

Provider Inspection Summary

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

Racine

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Racine County.
The report is a PDF (Adobe Acrobat) document and includes a total of 92.00 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

Adult Family Home

Facility Information

Facility Name: Absolute Care AFH (0019441)

Address: 417 Stonewall Court, Burlington, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 03/06/2024 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0145817 **End Date:** 03/06/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 2 of 92 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: CEDAR HOME (0012080)

Address: 316 S PERKINS, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 08/30/2007 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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

Adult Family Home

Facility Information

Facility Name: CHESTNUT HOME (0017632)

Address: 124 BAY RIDGE LN, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 06/24/2019 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140568 **End Date:** 08/04/2022 **Type:** STANDARD **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

Adult Family Home

Facility Information

Facility Name: CYPRESS HOME (0013354)

Address: 208 EDWARDS ST, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 12/22/2010 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Complaint History (CYPRESS HOME--0013354)

Date Complaint Received: 10/22/2024

Date Investigation Completed: 02/14/2025

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: DOLPHIN HOUSE A LLC (0015101)

Address: 506A STEPHANIE STREET, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 11/10/2014 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0147526 **End Date:** 09/06/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145820 **End Date:** 03/06/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (DOLPHIN HOUSE A LLC--0015101)

Date Complaint Received: 06/04/2024

Date Investigation Completed: 09/06/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 12/12/2023

Date Investigation Completed: 03/06/2024

Subject Area(s)

Result

SOD #

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

Adult Family Home

Facility Information

Facility Name: DOLPHIN HOUSE B LLC (0015100)

Address: 506B STEPHANIE STREET, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 11/10/2014 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0147528 **End Date:** 09/06/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140564 **End Date:** 08/04/2022 **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

Adult Family Home

Facility Information

Facility Name: EDGEWOOD I (0018293)

Address: 584 EDGEWOOD DRIVE, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 11/09/2020 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0146723 **End Date:** 06/13/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144923 **End Date:** 09/05/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S5YY11 Served 01/30/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	6/13/24	Yes
88.10(3)(e)	SELF-DIRECTION	6/13/24	Yes
88.10(3)(q)	MEDICATIONS	6/13/24	Yes

Enforcement History (EDGEWOOD I--0018293)

Date: 11/30/2023 **SOD #**S5YY11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Complaint History (EDGEWOOD I--0018293)

Date Complaint Received: 08/17/2023

Date Investigation Completed: 09/05/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	
RESIDENT RIGHTS	SUBSTANTIATED	S5YY11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	S5YY11
PROGRAM SERVICES	SUBSTANTIATED	S5YY11
RESIDENT RIGHTS	NOT SUBSTANTIATED	

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: ELM HOME (0012870)

Address: 8339 B FISHMAN RD, BURLINGTON, WI 53105

License Status: REGULAR

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

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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

Adult Family Home

Facility Information

Facility Name: GALL FAMILY CARE HOME (0008955)

Address: 1315 SCHNEIDER LN, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 02/23/2000 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

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

Enforcement History (GALL FAMILY CARE HOME--0008955)

Date: 02/28/2022

SOD #ZB0D11

Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: HEMLOCK HOME (0017644)

Address: 848 WEILER RD, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 08/01/2019 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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

Adult Family Home

Facility Information

Facility Name: Hilltop Homes LLC (0019770)

Address: 28798 Cramer Ct, Burlington, WI 531059427

License Status: REGULAR

Licensed/Certified/Registered 02/14/2024 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0145620 **End Date:** 02/13/2024 **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

Adult Family Home

Facility Information

Facility Name: MAGNOLIA HOME (0017634)

Address: 901 CRESTWOOD DR, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 06/24/2019 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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

Adult Family Home

Facility Information

Facility Name: MAPLE HOME (0012871)

Address: 8339 A FISHMAN RD, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 08/06/2009 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140498 **End Date:** 08/04/2022 **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

Adult Family Home

Facility Information

Facility Name: One Big Family Adult Family Homes (0019364)

Address: 316 Garfield St, Burlington, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 08/25/2023 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0144263 **End Date:** 08/25/2023 **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

Adult Family Home

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN XV (0009193)

