

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 87.00 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 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: CEDAR HOME (0012080)

Address: 316 S PERKINS, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 8/30/2007 12:00:00AM

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

This is Page 2 of 87 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 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: CHESTNUT HOME (0017632)

Address: 124 BAY RIDGE LN, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 6/24/2019 12:00:00AM

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

Survey History

Survey ID: 0140568 **End Date:** 8/4/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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

Survey History

Survey ID: 0137320 **End Date:** 9/20/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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: 0138034 **End Date:** 7/21/2021 **Type:** OTHER **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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: 0140564 **End Date:** 8/4/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: EDGEWOOD I (0018293)

Address: 584 EDGEWOOD DRIVE, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 11/9/2020 12:00:00AM

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

Survey History

Survey ID: 0135232 **End Date:** 10/27/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: ELM HOME (0012870)

Address: 8339 B FISHMAN RD, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 12/3/2009 12:00:00AM

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 2/23/2000 12:00:00AM

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

Survey History

Survey ID: 0138829 **End Date:** 10/20/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZB0D11 Served 2/28/2022

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|-----------------------------------|----------------------------|------------------|
| 50.065(3)(b) | COMPLETE BACKGROUND CHECK PROCESS | | |
| 88.03(5)(b) | CHANGE IN HOUSEHOLD MEMBERS | | |
| 88.04(5)(b) | TRAINING-8 HOURS ANNUALLY | | |
| 88.05(3)(d) | ANNUAL WELL WATER INSPECTIONS | | |
| 88.05(3)(e)2.b | INSPECTIONS-GAS FURNACE | | |
| 88.05(4)(d)2.c | SEMI-ANNUAL FIRE DRILLS | | |
| 88.09(1)(a) | RESIDENT RECORDS | | |
| 88.10(3)(l) | SAFE PHYSICAL ENVIRONMENT | | |

Enforcement History (GALL FAMILY CARE HOME--0008955)

Date: 2/28/2022 **SOD #**ZB0D11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: HEMLOCK HOME (0017644)

Address: 848 WEILER RD, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 8/1/2019 12:00:00AM

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: MAGNOLIA HOME (0017634)

Address: 901 CRESTWOOD DR, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 6/24/2019 12:00:00AM

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: MAPLE HOME (0012871)

Address: 8339 A FISHMAN RD, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 8/6/2009 12:00:00AM

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

Survey History

Survey ID: 0140498 **End Date:** 8/4/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 6/15/2001 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 5/15/2020 to 5/15/2023

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 3/20/2014 12:00:00AM

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: GUNDERSON FAMILY HOME (390164)

Address: 707 224TH AVE, KANSASVILLE, WI 53139

License Status: REGULAR

Licensed/Certified/Registered 4/1/1998 12:00:00AM

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: LOETHERS HOME (0010474)

Address: 1222 LAUREL LN, KANSASVILLE, WI 53139

License Status: REGULAR

Licensed/Certified/Registered 5/19/2004 12:00:00AM

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 6/6/2023 12:00:00AM

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

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 9/27/2019 12:00:00AM

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 7/25/2012 12:00:00AM

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 1/21/2003 12:00:00AM

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

Survey History

Survey ID: 0139493 **End Date:** 2/8/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: Crestwood I (0019437)

Address: 4502 Wood Rd, Mount Pleasant, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 5/9/2023 12:00:00AM

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

Survey History

Survey ID: 0143190 **End Date:** 5/9/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: Crestwood II (0019455)

Address: 4504 Wood Rd, Mount Pleasant, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 5/9/2023 12:00:00AM

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

Survey History

Survey ID: 0143208 **End Date:** 5/9/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 5/31/2016 12:00:00AM

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

Survey History

Survey ID: 0142675 **End Date:** 3/17/2023 **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:** 9/13/2022 **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 5/15/2020 to 5/15/2023

Adult Family Home

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

Date Complaint Received: 9/6/2022

Date Investigation Completed: 10/27/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 5/25/2022

Date Investigation Completed: 9/13/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 2/24/2022

