

## Provider Inspection Summary

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

Racine

### Notes

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 62.00 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** ARBOR VIEW COMMUNITIES (0017134)

**Address:** 34201 ARBOR LN, BURLINGTON, WI 53105

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/22/2018 12:00:00AM

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

### Survey History

**Survey ID:** 0140772    **End Date:** 9/13/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139887    **End Date:** 5/5/2022    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138881    **End Date:** 11/17/2021    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #JE0D11    Served 3/8/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	5/4/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	5/4/22	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	5/4/22	Yes

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0136353    **End Date:** 4/27/2021    **Type:** OTHER    **Purpose:** SELF REPORT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0135646    **End Date:** 2/4/2021    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #VRL411    Served 2/18/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	4/27/21	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	4/27/21	Yes
83.38(1)(b)	SUPERVISION	4/27/21	Yes
83.38(1)(g)	HEALTH MONITORING	4/27/21	Yes

#### Enforcement History (ARBOR VIEW COMMUNITIES--0017134)

**Date:** 3/6/2022    **SOD #**JE0D11    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.35(3)(c)

**Date:** 2/18/2021    **SOD #**VRL411    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.38(1)(b)  
FORFEITURE---83.38(1)(g)

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (ARBOR VIEW COMMUNITIES--0017134)

**Date Complaint Received: 3/23/2022**

**Date Investigation Completed: 5/5/2022**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 2/4/2022**

**Date Investigation Completed: 5/5/2022**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 10/1/2021**

**Date Investigation Completed: 11/17/2021**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
JE0D11

**Date Complaint Received: 12/30/2020**

**Date Investigation Completed: 2/4/2021**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** ARBOR VIEW MEMORY CARE (0017133)

**Address:** 34111 ARBOR LN, BURLINGTON, WI 53105

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/22/2018 12:00:00AM

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

### Survey History

**Survey ID:** 0141571    **End Date:** 9/21/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138664    **End Date:** 1/6/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #V8TF11    Served 2/10/2022

Deficiencies Cited  
83.12(2)(a)

Subject Area  
CAREGIVER: INVESTIGATING ABUSE AND  
NEGLECT

Compliance  
Verified

Corrected

### Enforcement History (ARBOR VIEW MEMORY CARE--0017133)

**Date:** 2/10/2022    **SOD #**V8TF11    **Appealed:** No

Sanctions

ORDER TO COMPLY

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Complaint History (ARBOR VIEW MEMORY CARE--0017133)

**Date Complaint Received: 5/4/2023**

**Date Investigation Completed: 5/24/2023**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 4/27/2023**

**Date Investigation Completed: 5/24/2023**

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 9/8/2022**

**Date Investigation Completed: 9/21/2022**

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 7/25/2022**

**Date Investigation Completed: 9/21/2022**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 12/8/2021**

**Date Investigation Completed: 1/6/2022**

Subject Area(s)  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** CALEBRIA HOUSE (THE) (0018795)

**Address:** 155 BETH COURT, BURLINGTON, WI 53105

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 4/6/2022 12:00:00AM

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

#### Survey History

**Survey ID:** 0142565    **End Date:** 3/7/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142159    **End Date:** 12/20/2022    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #Y4ZW11    Served 2/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	3/7/23	Yes

**Survey ID:** 0138984    **End Date:** 3/16/2022    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (CALEBRIA HOUSE (THE)--0018795)

**Date:** 2/14/2023

**SOD #**Y4ZW11

**Appealed:** No

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---83.37(1)(h)

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** HIL HILLSIDE (0009760)

**Address:** 373 CHURCH ST, BURLINGTON, WI 53105

**License Status:** REGULAR

**Licensed/Certified/Registered** 1/1/2002 12:00:00AM

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

#### Survey History

**Survey ID:** 0142141    **End Date:** 1/31/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141396    **End Date:** 11/10/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138816    **End Date:** 1/18/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0136549    **End Date:** 4/13/2021    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #4DXC11    Served 6/21/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.46(4)(c)	ELECTRICAL PROTECTION	1/18/22	Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (HIL HILLSIDE--0009760)