Address: 2125 PARKWAY DR, CALEDONIA, WI 53108

License Status: REGULAR

Licensed/Certified/Registered 06/15/2001 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141691 **End Date:** 12/21/2022 **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

Adult Family Home

Facility Information

Facility Name: COUNTRY MEADOWS FAMILY CARE ANGEL HOUSE (0014954)

Address: 13207 HWY G, CALEDONIA, WI 53108

License Status: REGULAR

Licensed/Certified/Registered 03/20/2014 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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

Adult Family Home

Facility Information

Facility Name: COUNTRY MEADOWS FAMILY CARE LLC (0013085)

Address: 2824 65TH DR, FRANKSVILLE, WI 53126

License Status: REGULAR

Licensed/Certified/Registered 12/17/2009 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0146808 **End Date:** 06/25/2024 **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

Adult Family Home

Facility Information

Facility Name: GUNDERSON FAMILY HOME (390164)

Address: 707 224TH AVE, KANSASVILLE, WI 53139

License Status: REGULAR

Licensed/Certified/Registered 04/01/1998 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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

Adult Family Home

Facility Information

Facility Name: A Lakeview Group Home LLC (0019536)

Address: 3857 Lakeview Dr, Mount Pleasant, WI 53403

License Status: REGULAR

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

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0143351 **End Date:** 06/06/2023 **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

Adult Family Home

Facility Information

Facility Name: Aashiyana Family Care 2 LLC Unit 1A (0019835)

Address: 3500 Meachem Rd Ste 1A, Mount Pleasant, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 02/09/2024 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0145567 **End Date:** 02/09/2024 **Type:** INITIAL **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

Adult Family Home

Facility Information

Facility Name: Aashiyana Family Care 2 Unit 1B (0019836)

Address: 3500 Meachem Rd, Mount Pleasant, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 02/09/2024 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0145568 **End Date:** 02/09/2024 **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

Adult Family Home

Facility Information

Facility Name: Almost Home Family Care (0019428)

Address: 1441 MEADOWLANE AVE, MOUNT PLEASANT, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 06/23/2023 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0143587 **End Date:** 06/23/2023 **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

Adult Family Home

Facility Information

Facility Name: Amys Adult Family Home (0019658)

Address: 632 S EMMERTSEN RD, MOUNT PLEASANT, WI 534063418

License Status: REGULAR

Licensed/Certified/Registered 08/29/2023 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0144090 **End Date:** 08/29/2023 **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

Adult Family Home

Facility Information

Facility Name: Angel Care II (0019113)

Address: 4235 Lathrop Ave, Mount Pleasant, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 08/15/2023 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0148000 **End Date:** 10/25/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KCMV11 Served 11/01/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.09(1)(a)	RESIDENT RECORDS		

Survey ID: 0143942 **End Date:** 08/15/2023 **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

Adult Family Home

Enforcement History (Angel Care II--0019113)

Date: 11/01/2024 **SOD #**KCMV11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (Angel Care II--0019113)

Date Complaint Received: 06/25/2024

Date Investigation Completed: 10/25/2024

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

Adult Family Home

Facility Information

Facility Name: ANGEL CARE LIVING FACILITIES LLC (0017832)

Address: 4237 LATHROP AVE, MOUNT PLEASANT, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 09/27/2019 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0147955 **End Date:** 09/27/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8I8W11 Served 10/29/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(2)(c)	SERVICE AGREEMENT REQUIREMENTS		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		

Enforcement History (ANGEL CARE LIVING FACILITIES LLC--0017832)

Date: 10/29/2024 **SOD #**8I8W11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (ANGEL CARE LIVING FACILITIES LLC--0017832)

Date Complaint Received: 06/25/2024 **Date Investigation Completed:** 09/27/2024

<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

Adult Family Home

Facility Information

Facility Name: BEACON OF HOPE ADULT FAMILY HOME (0014258)

Address: 3945 JACOB CT, MOUNT PLEASANT, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 07/25/2012 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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

Adult Family Home

Facility Information

Facility Name: CARE HOME (0009850)

Address: 3820 ROYAL OAKS DR, MOUNT PLEASANT, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 01/21/2003 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139493 **End Date:** 02/08/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Adult Family Home

Facility Information

Facility Name: Crestwood I (0019437)