Date Investigation Completed: 9/13/2022

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 7/20/2017 12:00:00AM

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

Survey History

Survey ID: 0141122 **End Date:** 6/20/2022 **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 | | |
| 88.05(3)(n)2 | CLEAN BEDDING AND LINENS | | |
| 88.10(3)(l) | SAFE PHYSICAL ENVIRONMENT | | |

Survey ID: 0134552 **End Date:** 8/6/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

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

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

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

Date Complaint Received: 6/14/2022

Date Investigation Completed: 6/20/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 8/29/2017 12:00:00AM

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

Survey History

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

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #H65P12 Served 1/30/2023

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--------------------------------|----------------------------|------------------|
| 88.05(4)(a) | FIRE SAFETY-FIRE EXTINGUISHERS | 4/5/23 | Yes |

Survey ID: 0138543 **End Date:** 8/11/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H65P11 Served 1/31/2022

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--|----------------------------|------------------|
| 13.05(2) | CLIENT PROTECTION | 10/19/22 | Yes |
| 13.05(3)(a) | ENTITY ALLEGATION REPORTING REQUIREMENTS | 10/19/22 | Yes |
| 88.05(3)(e)2.b | INSPECTIONS-GAS FURNACE | 10/19/22 | Yes |
| 88.05(4)(a) | FIRE SAFETY-FIRE EXTINGUISHERS | 10/19/22 | No |
| 88.05(4)(d)2.b | FIRE EVACUATION ANNUAL EVALUATION | 10/19/22 | Yes |

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Enforcement History (J HARRIS HOMES--0016712)

Date: 1/31/2022 **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: 7/15/2022

Date Investigation Completed: 10/19/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 8/2/2021

Date Investigation Completed: 8/11/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

H65P11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 12/5/2022 12:00:00AM

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

Survey History

Survey ID: 0141551 **End Date:** 12/5/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 12/5/2022 12:00:00AM

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

Survey History

Survey ID: 0141553 **End Date:** 12/5/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
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 7/19/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140282 **End Date:** 2/18/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LCM311 Served 7/28/2022

| <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 ID: 0135252 **End Date:** 11/27/2020 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (OPEN ARMS 20 LLC--0016790)

Date: 7/28/2022 **SOD #**LCM311 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Complaint History (OPEN ARMS 20 LLC--0016790)

Date Complaint Received: 12/13/2021

Date Investigation Completed: 2/18/2022

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
LCM311

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: SAFE HARBOUR HOMES LLC (0017766)

Address: 4635 LIMERICK LANE, MOUNT PLEASANT, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 8/13/2019 12:00:00AM

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

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 1/10/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142042 **End Date:** 1/27/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138630 **End Date:** 1/5/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SEGS11 Served 2/7/2022

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--|----------------------------|------------------|
| 88.06(3)(b) | PERSONS INVOLVED WITH ISP & ASSESSMENT | 1/27/23 | Yes |
| 88.10(3)(c) | CONFIDENTIALITY | 1/27/23 | Yes |
| 88.10(3)(l) | SAFE PHYSICAL ENVIRONMENT | 1/27/23 | Yes |

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

Date: 2/7/2022 **SOD #**SEGS11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 1/23/2020 12:00:00AM

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 8/5/2014 12:00:00AM

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

Survey History

Survey ID: 0134796 **End Date:** 8/28/2020 **Type:** STANDARD **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 1/28/2014 12:00:00AM

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

Survey History

Survey ID: 0142165 **End Date:** 8/31/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J5G812 Served 2/15/2023

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|----------------------------|------------------|
| 88.05(3)(a) | HOME ENVIRONMENT | | |

Survey ID: 0138935 **End Date:** 10/13/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J5G811 Served 3/10/2022

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--------------------------------|----------------------------|------------------|
| 88.04(5)(b) | TRAINING-8 HOURS ANNUALLY | 8/31/22 | Yes |
| 88.05(2)(c) | LEVERED HANDLES | 8/31/22 | Yes |
| 88.05(3)(a) | HOME ENVIRONMENT | 8/31/22 | No |
| 88.05(3)(b) | FREE OF HAZARDS | 8/31/22 | Yes |
| 88.05(4)(a) | FIRE SAFETY-FIRE EXTINGUISHERS | 8/31/22 | Yes |
| 88.06(2)(a) | ADMISSION-HEALTH EXAM | 8/31/22 | Yes |
| 88.07(2)(e) | ANNUAL HEALTH EXAM | 8/31/22 | Yes |

