTANTIATED	R6OQ12

**Date Complaint Received: 05/23/2024**

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

**Date Investigation Completed: 07/02/2024**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	R6OQ12

**Date Complaint Received: 04/22/2024**

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

**Date Investigation Completed: 07/02/2024**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	R6OQ12
SUBSTANTIATED	R6OQ12
SUBSTANTIATED	R6OQ12

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#### Facility Information

Facility Name: **HIGHLAND (0014294)**

Address: **3987 HIGHLAND DR, PORT WASHINGTON, WI 53074**

License Status: **REGULAR**

Licensed/Certified/Registered **09/19/2012 12:00:00AM**

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

#### Survey History

Survey ID: **0141520** End Date: **12/06/2022** Type: **ABBREVIATED** Purpose: **SURVEY**

Results: **NO STATEMENT OF DEFICIENCY ISSUED**

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### Facility Information

Facility Name: LINCOLN VILLAGE (0015962)

Address: 1330 W LINCOLN AVE, PORT WASHINGTON, WI 53074

License Status: REGULAR

Licensed/Certified/Registered 02/01/2017 12:00:00AM

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

### Survey History

Survey ID: 0147934 End Date: 10/21/2024 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146077 End Date: 04/04/2024 Type: STANDARD Purpose: SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143496 End Date: 05/18/2023 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LOPF11 Served 06/27/2023

Deficiencies Cited	Subject Area	Compliance	
		Verified	Corrected
83.31(4)(a)	NOTICE OF FACILITY INITIATED DISCHARGES	4/4/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	11/7/23	Withdrawn

Survey ID: 0141428 End Date: 11/22/2022 Type: OTHER Purpose: COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID: 0139355      End Date: 02/02/2022      Type: ABBREVIATED      Purpose: SURVEY/COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency:** #KV2P11      Served 04/26/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.06	CERTAIN ADMISSIONS TO FACILITIES	11/22/22	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	11/22/22	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	11/22/22	Yes
83.47(2)(d)	FIRE DRILLS	11/22/22	Yes

**Enforcement History (LINCOLN VILLAGE--0015962)**

**Date: 06/27/2023      SOD #LOPF11     Appealed: Yes      Decision: STIPULATION**

Sanctions

ORDER TO COMPLY

FORFEITURE---N 326 83.31(4)(a)

FORFEITURE---N 389 83.35(3)(d)

**Date: 04/26/2022      SOD #KV2P11     Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.36(1)(a)

FORFEITURE---83.47(2)(d) 2nd cite

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**Complaint History (LINCOLN VILLAGE--0015962)**

**Date Complaint Received: 08/27/2024**

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

**Date Investigation Completed: 10/21/2024**

Result SOD #  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 08/07/2024**

Subject Area(s)  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 10/21/2024**

Result SOD #  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 05/01/2023**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES

**Date Investigation Completed: 05/18/2023**

Result SOD #  
SUBSTANTIATED LOPF11  
SUBSTANTIATED LOPF11

**Date Complaint Received: 09/27/2022**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY

**Date Investigation Completed: 11/22/2022**

Result SOD #  
NOT SUBSTANTIATED

**Date Complaint Received: 07/25/2022**

Subject Area(s)  
RESIDENT RIGHTS

**Date Investigation Completed: 11/22/2022**

Result SOD #  
NOT SUBSTANTIATED

**Date Complaint Received: 01/25/2022**

Subject Area(s)  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 02/02/2022**

Result SOD #  
SUBSTANTIATED KV2P11  
SUBSTANTIATED KV2P11

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### Facility Information

Facility Name: NORPORT GROUP HOME (310490)

Address: 411 E NORPORT DR, PORT WASHINGTON, WI 53074

License Status: REGULAR

Licensed/Certified/Registered 01/01/1983 12:00:00AM

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

### Survey History

Survey ID: 0144476 End Date: 10/03/2023 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143911 End Date: 06/02/2023 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YYQ611 Served 08/11/2023

Deficiencies Cited	Subject Area	Compliance	
		Verified	Corrected
83.12(1)(b)	DEATH REPORTING RELATED TO ACCIDENT OR INJURY	10/3/23	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	10/3/23	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	10/3/23	Yes