Address: 4502 Wood Rd, Mount Pleasant, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 05/09/2023 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0143190 **End Date:** 05/09/2023 **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

Adult Family Home

Facility Information

Facility Name: Crestwood II (0019455)

Address: 4504 Wood Rd, Mount Pleasant, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 05/09/2023 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0143208 **End Date:** 05/09/2023 **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

Adult Family Home

Facility Information

Facility Name: Grace and Unity Adult Family Home LLC (0019655)

Address: 3141 Coolidge Ave, Mount Pleasant, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 09/06/2023 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0147587 **End Date:** 07/17/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VD1C11 Served 09/16/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.10(3)(q)	MEDICATIONS		

Survey ID: 0144198 **End Date:** 09/06/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (Grace and Unity Adult Family Home LLC--0019655)

Date: 09/16/2024 **SOD #**VD1C11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Complaint History (Grace and Unity Adult Family Home LLC--0019655)

Date Complaint Received: 05/13/2024

Date Investigation Completed: 07/17/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 04/25/2024

Date Investigation Completed: 07/17/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

VD1C11

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

VD1C11

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: GREEN BAY ADULT FAMILY HOME (0016128)

Address: 1111 N GREEN BAY RD, MOUNT PLEASANT, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 05/31/2016 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142675 **End Date:** 03/17/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141169 **End Date:** 10/27/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141640 **End Date:** 09/13/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PDTB11 Served 12/20/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	3/17/23	Yes
88.09(2)(a)9	HEALTH SCREENING	3/17/23	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	3/17/23	Yes

Enforcement History (GREEN BAY ADULT FAMILY HOME--0016128)

Date: 12/20/2022 **SOD #PDTB11** **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Complaint History (GREEN BAY ADULT FAMILY HOME--0016128)

Date Complaint Received: 09/06/2022

Date Investigation Completed: 10/27/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 05/25/2022

Date Investigation Completed: 09/13/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 02/24/2022

Date Investigation Completed: 09/13/2022

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

Adult Family Home

Facility Information

Facility Name: HARMONY HOME ON NEWMAN LLC (0016680)

Address: 448 NEWMAN RD, MOUNT PLEASANT, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 07/20/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0145934 **End Date:** 02/20/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MOO312 Served 03/20/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(n)2	CLEAN BEDDING AND LINENS		

Survey ID: 0141122 **End Date:** 06/20/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MOO311 Served 10/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	2/20/24	Yes
88.05(3)(n)2	CLEAN BEDDING AND LINENS	2/20/24	No
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	2/20/24	Yes

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (HARMONY HOME ON NEWMAN LLC--0016680)

Date: 03/20/2024 **SOD #**MOO312 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 10/25/2022 **SOD #**MOO311 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (HARMONY HOME ON NEWMAN LLC--0016680)

Date Complaint Received: 11/13/2023

Date Investigation Completed: 02/20/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 06/14/2022

Date Investigation Completed: 06/20/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: HEART TO HEART ASSISTED LIVING HOMES LLC (0019497)

Address: 4232 PLEASANT LN, MOUNT PLEASANT, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 12/19/2024 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0148400 **End Date:** 12/19/2024 **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

Adult Family Home

Facility Information

Facility Name: J HARRIS HOMES (0016712)

Address: 1114 N HILLOCK DRIVE, MOUNT PLEASANT, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 08/29/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0145903 **End Date:** 02/01/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6E5I11 Served 03/18/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(2)(h)	COMPLY WITH OSHA		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0141975 End Date: 10/19/2022 Type: OTHER Purpose: COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #H65P12 Served 01/30/2023

Deficiencies Cited

88.05(4)(a)

Subject Area

FIRE SAFETY-FIRE EXTINGUISHERS

Compliance

Verified

4/5/23

Corrected

Yes

Enforcement History (J HARRIS HOMES--0016712)

Date: 03/18/2024 SOD #6E5I11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 01/31/2022 SOD #H65P11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

Complaint History (J HARRIS HOMES--0016712)

Date Complaint Received: 09/21/2023

Date Investigation Completed: 02/01/2024

Subject Area(s)

PROGRAM SERVICES
RESIDENT RIGHTS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/15/2022

Date Investigation Completed: 10/19/2022

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

Adult Family Home

Facility Information

Facility Name: Morell Manor LLC (0019262)