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

| | | | |
|-------------|---------------------------|---------|-----|
| 88.07(3)(d) | MEDICATION- WRITTEN ORDER | 8/31/22 | Yes |
| 88.10(3)(l) | SAFE PHYSICAL ENVIRONMENT | 8/31/22 | Yes |

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

Date: 2/15/2023 **SOD #J5G812** **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 3/12/2022 **SOD #J5G811** **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 9/12/2022 12:00:00AM

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

Survey History

Survey ID: 0140813 **End Date:** 9/12/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139422 **End Date:** 2/1/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134573 **End Date:** 8/12/2020 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DOUP11 Served 8/31/2020

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|-----------------------------|----------------------------|------------------|
| 88.05(4)(d)1 | FIRE SAFETY EVACUATION PLAN | 2/1/22 | Yes |

Enforcement History (OPEN ARMS 20 LLC--0015801)

Date: 8/20/2020 **SOD #DOUP11** **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
OTHER SANCTION

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Complaint History (OPEN ARMS 20 LLC--0015801)

Date Complaint Received: 1/5/2022

Date Investigation Completed: 2/1/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 8/15/2016 12:00:00AM

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

Survey History

Survey ID: 0137912 **End Date:** 12/6/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137078 **End Date:** 6/3/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1Q7P11 Served 8/26/2021

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|----------------------|----------------------------|------------------|
| 88.03(4)(b) | RENEWAL REQUIREMENTS | 12/6/21 | Yes |

Survey ID: 0136232 **End Date:** 4/28/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0134912 **End Date:** 8/27/2020 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6MXT11 Served 10/2/2020

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--------------------------------|----------------------------|------------------|
| 88.10(3)(m) | FREEDOM FROM ABUSE | 4/28/21 | Yes |
| 88.11(1) | REPORTING OF ABUSE AND NEGLECT | 4/28/21 | Yes |

Enforcement History (OPEN ARMS 20 LLC--0016272)

Date: 8/26/2021 **SOD #**1Q7P11 **Appealed:** No

Sanctions

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

Date: 9/30/2020 **SOD #**6MXT11 **Appealed:** No

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION
OTHER SANCTION

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 8/1/2001 12:00:00AM

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

Survey History

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

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1ZGJ12 Served 3/13/2023

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|----------------------|----------------------------|------------------|
| 88.03(4)(b) | RENEWAL REQUIREMENTS | | |

Survey ID: 0137632 **End Date:** 10/18/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0138772 End Date: 10/16/2021 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1ZGJ11 Served 2/23/2022

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--------------------------------------|----------------------------|------------------|
| 88.03(4)(b) | RENEWAL REQUIREMENTS | 12/8/22 | No |
| 88.04(2)(a) | RESPONSIBILITIES | 12/8/22 | Yes |
| 88.05(4)(a) | FIRE SAFETY-FIRE EXTINGUISHERS | 12/8/22 | Yes |
| 88.06(2)(a) | ADMISSION-HEALTH EXAM | 12/8/22 | Yes |
| 88.06(2)(b) | SERVICE AGREEMENT EXCEPT RESPITE | 12/8/22 | Yes |
| 88.06(3)(a) | INDIVIDUAL SERVICE PLAN & ASSESSMENT | 12/8/22 | Yes |
| 88.07(3)(e)1 | MEDICATION- RECORD KEEPING | 12/8/22 | Yes |
| 88.10(3)(e) | SELF-DIRECTION | 12/8/22 | Yes |

Enforcement History (KWASIGROCH FAMILY CARE HOME--0009255)