Survey ID: 0138754 End Date: 02/15/2022 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Enforcement History (NORPORT GROUP HOME--310490)

Date: 08/11/2023      SOD #YYQ611     Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (NORPORT GROUP HOME--310490)

Date Complaint Received: 10/06/2022      Date Investigation Completed: 06/02/2023

Subject Area(s)

ADMINISTRATION  
PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	YYQ611

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#### Facility Information

Facility Name: OAK COURT GROUP HOME (310491)

Address: 1265 OAK CT, PORT WASHINGTON, WI 53074

License Status: REGULAR

Licensed/Certified/Registered 02/01/1996 12:00:00AM

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

#### Survey History

Survey ID: 0148321      End Date: 12/11/2024      Type: ABBREVIATED      Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Survey ID: 0139268      End Date: 04/11/2022      Type: ABBREVIATED      Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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### Facility Information

Facility Name: PORT HAVEN (0012186)

Address: 334 S GARFIELD AVE, PORT WASHINGTON, WI 53074

License Status: REGULAR

Licensed/Certified/Registered 01/16/2008 12:00:00AM

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

### Survey History

Survey ID: 0147808      End Date: 07/15/2024      Type: STANDARD      Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #08FL11      Served 10/14/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	11/24/24	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	11/24/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	11/24/24	Yes
83.45(3)	TOXIC SUBSTANCES	11/24/24	Yes
83.47(2)(d)	FIRE DRILLS	11/24/24	Yes
83.47(3)	FIRE INSPECTION	11/24/24	Yes
83.48(3)(b)	SENSITIVITY TESTING PERFORMED	11/24/24	Yes

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**Survey ID: 0146265      End Date: 02/07/2024      Type: OTHER      Purpose: COMPLAINT**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #IR4O11      Served 04/30/2024

<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	6/13/24	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	6/13/24	Yes

**Survey ID: 0141550      End Date: 12/07/2022      Type: ABBREVIATED      Purpose: SURVEY**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Complaint History (PORT HAVEN--0012186)

**Date Complaint Received: 03/14/2024**

Subject Area(s)  
RESIDENT RIGHTS

**Date Investigation Completed: 07/15/2024**

Result      SOD #  
NOT SUBSTANTIATED

**Date Complaint Received: 10/11/2023**

Subject Area(s)  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 02/07/2024**

Result      SOD #  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

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### Facility Information

Facility Name: PORT OF HOPE (0019419)

Address: 226 N SPRING ST, PORT WASHINGTON, WI 53074

License Status: REGULAR

Licensed/Certified/Registered 01/11/2023 12:00:00AM

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

### Survey History

Survey ID: 0147873 End Date: 08/09/2024 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #15L611 Served 10/18/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.29(2)	ADMISSION AGREEMENT	12/1/24	
83.31(4)(b)	ALLOWABLE REASONS FOR INVOLUNTARY DISCHARGE	12/1/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	12/1/24	Yes

Survey ID: 0144903 End Date: 11/28/2023 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID: 0144068      End Date: 08/10/2023      Type: STANDARD      Purpose: SURVEY/COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #58LR11      Served 08/30/2023**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	11/28/23	Yes
83.19	ORIENTATION	11/28/23	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	11/28/23	Yes
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	11/28/23	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	11/28/23	Yes
83.48(4)(d)	SMOKE DETECTOR IN COMMON USE ROOMS	11/28/23	Yes

**Survey ID: 0141991      End Date: 01/10/2023      Type: INITIAL      Purpose: SURVEY**

**Results: PROBATIONARY LICENSE ISSUED**

**Enforcement History (PORT OF HOPE--0019419)**

**Date: 08/30/2023      SOD #58LR11     Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY  
FORFEITURE---N 230 83.19

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**Complaint History (PORT OF HOPE--0019419)**

**Date Complaint Received: 05/14/2024**

Subject Area(s)  
ADMINISTRATION

**Date Investigation Completed: 08/09/2024**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	15L611

**Date Complaint Received: 08/07/2023**

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

**Date Investigation Completed: 08/10/2023**

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

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### Facility Information

Facility Name: MILAN ESTATES (0013355)