Address: 6425 Durand Avenue, Mount Pleasant, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 12/05/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141551 **End Date:** 12/05/2022 **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

Adult Family Home

Facility Information

Facility Name: Morell Manor LLC (0019266)

Address: 6429 Durand Avenue, Mount Pleasant, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 12/05/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141553 **End Date:** 12/05/2022 **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

Adult Family Home

Facility Information

Facility Name: OPEN ARMS 20 LLC (0016790)

Address: 3824 DAISY LANE, MOUNT PLEASANT, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 07/19/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140282 **End Date:** 02/18/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LCM311 Served 07/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(d)1	DESCRIPTION OF SERVICES		

Survey History

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

Enforcement History (OPEN ARMS 20 LLC--0016790)

Date: 07/28/2022 **SOD #**LCM311 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: Royal People Care LLC AFH (0020316)

Address: 3819 Blossom Drive, Mount Pleasant, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 01/16/2025 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0148621 **End Date:** 01/16/2025 **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

Adult Family Home

Facility Information

Facility Name: WOOD ADULT FAMILY HOME LLC (0016414)
Address: 4406 WOOD RD, MOUNT PLEASANT, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 01/10/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0146527 **End Date:** 04/11/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TTOT11 Served 05/24/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	2/11/25	Yes
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	2/11/25	Yes
88.06(3)(f)	REVIEW OF ISP	2/11/25	Yes

Survey ID: 0142042 **End Date:** 01/27/2023 **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

Adult Family Home

Enforcement History (WOOD ADULT FAMILY HOME LLC--0016414)

Date: 05/24/2024 **SOD #**TTOT11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 02/07/2022 **SOD #**SEGS11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (WOOD ADULT FAMILY HOME LLC--0016414)

Date Complaint Received: 03/20/2024

Date Investigation Completed: 04/11/2024

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

Adult Family Home

Facility Information

Facility Name: AARNA FAMILY CARE LLC (0017908)

Address: 3823 MEACHEM ROAD, MT PLEASANT, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 01/23/2020 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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

Adult Family Home

Facility Information

Facility Name: DURAND ADULT FAMILY HOME II LLC (0015129)

Address: 6437 DURAND AVE, MT PLEASANT, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 08/05/2014 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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

Adult Family Home

Facility Information

Facility Name: DURAND ADULT FAMILY HOME LLC (0014928)

Address: 6439 DURAND AVENUE, MT PLEASANT, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 01/28/2014 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142165 **End Date:** 08/31/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J5G812 Served 02/15/2023

Deficiencies Cited
88.05(3)(a)

Subject Area
HOME ENVIRONMENT

Compliance
Verified

Corrected

Enforcement History (DURAND ADULT FAMILY HOME LLC--0014928)

Date: 02/15/2023 **SOD #J5G812** **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 03/12/2022 **SOD #J5G811** **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: LIBERTY WILLOWS ADULT FAMILY HOME LLC 4 (0018575)

Address: 6116 SPRING STREET, MT PLEASANT, WI 53406

License Status: REGULAR

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

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140813 **End Date:** 09/12/2022 **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

Adult Family Home

Facility Information

Facility Name: OPEN ARMS 20 LLC (0015801)

Address: 5335 TAYLOR AVE, MT PLEASANT, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 10/21/2015 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0148238 **End Date:** 12/05/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147467 **End Date:** 07/11/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VW2Q11 Served 08/30/2024

Deficiencies Cited
88.10(3)(p)

Subject Area
PROMPT AND ADEQUATE TREATMENT

Compliance
Verified
12/4/24

Corrected
Yes

Survey ID: 0141914 **End Date:** 10/11/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139422 **End Date:** 02/01/2022 **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

Adult Family Home

Enforcement History (OPEN ARMS 20 LLC--0015801)

Date: 08/30/2024 **SOD #** VW2Q11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (OPEN ARMS 20 LLC--0015801)

Date Complaint Received: 11/13/2024

Date Investigation Completed: 12/05/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 03/04/2024

Date Investigation Completed: 07/11/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

VW2Q11

PROGRAM SERVICES

SUBSTANTIATED

VW2Q11

Date Complaint Received: 08/01/2022

Date Investigation Completed: 10/11/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: OPEN ARMS 20 LLC (0016272)