Date: 3/13/2023 SOD #1ZGJ12 Appealed: Yes Decision: PENDING

Sanctions

REVOKE LICENSE
 NNAO EXTENDED
 ORDER TO COMPLY

Date: 2/22/2022 SOD #1ZGJ11 Appealed: No

Sanctions

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

Complaint History (KWASIGROCH FAMILY CARE HOME--0009255)

Date Complaint Received: 9/23/2021 Date Investigation Completed: 10/16/2021

| <u>Subject Area(s)</u> | <u>Result</u> | <u>SOD #</u> |
|------------------------|---------------|--------------|
| RESIDENT RIGHTS | SUBSTANTIATED | 1ZGJ11 |

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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:** 6/9/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 5/26/2005 12:00:00AM

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: CELESTIAL TOUCH HOME HEALTH CARE LLC (0016993)

Address: 3516 S KENNEDY DR, STURTEVANT, WI 53177

License Status: REGULAR

Licensed/Certified/Registered 1/25/2018 12:00:00AM

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 8/3/2017 12:00:00AM

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

Survey History

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

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139375 **End Date:** 4/19/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139019 **End Date:** 3/8/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Complaint History (OPEN ARMS 20 LLC--0016805)

Date Complaint Received: 11/22/2022

Date Investigation Completed: 12/14/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 4/6/2022

Date Investigation Completed: 4/19/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 8/3/2017 12:00:00AM

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

Survey History

Survey ID: 0142966 **End Date:** 5/4/2023 **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

Survey ID: 0137449 **End Date:** 9/15/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #B4X411 Served 10/11/2021

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance</u> | |
|---------------------------|----------------------------------|-------------------|------------------|
| | | <u>Verified</u> | <u>Corrected</u> |
| 88.05(2)(a) | DIFFICULTY WALKING | 10/11/22 | Yes |
| 88.05(3)(a) | HOME ENVIRONMENT | 10/11/22 | Yes |
| 88.06(2)(b) | SERVICE AGREEMENT EXCEPT RESPITE | 10/11/22 | Yes |
| 88.06(3)(d)5 | SIGNED STATEMENT OF AGREEMENT | 10/11/22 | Yes |

Survey ID: 0135417 **End Date:** 1/7/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Enforcement History (OPEN ARMS 20 LLC--0016806)

Date: 10/11/2021 **SOD #**B4X411 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (OPEN ARMS 20 LLC--0016806)

Date Complaint Received: 5/25/2022

Date Investigation Completed: 10/11/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 8/23/2021

Date Investigation Completed: 9/15/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

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 5/15/2020 to 5/15/2023

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 8/3/2017 12:00:00AM

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

Survey History

Survey ID: 0141600 **End Date:** 7/21/2022 **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 | | |

Survey ID: 0141601 **End Date:** 9/29/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136707 **End Date:** 6/23/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #V7TD11 Served 7/9/2021

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|----------------------------|------------------|
| 88.07(2)(a) | SERVICES | 9/29/21 | Yes |
| 88.10(3)(e) | SELF-DIRECTION | 9/29/21 | Yes |

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0136489 **End Date:** 4/15/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #E1GR11 Served 6/16/2021

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---|----------------------------|------------------|
| 88.05(3)(b) | FREE OF HAZARDS | 9/27/21 | Yes |
| 88.05(4)(b)2 | SMOKE DETECTORS-TESTING AND MAINTENANCE | 9/27/21 | Yes |
| 88.06(3)(f) | REVIEW OF ISP | 9/27/21 | Yes |

Enforcement History (OPEN ARMS 20 LLC--0016807)

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

Sanctions

ORDER TO COMPLY

Date: 7/9/2021 **SOD #**V7TD11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 6/16/2021 **SOD #**E1GR11 **Appealed:** No

Sanctions

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

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Complaint History (OPEN ARMS 20 LLC--0016807)

Date Complaint Received: 6/13/2022

Date Investigation Completed: 7/21/2022

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
JKD911

Date Complaint Received: 4/23/2021

Date Investigation Completed: 6/23/2021

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
V7TD11

Date Complaint Received: 3/3/2021

Date Investigation Completed: 4/15/2021

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 6/6/2019 12:00:00AM

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

Survey History

Survey ID: 0139674 **End Date:** 5/9/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 6/6/2019 12:00:00AM