Address: 715 MILAN DR, SAUKVILLE, WI 53080

License Status: REGULAR

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

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

### Survey History

Survey ID: 0143953 End Date: 08/16/2023 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143421 End Date: 03/15/2023 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OS4K13 Served 06/20/2023

Deficiencies Cited	Subject Area	Compliance	
		Verified	Corrected
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	8/16/23	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	8/16/23	Yes
83.43(2)(d)	CLEAN SHEETS, PILLOWCASES, AND TOWELS	8/16/23	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	8/16/23	Yes
83.44(2)(b)	TOILET AND BATHING AREA	8/16/23	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	8/16/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	8/16/23	Yes
83.48(4)(f)	SMOKE DETECTOR IN NON-RESIDENT LIVING AREAS	8/16/23	Yes

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

**Survey ID: 0141818      End Date: 11/28/2022      Type: OTHER      Purpose: COMPLAINT**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #WG1C11   Served 01/12/2023

<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	2/26/23	
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	2/26/23	
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	2/26/23	
83.43(2)(d)	CLEAN SHEETS, PILLOWCASES, AND TOWELS	2/26/23	
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	2/26/23	

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**Survey ID: 0141348      End Date: 08/08/2022      Type: OTHER      Purpose: COMPLAINT/VV**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #OS4K12   Served 11/14/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.14(2)(h)	POSTING: LICENSE, DEFICIENCIES, REVOCATIONS	3/15/23	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	3/15/23	No
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	3/15/23	Yes
83.42(2)	RESIDENT RECORDS SAFEGUARDED	3/15/23	Yes
83.47(2)(d)	FIRE DRILLS	3/15/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	3/15/23	No
83.48(4)(f)	SMOKE DETECTOR IN NON-RESIDENT LIVING AREAS	3/15/23	No

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**Enforcement History (MILAN ESTATES--0013355)**

**Date: 06/20/2023      SOD #OS4K13     Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS  
ORDER TO COMPLY  
FORFEITURE---N 490 83.44(2)(b)  
FORFEITURE---N 491 83.44(2)(c)  
FORFEITURE---N 526 83.47(2)(e)  
FORFEITURE---N 546 83.48(4)(f)

**Date: 11/14/2022      SOD #OS4K12     Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.17(2)(a) 2nd cite  
FORFEITURE---83.35(5)(b) 2nd cite  
FORFEITURE---83.47(2)(d) 2nd cite  
FORFEITURE---83.47(2)(e) 2nd cite  
FORFEITURE---83.48(4)(f) 2nd cite

**Date: 04/12/2022      SOD #OS4K11     Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.19  
FORFEITURE---83.20(2)(a)-(d)  
FORFEITURE---83.21(1)-(3)  
FORFEITURE---83.25  
FORFEITURE---83.47(2)(d)  
FORFEITURE---83.47(2)(e)  
FORFEITURE---83.48(3)

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**Complaint History (MILAN ESTATES--0013355)**

**Date Complaint Received: 12/19/2022**

**Date Investigation Completed: 03/15/2023**

Subject Area(s)  
STAFF TRAINING AND PROFICIENCY

Result SOD #  
SUBSTANTIATED OS4K13

**Date Complaint Received: 11/01/2022**

**Date Investigation Completed: 11/28/2022**

Subject Area(s)  
PROGRAM SERVICES

Result SOD #  
NOT SUBSTANTIATED

**Date Complaint Received: 10/06/2022**

**Date Investigation Completed: 11/28/2022**

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

Result SOD #  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 03/29/2022**

**Date Investigation Completed: 08/08/2022**

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

Result SOD #  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

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#### Facility Information

Facility Name: THIENSVILLE GROUP HOME (0018244)

Address: 213 W ALTA LOMA CIR, THIENSVILLE, WI 53092

License Status: REGULAR

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

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

#### Survey History

Survey ID: 0145095      End Date: 12/13/2023      Type: STANDARD      Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

#### Complaint History (THIENSVILLE GROUP HOME--0018244)

Date Complaint Received: 07/24/2023

Date Investigation Completed: 12/13/2023

Subject Area(s)

ADMINISTRATION  
RESIDENT RIGHTS  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY  
PROGRAM SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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