Address: 3725 SHERRIE LN, MT PLEASANT, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 08/15/2016 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0147468 **End Date:** 07/11/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #82W911 Served 08/30/2024

Deficiencies Cited

88.06(3)(f)

88.10(3)(q)

Subject Area

REVIEW OF ISP

MEDICATIONS

Compliance

Verified

Corrected

Enforcement History (OPEN ARMS 20 LLC--0016272)

Date: 08/30/2024 **SOD #**82W911 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Complaint History (OPEN ARMS 20 LLC--0016272)

Date Complaint Received: 06/17/2024

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 07/11/2024

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 05/30/2024

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Date Investigation Completed: 07/11/2024

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 05/08/2024

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 07/11/2024

Result SOD #
SUBSTANTIATED 82W911

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: KWASIGROCH FAMILY CARE HOME (0009255)

Address: 29312 WASHINGTON AVE, ROCHESTER, WI 53167

License Status: REGULAR

Licensed/Certified/Registered 08/01/2001 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0145145 **End Date:** 12/29/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144862 **End Date:** 11/15/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144143 **End Date:** 08/02/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CI5411 Served 09/14/2023

Deficiencies Cited
88.04(2)(a)

Subject Area
RESPONSIBILITIES

Compliance
Verified
11/15/23

Corrected
Yes

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0142450 **End Date:** 12/13/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1ZGJ12 Served 03/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(4)(b)	RENEWAL REQUIREMENTS	12/29/23	

Enforcement History (KWASIGROCH FAMILY CARE HOME--0009255)

Date: 09/08/2023 **SOD #**CI5411 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 03/13/2023 **SOD #**1ZGJ12 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

REVOKE LICENSE
NNAO EXTENDED
ORDER TO COMPLY

Date: 02/22/2022 **SOD #**1ZGJ11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN XIX (0012193)

Address: 8917 CITADEL TERRACE, STURTEVANT, WI 53177

License Status: REGULAR

Licensed/Certified/Registered 11/20/2008 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140076 **End Date:** 06/09/2022 **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

Adult Family Home

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN XVII (0010747)

Address: 3657 MERLIN CT, STURTEVANT, WI 53177

License Status: REGULAR

Licensed/Certified/Registered 05/26/2005 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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

Adult Family Home

Facility Information

Facility Name: J HARRIS HOMES INC (0020237)

Address: 8617 WESTBROOK DR., STURTEVANT, WI 53177

License Status: REGULAR

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

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0147281 **End Date:** 08/08/2024 **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

Adult Family Home

Facility Information

Facility Name: OPEN ARMS 20 LLC (0016805)

Address: 3708 91ST PLACE, STURTEVANT, WI 53177

License Status: REGULAR

Licensed/Certified/Registered 08/03/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0143787 **End Date:** 07/27/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141651 **End Date:** 12/14/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139375 **End Date:** 04/19/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139019 **End Date:** 03/08/2022 **Type:** STANDARD **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

Adult Family Home

Complaint History (OPEN ARMS 20 LLC--0016805)

Date Complaint Received: 06/20/2023

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 07/27/2023

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/22/2022

Subject Area(s)

RESIDENT RIGHTS
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 12/14/2022

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/06/2022

Subject Area(s)

RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 04/19/2022

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: OPEN ARMS 20 LLC (0016806)

Address: 3648 91ST PLACE, STURTEVANT, WI 53177

License Status: REGULAR

Licensed/Certified/Registered 08/03/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0146584 **End Date:** 04/25/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142966 **End Date:** 05/04/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141036 **End Date:** 10/11/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (OPEN ARMS 20 LLC--0016806)

Date Complaint Received: 12/27/2023

Date Investigation Completed: 04/25/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/25/2022

Date Investigation Completed: 10/11/2022

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

Adult Family Home

Facility Information

Facility Name: OPEN ARMS 20 LLC (0016807)

Address: 9430 JASMINE CT, STURTEVANT, WI 53177

License Status: REGULAR

Licensed/Certified/Registered 08/03/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0147752 **End Date:** 08/28/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JKD912 Served 10/03/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

Survey ID: 0141600 **End Date:** 07/21/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JKD911 Served 12/14/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP	8/28/24	No