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

Survey History

Survey ID: 0141652 **End Date:** 12/15/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137204 **End Date:** 9/8/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136796 **End Date:** 6/30/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NXVL11 Served 7/21/2021

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance</u> | |
|---------------------------|---|-------------------|------------------|
| | | <u>Verified</u> | <u>Corrected</u> |
| 50.065(2)(bm) | OUT OF STATE BACKGROUND CHECKS | 9/8/21 | Yes |
| 88.03(3)(b) | CRIMINAL RECORDS CHECK | 9/8/21 | Yes |
| 88.04(2)(f) | CONDITION WHICH REPRESENTS RISK OR HARM | 9/8/21 | Yes |
| 88.04(2)(g)1 | HEALTH SCREENING FOR STAFF | 9/8/21 | Yes |

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

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

Date: 7/21/2021 **SOD #** NXVL11 **Appealed:** No

Sanctions

NO NEW ADMISSIONS
ORDER TO COMPLY

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

Date Complaint Received: 3/30/2021 **Date Investigation Completed:** 6/30/2021

| <u>Subject Area(s)</u> | <u>Result</u> | <u>SOD #</u> |
|--------------------------------|---------------|--------------|
| STAFF TRAINING AND PROFICIENCY | SUBSTANTIATED | NXVL11 |
| STAFF TRAINING AND PROFICIENCY | SUBSTANTIATED | NXVL11 |

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 3/18/2019 12:00:00AM

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

Survey History

Survey ID: 0139684 **End Date:** 5/9/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136479 **End Date:** 3/29/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #04QJ11 Served 6/15/2021

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------------|----------------------------|------------------|
| 88.10(3)(1) | SAFE PHYSICAL ENVIRONMENT | 5/9/22 | Yes |

Enforcement History (OPEN ARMS ASSISTED LIVING--0017505)

Date: 6/15/2021 **SOD #**04QJ11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Complaint History (OPEN ARMS ASSISTED LIVING--0017505)

Date Complaint Received: 3/9/2021

Date Investigation Completed: 3/29/2021

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 3/18/2019 12:00:00AM

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

Survey History

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

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139017 **End Date:** 3/8/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137864 **End Date:** 11/8/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #36DR11 Served 12/1/2021

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|------------------------------------|----------------------------|------------------|
| 88.03(5)(e)1 | SIGNIFICANT CHANGE TO THE RESIDENT | | |

Survey ID: 0137403 **End Date:** 9/27/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0136606 **End Date:** 6/23/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J2HW11 Served 6/25/2021

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|----------------------------|------------------|
| 88.06(3)(f) | REVIEW OF ISP | 9/27/21 | Yes |

Survey ID: 0135499 **End Date:** 11/4/2020 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (OPEN ARMS ASSISTED LIVING--0017506)

Date: 6/25/2021 **SOD #**J2HW11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Complaint History (OPEN ARMS ASSISTED LIVING--0017506)

Date Complaint Received: 9/12/2022

Date Investigation Completed: 10/18/2022

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 2/1/2022

Date Investigation Completed: 3/8/2022

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 10/7/2021

Date Investigation Completed: 11/8/2021

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 3/17/2021

Date Investigation Completed: 6/23/2021

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

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: PRICELESS TIME ADULT FAMILY HOME II (0015969)

Address: 2015 90TH STREET, STURTEVANT, WI 53177

License Status: REGULAR

Licensed/Certified/Registered 3/16/2016 12:00:00AM

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

Survey History

Survey ID: 0141092 **End Date:** 10/18/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136624 **End Date:** 6/17/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134815 **End Date:** 8/27/2020 **Type:** ABBREVIATED **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Complaint History (PRICELESS TIME ADULT FAMILY HOME II--0015969)

Date Complaint Received: 10/14/2022

Date Investigation Completed: 10/18/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

CRVI11

Date Complaint Received: 6/11/2021

Date Investigation Completed: 6/29/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 6/1/2021

Date Investigation Completed: 6/17/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 5/12/2021

Date Investigation Completed: 6/17/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 5/3/2021