**Date:** 6/21/2021      **SOD #**4DXC11      **Appealed:** No

Sanctions

ORDER TO COMPLY

### Complaint History (HIL HILLSIDE--0009760)

**Date Complaint Received:** 1/18/2023

**Date Investigation Completed:** 1/31/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received:** 8/8/2022

**Date Investigation Completed:** 11/10/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received:** 7/27/2022

**Date Investigation Completed:** 11/10/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received:** 3/8/2021

**Date Investigation Completed:** 4/13/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION  
RESIDENT RIGHTS

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** HIL KENDRICK HOME (0010610)

**Address:** 265 N KENDRICK AVE, BURLINGTON, WI 53105

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/1/2006 12:00:00AM

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

#### Survey History

**Survey ID:** 0143122    **End Date:** 1/24/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3QGM12    Served 5/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS		

**Survey ID:** 0141522    **End Date:** 6/30/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3QGM11    Served 12/7/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/24/23	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	1/24/23	No
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES	1/24/23	Yes
83.45(3)	TOXIC SUBSTANCES	1/24/23	Yes
83.47(2)(d)	FIRE DRILLS	1/24/23	Yes

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.47(2)(e) OTHER EVACUATION DRILLS 1/24/23 Yes

**Survey ID: 0136572 End Date: 6/10/2021 Type: OTHER Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID: 0135179 End Date: 11/12/2020 Type: STANDARD Purpose: SURVEY**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Enforcement History (HIL KENDRICK HOME--0010610)

**Date: 12/7/2022 SOD #3QGM11 Appealed:**

Sanctions

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

#### Complaint History (HIL KENDRICK HOME--0010610)

**Date Complaint Received: 6/21/2022 Date Investigation Completed: 6/30/2022**

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

**Date Complaint Received: 4/7/2022 Date Investigation Completed: 6/30/2022**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	3QGM11

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** OAK PARK PLACE OF BURLINGTON (0016395)

**Address:** 1700 TEUT RD, BURLINGTON, WI 53105

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/14/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0141226    **End Date:** 11/2/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137504    **End Date:** 10/6/2021    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (OAK PARK PLACE OF BURLINGTON--0016395)

**Date Complaint Received:** 2/22/2023

**Date Investigation Completed:** 5/8/2023

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** PINE BROOK POINTE (0008582)

**Address:** 1001 S PINE ST, BURLINGTON, WI 53105

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/1/2000 12:00:00AM

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

#### Survey History

**Survey ID:** 0140872    **End Date:** 9/13/2022    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140422    **End Date:** 4/12/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #WYQX11 Served 8/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	9/25/22	Yes

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0139429**    **End Date: 2/3/2022**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #8CCG11    Served 5/3/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	9/13/22	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	9/13/22	Yes

**Survey ID: 0138040**    **End Date: 9/9/2021**    **Type: STANDARD**    **Purpose: SURVEY/COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #MZ4U11    Served 12/21/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	9/13/22	Yes
83.25	CONTINUING EDUCATION	9/13/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/13/22	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	9/13/22	Yes
83.47(2)(d)	FIRE DRILLS	9/13/22	Yes
83.47(3)	FIRE INSPECTION	9/13/22	Yes

**Survey ID: 0135908**    **End Date: 3/23/2021**    **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0134994    **End Date:** 9/8/2020    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #TMXW12 Served 10/22/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	3/23/21	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	3/23/21	Yes
83.47(2)(d)	FIRE DRILLS	3/23/21	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	3/23/21	Yes

#### Enforcement History (PINE BROOK POINTE--0008582)

**Date:** 5/3/2022    **SOD #**8CCG11    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.38(1)(i)

**Date:** 12/21/2021    **SOD #**MZ4U11    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.25  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.47(2)(d)