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (OPEN ARMS 20 LLC--0016807)

Date: 10/03/2024 **SOD #**JKD912 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 12/13/2022 **SOD #**JKD911 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (OPEN ARMS 20 LLC--0016807)

Date Complaint Received: 08/08/2024

Date Investigation Completed: 08/28/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 06/13/2022

Date Investigation Completed: 07/21/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

JKD911

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: OPEN ARMS ASSISTED LIVING ANGELICA 2 (0017549)

Address: 9311 ANGELICA DR, STURTEVANT, WI 53177

License Status: REGULAR

Licensed/Certified/Registered 06/06/2019 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0146781 **End Date:** 05/13/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144799 **End Date:** 07/25/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NNUI11 Served 11/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP	5/1/24	Yes
88.07(2)(a)	SERVICES	5/1/24	Yes

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0144027 **End Date:** 04/19/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VX2I11 Served 04/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

Survey ID: 0139674 **End Date:** 05/09/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (OPEN ARMS ASSISTED LIVING ANGELICA 2--0017549)

Date: 11/13/2023 **SOD #**NNUI1 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Complaint History (OPEN ARMS ASSISTED LIVING ANGELICA 2--0017549)

Date Complaint Received: 04/22/2024

Date Investigation Completed: 05/13/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 06/23/2023

Date Investigation Completed: 07/25/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

NNUI11

PROGRAM SERVICES

SUBSTANTIATED

NNUI11

Date Complaint Received: 02/02/2023

Date Investigation Completed: 04/19/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 04/07/2022

Date Investigation Completed: 05/09/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: OPEN ARMS ASSISTED LIVING HAWTHORNE (0017548)

Address: 3653 95TH PLACE, STURTEVANT, WI 53177

License Status: REGULAR

Licensed/Certified/Registered 06/06/2019 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0146626 **End Date:** 04/29/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141652 **End Date:** 12/15/2022 **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

Adult Family Home

Complaint History (OPEN ARMS ASSISTED LIVING HAWTHORNE--0017548)

Date Complaint Received: 01/14/2025

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 01/28/2025

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/25/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 04/29/2024

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/02/2024

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 04/29/2024

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/03/2022

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 12/15/2022

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: OPEN ARMS ASSISTED LIVING (0017505)

Address: 9348 ANGELICA DR, STURTEVANT, WI 53177

License Status: REGULAR

Licensed/Certified/Registered 03/18/2019 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139684 **End Date:** 05/09/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (OPEN ARMS ASSISTED LIVING--0017505)

Date Complaint Received: 04/07/2022

Date Investigation Completed: 05/09/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: OPEN ARMS ASSISTED LIVING (0017506)

Address: 9008 CHICKORY CREEK DR, STURTEVANT, WI 53177

License Status: REGULAR

Licensed/Certified/Registered 03/18/2019 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0147608 **End Date:** 09/13/2024 **Type:** ABBREVIATED **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144900 **End Date:** 11/28/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141107 **End Date:** 10/18/2022 **Type:** STANDARD **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139017 **End Date:** 03/08/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Complaint History (OPEN ARMS ASSISTED LIVING--0017506)

Date Complaint Received: 09/12/2024

Date Investigation Completed: 09/13/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 07/08/2024

Date Investigation Completed: 09/13/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/22/2023

Date Investigation Completed: 11/28/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 09/12/2022

Date Investigation Completed: 10/18/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 02/01/2022

Date Investigation Completed: 03/08/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: CARE AND COMFORT 2 ADULT FAMILY HOME (0016290)

Address: 6111 E WIND LAKE RD, UNION GROVE, WI 53182

License Status: REGULAR

Licensed/Certified/Registered 12/13/2016 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0147984 **End Date:** 10/14/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9XTC11 Served 10/31/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(3)(f)	REVIEW OF ISP		

Survey ID: 0143240 **End Date:** 04/19/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: HCBS COMPLIANCE REPORT

Survey ID: 0141850 **End Date:** 09/15/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CPC612 Served 01/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(a)	SERVICES	4/19/23	Yes

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (CARE AND COMFORT 2 ADULT FAMILY HOME--0016290)

Date: 10/31/2024 **SOD #**9XTC11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 01/13/2023 **SOD #**CPC612 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