Date Investigation Completed: 6/17/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 4/20/2021

Date Investigation Completed: 6/17/2021

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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: 0143240 **End Date:** 4/19/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: HCBS COMPLIANCE REPORT

Survey ID: 0141850 **End Date:** 9/15/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CPC612 Served 1/13/2023

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

Survey ID: 0138226 **End Date:** 1/3/2022 **Type:** OTHER **Purpose:** OTHER

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CPC611 Served 1/10/2022

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|------------------------------------|----------------------------|------------------|
| 88.03(5)(e)1 | SIGNIFICANT CHANGE TO THE RESIDENT | 9/7/22 | Yes |

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0138451 **End Date: 12/23/2021** **Type: OTHER** **Purpose: SURVEY/COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136801 **End Date: 6/25/2021** **Type: OTHER** **Purpose: DESK REVIEW**

Results: NO STATEMENT OF DEFICIENCY ISSUED

| | | | |
|-------------|-------------------------------|----------|-----|
| 88.05(3)(d) | ANNUAL WELL WATER INSPECTIONS | 12/23/21 | Yes |
| 88.07(3)(a) | PRESCRIPTION MEDICATIONS | 12/23/21 | Yes |
| 88.10(3)(l) | SAFE PHYSICAL ENVIRONMENT | 12/23/21 | Yes |

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

Date: 1/13/2023 **SOD #CPC612** **Appealed: No**

Sanctions

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

Date: 11/10/2021 **SOD #G36B11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

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

Date Complaint Received: 8/31/2022

Date Investigation Completed: 9/15/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/12/2021

Date Investigation Completed: 1/3/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

CPC611

RESIDENT RIGHTS

SUBSTANTIATED

CPC611

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

CPC611

Date Complaint Received: 11/5/2021

Date Investigation Completed: 1/3/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 5/24/2021

Date Investigation Completed: 6/25/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 5/13/2014 12:00:00AM

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

Survey History

Survey ID: 0143038 **End Date:** 4/19/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142013 **End Date:** 9/15/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8ZZP11 Served 2/2/2023

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

Survey ID: 0140058 **End Date:** 6/7/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0138582 **End Date:** 12/29/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #14MT11 Served 2/2/2022

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---|----------------------------|------------------|
| 88.05(3)(a) | HOME ENVIRONMENT | | |
| 88.05(3)(b) | FREE OF HAZARDS | | |
| 88.05(4)(b)1 | FIRE SAFETY-SMOKE DETECTORS | | |
| 88.05(4)(b)2 | SMOKE DETECTORS-TESTING AND MAINTENANCE | | |
| 88.07(3)(a) | PRESCRIPTION MEDICATIONS | | |

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

Date: 2/2/2023 **SOD #**8ZZP11 **Appealed:** No

Sanctions

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

Date: 2/2/2022 **SOD #**14MT11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

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

Date Complaint Received: 4/3/2023

Date Investigation Completed: 4/19/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 8/31/2022

Date Investigation Completed: 9/15/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

8ZZP11

Date Complaint Received: 1/19/2022

Date Investigation Completed: 6/7/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 8/1/1998 12:00:00AM

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

Survey History

Survey ID: 0134894 **End Date:** 9/11/2020 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 11/2/2022 12:00:00AM

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

Survey History

Survey ID: 0141281 **End Date:** 11/1/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: ELIZABETH I (0018080)

Address: 516 ELIZABETH STREET, WATERFORD, WI 53185

License Status: REGULAR

Licensed/Certified/Registered 6/30/2020 12:00:00AM

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

Survey History

Survey ID: 0134230 **End Date:** 6/30/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: ELIZABETH II (0018079)

Address: 518 ELIZABETH STREET, WATERFORD, WI 53185

License Status: REGULAR

Licensed/Certified/Registered 6/30/2020 12:00:00AM

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

Survey History

Survey ID: 0140569 **End Date:** 8/10/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134232 **End Date:** 6/30/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (ELIZABETH II--0018079)

Date Complaint Received: 2/15/2023

Date Investigation Completed: 6/6/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: ELIZABETH III (0016724)

