

## Provider Inspection Summary

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

Ozaukee

### Notes

**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.**

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### 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 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 Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER	11/29/22	Yes
83.17(2)(a)	BACKGROUND CHECK		
	EMPLOYEES SCREENED FOR COMMUNICABLE	11/29/22	Yes
	DISEASE		
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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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### 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 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

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

#### 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 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 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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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### 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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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### 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

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

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

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

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

QK1Z11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

QK1Z11

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

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

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

QK1Z11

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

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

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

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)

### 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

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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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**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**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 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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**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**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 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 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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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### 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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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### 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

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
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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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### 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

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

**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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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### 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

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

**Results:** PROBATIONARY LICENSE 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)

### 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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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### 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

**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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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### 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

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### 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 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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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### 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  
NOT SUBSTANTIATED

SOD #

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**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**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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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### 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

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**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 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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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

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

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

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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

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

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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

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

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

T04211

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

T04211

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### 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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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### 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

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**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 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)	SCHEDULED PSYCHOTROPIC MEDICATIONS	10/3/24	Yes

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**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)

**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 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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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### 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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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

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

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

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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

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

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

Result  
SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
QZQU12  
QZQU12  
QZQU12  
QZQU12

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

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

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

Result  
SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
QZQU11  
QZQU11  
QZQU11

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

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

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

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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

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

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
OCDN11

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### 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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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### 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

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

---

**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

---

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

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

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

**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)

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 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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**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

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

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

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	7UI011
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	7UI011
PROGRAM SERVICES	SUBSTANTIATED	7UI011
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	7UI011

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

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

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	7UI011
RESIDENT RIGHTS	SUBSTANTIATED	7UI011
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	7UI011
PROGRAM SERVICES	SUBSTANTIATED	7UI011
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	7UI011
PROGRAM SERVICES	SUBSTANTIATED	7UI011
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	7UI011

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

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

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	7UI011
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	7UI011

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

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

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	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 Investigation Completed: 05/31/2023**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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

Subject Area(s)

RESIDENT RIGHTS

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

Result

NOT SUBSTANTIATED

SOD #

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

Subject Area(s)

ADMINISTRATION  
PROGRAM SERVICES

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

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### 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

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
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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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Results:** ENFORCEMENT ACTION

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

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</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

**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>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</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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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### 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)

**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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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

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

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

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	5N0Z11
RESIDENT RIGHTS	SUBSTANTIATED	5N0Z11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	5N0Z11

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

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

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	49P411
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	49P411

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

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

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	49P411

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

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

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

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

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

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	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)

#### 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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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### 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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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### 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

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

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**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)

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

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

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

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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

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

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

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)

#### 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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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### 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

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	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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**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**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 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)(e)	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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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

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

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

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	R6OQ12
PROGRAM SERVICES	SUBSTANTIATED	R6OQ12
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	R6OQ12

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

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

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	R6OQ12
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	R6OQ12
PROGRAM SERVICES	SUBSTANTIATED	R6OQ12
RESIDENT RIGHTS	SUBSTANTIATED	R6OQ12
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	R6OQ12

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

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

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	R6OQ12
PROGRAM SERVICES	SUBSTANTIATED	R6OQ12
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	R6OQ12

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### 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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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### 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

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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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**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**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 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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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### 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

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### 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

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	YYQ611
PROGRAM SERVICES	SUBSTANTIATED	YYQ611
RESIDENT RIGHTS	SUBSTANTIATED	YYQ611
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	YYQ611

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

### 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

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

**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)

### 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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**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**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 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**

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

Subject Area(s)  
 RESIDENT RIGHTS

Result  
 NOT SUBSTANTIATED

SOD #

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

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

Subject Area(s)  
 PROGRAM SERVICES  
 STAFF TRAINING AND PROFICIENCY

Result  
 NOT SUBSTANTIATED  
 NOT SUBSTANTIATED

SOD #

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### 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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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**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 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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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

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

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

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

15L611

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

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

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

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)

### 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

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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)

**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 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	

**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 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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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### 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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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

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

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

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

OS4K13

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

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

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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

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

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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

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

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

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)

#### 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)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

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