Complaint History (CARE AND COMFORT 2 ADULT FAMILY HOME--0016290)

Date Complaint Received: 06/03/2024 **Date Investigation Completed:** 10/14/2024

Subject Area(s)

ADMINISTRATION
RESIDENT RIGHTS
ADMINISTRATION
RESIDENT RIGHTS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/25/2024 **Date Investigation Completed:** 10/14/2024

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/31/2022 **Date Investigation Completed:** 09/15/2022

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

Adult Family Home

Facility Information

Facility Name: CARE AND COMFORT ADULT FAMILY HOME LLC (0015063)

Address: 6109 E WIND LAKE ROAD, UNION GROVE, WI 53182

License Status: REGULAR

Licensed/Certified/Registered 05/13/2014 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0146950 **End Date:** 06/21/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143257 **End Date:** 06/01/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143038 **End Date:** 04/19/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142013 **End Date:** 09/15/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8ZZP11 Served 02/02/2023

Deficiencies Cited
88.07(2)(a)

Subject Area
SERVICES

Compliance
Verified
4/19/23

Corrected
Yes

Survey ID: 0140058 **End Date:** 06/07/2022 **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

Adult Family Home

Enforcement History (CARE AND COMFORT ADULT FAMILY HOME LLC--0015063)

Date: 02/02/2023 **SOD #**8ZZP11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

Date: 02/02/2022 **SOD #**14MT11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (CARE AND COMFORT ADULT FAMILY HOME LLC--0015063)

Date Complaint Received: 06/03/2024 **Date Investigation Completed:** 06/21/2024

Subject Area(s)

ADMINISTRATION
RESIDENT RIGHTS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/25/2024

Date Investigation Completed: 06/21/2024

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/03/2023

Date Investigation Completed: 04/19/2023

Subject Area(s)

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/31/2022

Date Investigation Completed: 09/15/2022

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD #

8ZZP11

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: MARTIN FAMILY CARE HOME (390199)

Address: 18328 SPRING ST, UNION GROVE, WI 53182

License Status: REGULAR

Licensed/Certified/Registered 08/01/1998 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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

Adult Family Home

Facility Information

Facility Name: YORK ADULT FAMILY HOME (0018503)

Address: 1400 YORK STREET, UNION GROVE, WI 53182

License Status: REGULAR

Licensed/Certified/Registered 11/02/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141281 **End Date:** 11/01/2022 **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

Adult Family Home

Facility Information

Facility Name: ELIZABETH I (0018080)

Address: 516 ELIZABETH STREET, WATERFORD, WI 53185

License Status: REGULAR

Licensed/Certified/Registered 06/30/2020 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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

Adult Family Home

Facility Information

Facility Name: ELIZABETH II (0018079)

Address: 518 ELIZABETH STREET, WATERFORD, WI 53185

License Status: REGULAR

Licensed/Certified/Registered 06/30/2020 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0143287 **End Date:** 06/06/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140569 **End Date:** 08/10/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (ELIZABETH II--0018079)

Date Complaint Received: 02/15/2023

Date Investigation Completed: 06/06/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: ELIZABETH III (0016724)

Address: 106 S 3RD STREET, WATERFORD, WI 53185

License Status: REGULAR

Licensed/Certified/Registered 07/27/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141437 **End Date:** 08/10/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J4SQ11 Served 11/28/2022

Deficiencies Cited
88.10(3)(l)

Subject Area
SAFE PHYSICAL ENVIRONMENT

Compliance
Verified

Corrected

Enforcement History (ELIZABETH III--0016724)

Date: 11/28/2022 **SOD #J4SQ11** **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: ELIZABETH IV (0017329)

Address: 308 ELIZABETH ST, WATERFORD, WI 53185

License Status: REGULAR

Licensed/Certified/Registered 12/13/2018 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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

Adult Family Home

Facility Information

Facility Name: NAVIE ADULT FAMILY HOMES II LLC (0020301)

Address: 517B FOXMEAD CROSSING, WATERFORD, WI 53185

License Status: REGULAR

Licensed/Certified/Registered 07/30/2024 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0147160 **End Date:** 07/30/2024 **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

Adult Family Home

Facility Information

Facility Name: Navie Adult Family Homes LLC (0019699)