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

License Status: REGULAR

Licensed/Certified/Registered 7/27/2017 12:00:00AM

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

Survey History

Survey ID: 0141437 **End Date:** 8/10/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

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

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------------|----------------------------|------------------|
| 88.10(3)(1) | SAFE PHYSICAL ENVIRONMENT | | |

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 5/15/2020 to 5/15/2023

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

Survey ID: 0137130 End Date: 8/24/2021 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136557 End Date: 4/6/2021 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TVDQ11 Served 6/22/2021

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|-----------------------------------|----------------------------|------------------|
| 88.04(2)(g)1 | HEALTH SCREENING FOR STAFF | 8/24/21 | Yes |
| 88.04(5)(a) | TRAINING-15 HOURS WITHIN 6 MONTHS | 8/24/21 | Yes |

Enforcement History (ELIZABETH IV--0017329)

Date: 6/22/2021 SOD #TVDQ11 Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 3/26/2013 12:00:00AM

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

Survey History

Survey ID: 0134884 **End Date:** 9/4/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Date Complaint Received: 8/28/2020

Date Investigation Completed: 9/4/2020

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 4/9/2009 12:00:00AM

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

Survey History

Survey ID: 0138811 **End Date:** 2/1/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135255 **End Date:** 11/27/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135045 **End Date:** 10/27/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Date Complaint Received: 12/14/2021

Date Investigation Completed: 2/1/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 9/4/1998 12:00:00AM

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

Survey History

Survey ID: 0135246 **End Date:** 11/24/2020 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134649 **End Date:** 8/12/2020 **Type:** OTHER **Purpose:** OTHER

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4XQH11 Served 9/1/2020

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--------------------------------|----------------------------|------------------|
| 88.10(3)(b) | PRIVACY | 11/24/20 | Yes |
| 88.11(1) | REPORTING OF ABUSE AND NEGLECT | 11/24/20 | Yes |

Survey ID: 0133851 **End Date:** 6/8/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Date: 8/29/2020 **SOD #**4XQH11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

OTHER SANCTION

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 4/30/2009 12:00:00AM

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

Survey History

Survey ID: 0137640 **End Date:** 10/11/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #37GP11 Served 11/3/2021

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--|----------------------------|------------------|
| 88.06(3)(b) | PERSONS INVOLVED WITH ISP & ASSESSMENT | 12/18/21 | Yes |

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 5/26/2009 12:00:00AM

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

Survey History

Survey ID: 0141034 **End Date:** 10/6/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138875 **End Date:** 1/24/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #4T7F11 Served 3/4/2022

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--|----------------------------|------------------|
| 88.05(3)(a) | HOME ENVIRONMENT | | |
| 88.06(3)(b) | PERSONS INVOLVED WITH ISP & ASSESSMENT | | |

Enforcement History (EAGLES LANDING--0012634)

Date: 3/4/2022 **SOD #**4T7F11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Complaint History (EAGLES LANDING--0012634)

Date Complaint Received: 3/5/2021

Date Investigation Completed: 10/6/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 2/4/2014 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139217 **End Date:** 3/2/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138005 **End Date:** 7/16/2021 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #X41A12 Served 12/20/2021

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--------------------------------------|----------------------------|------------------|
| 88.03(3)(b) | CRIMINAL RECORDS CHECK | 3/2/22 | Yes |
| 88.05(4)(d)2.b | FIRE EVACUATION ANNUAL EVALUATION | 3/2/22 | Yes |
| 88.06(2)(a) | ADMISSION-HEALTH EXAM | 3/2/22 | Yes |
| 88.06(3)(a) | INDIVIDUAL SERVICE PLAN & ASSESSMENT | 3/2/22 | Yes |
| 88.06(3)(d)5 | SIGNED STATEMENT OF AGREEMENT | 3/2/22 | Yes |
| 88.06(3)(f) | REVIEW OF ISP | 3/2/22 | Yes |

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Enforcement History (WIND POINT VILLA ADULT FAMILY HOME--0014859)

Date: 12/20/2021 **SOD #**X41A12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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