Address: 517A Foxmead Xing, WATERFORD, WI 53185

License Status: REGULAR

Licensed/Certified/Registered 10/16/2023 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0144627 **End Date:** 10/16/2023 **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

Adult Family Home

Facility Information

Facility Name: PERSONALLY YOURS ELDER CARE A (0014523)

Address: 4525 GUNDERSON ROAD, WATERFORD, WI 53185

License Status: REGULAR

Licensed/Certified/Registered 03/26/2013 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0146895 **End Date:** 05/16/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #55WX11 Served 07/10/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(g)	WINDOWS AND VENTILATION		
88.06(3)(f)	REVIEW OF ISP		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Enforcement History (PERSONALLY YOURS ELDER CARE A--0014523)

Date: 07/10/2024 **SOD #**55WX11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (PERSONALLY YOURS ELDER CARE A--0014523)

Date Complaint Received: 01/19/2024 **Date Investigation Completed:** 05/16/2024

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

Adult Family Home

Facility Information

Facility Name: PERSONALLY YOURS ELDER CARE B (0012750)

Address: 4525 GUNDERSON RD, WATERFORD, WI 53185

License Status: REGULAR

Licensed/Certified/Registered 04/09/2009 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0146782 **End Date:** 05/16/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #O26211 Served 06/25/2024

Deficiencies Cited

88.04(5)(a)

88.10(3)(l)

Subject Area

TRAINING-15 HOURS WITHIN 6 MONTHS

SAFE PHYSICAL ENVIRONMENT

Compliance

Verified

Corrected

Survey ID: 0138811 **End Date:** 02/01/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (PERSONALLY YOURS ELDER CARE B--0012750)

Date: 06/25/2024 **SOD #**O26211 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: PERSONALLY YOURS ELDER CARE C (390231)

Address: 4525 GUNDERSON RD, WATERFORD, WI 53185

License Status: REGULAR

Licensed/Certified/Registered 09/04/1998 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0146983 **End Date:** 05/16/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #U8R411 Served 07/18/2024

Deficiencies Cited

50.065(3)(b)

88.04(5)(a)

Subject Area

COMPLETE BACKGROUND CHECK PROCESS

TRAINING-15 HOURS WITHIN 6 MONTHS

Compliance

Verified

Corrected

Enforcement History (PERSONALLY YOURS ELDER CARE C--390231)

Date: 07/18/2024 **SOD #**U8R411 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (PERSONALLY YOURS ELDER CARE C--390231)

Date Complaint Received: 01/19/2024

Date Investigation Completed: 05/16/2024

Subject Area(s)

PROGRAM SERVICES

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: RAUSCH FAMILY CARE HOME (0012794)

Address: 6831 BIG BEND RD, WATERFORD, WI 53185

License Status: REGULAR

Licensed/Certified/Registered 04/30/2009 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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

Adult Family Home

Facility Information

Facility Name: EAGLES LANDING (0012634)

Address: 26516 NORDIC RIDGE DR, WIND LAKE, WI 53185

License Status: REGULAR

Licensed/Certified/Registered 05/26/2009 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0144970 **End Date:** 09/15/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EB9C11 Served 12/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(g)	WINDOWS AND VENTILATION		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT		
88.06(3)(f)	REVIEW OF ISP		
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY		
88.08	TERMINATION OF PLACEMENT		

Survey ID: 0141034 **End Date:** 10/06/2022 **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

Adult Family Home

Survey ID: 0138875 **End Date:** 01/24/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #4T7F11 Served 03/04/2022

Deficiencies Cited

88.05(3)(a)

88.06(3)(b)

Subject Area

HOME ENVIRONMENT

PERSONS INVOLVED WITH ISP & ASSESSMENT

Compliance

Verified

Corrected

Enforcement History (EAGLES LANDING--0012634)

Date: 12/05/2023 **SOD #**EB9C11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 03/04/2022 **SOD #**4T7F11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (EAGLES LANDING--0012634)

Date Complaint Received: 07/17/2023

Date Investigation Completed: 09/15/2023

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

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

Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: WIND POINT VILLA ADULT FAMILY HOME (0014859)

Address: 314 JONSUE LANE, WIND POINT, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 02/04/2014 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139217 **End Date:** 03/02/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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