**Date:** 10/22/2020    **SOD #**TMXW12    **Appealed:**

Sanctions

OTHER SANCTION  
FORFEITURE---83.32(3)(i)  
FORFEITURE---83.35(1)(c)

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (PINE BROOK POINTE--0008582)

**Date Complaint Received: 6/27/2022**

**Date Investigation Completed: 9/13/2022**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 5/9/2022**

**Date Investigation Completed: 9/13/2022**

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 5/4/2022**

**Date Investigation Completed: 9/13/2022**

Subject Area(s)  
STAFF TRAINING AND PROFICIENCY

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 4/24/2022**

**Date Investigation Completed: 9/13/2022**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 4/14/2022**

**Date Investigation Completed: 9/13/2022**

Subject Area(s)  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 3/8/2022**

**Date Investigation Completed: 4/12/2022**

Subject Area(s)  
STAFF TRAINING AND PROFICIENCY

Result  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 2/3/2022**

**Date Investigation Completed: 4/12/2022**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 1/3/2022**

**Date Investigation Completed: 2/3/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED  
8CCG11

**Date Complaint Received: 6/15/2021**

**Date Investigation Completed: 9/9/2021**

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED  
MZ4U11

**Date Complaint Received: 12/21/2020**

**Date Investigation Completed: 3/23/2021**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

**Date Complaint Received: 8/12/2020**

**Date Investigation Completed: 9/8/2020**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES  
RESIDENT RIGHTS

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 7/9/2020**

**Date Investigation Completed: 9/8/2020**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** PARKVIEW GARDENS III (0016971)

**Address:** 5321 DOUGLAS AVE, CALEDONIA, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/4/2018 12:00:00AM

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

#### Survey History

**Survey ID:** 0142265    **End Date:** 10/11/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140040    **End Date:** 2/23/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3TT811    Served 7/7/2022

Deficiencies Cited  
83.32(3)(i)

Subject Area  
RIGHTS OF RESIDENTS: PROMPT AND  
ADEQUATE TREATMENT

Compliance  
Verified

Corrected

**Survey ID:** 0139206    **End Date:** 1/19/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #S2JU11    Served 4/11/2022

Deficiencies Cited  
50.065(2)(bb)  
83.35(1)(c)

Subject Area  
DETERMINE FINAL DISPOSITION OF CHARGE  
LISTED AREAS FOR ASSESSMENTS

Compliance  
Verified

Corrected

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0138926**    **End Date: 11/3/2021**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #U8LC11    Served 3/10/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		

**Survey ID: 0136646**    **End Date: 2/9/2021**    **Type: STANDARD**    **Purpose: SURVEY/VV**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #T9QF12    Served 6/30/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	8/16/21	Yes

**Survey ID: 0135034**    **End Date: 9/16/2020**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #T9QF11    Served 10/28/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(b)	SUPERVISION	2/8/21	Yes

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Enforcement History (PARKVIEW GARDENS III--0016971)

**Date:** 7/7/2022

**SOD #**3TT811

**Appealed:** Yes

**Decision:** PENDING

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.32(3)(i)

**Date:** 4/11/2022

**SOD #**S2JU11

**Appealed:** Yes

**Decision:** WITHDRAWN APPEAL (NO STIPULATION)

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.35(1)(C)

**Date:** 3/10/2022

**SOD #**U8LC11

**Appealed:**

**Decision:** PENDING

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.35(3)(a)

**Date:** 10/28/2020

**SOD #**T9QF11

**Appealed:**

Sanctions

OTHER SANCTION  
FORFEITURE---83.38(1)(b)

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (PARKVIEW GARDENS III--0016971)

**Date Complaint Received:** 7/25/2022

**Date Investigation Completed:** 10/11/2022

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 12/14/2021

**Date Investigation Completed:** 2/23/2022

Subject Area(s)  
ADMINISTRATION

Result  
SUBSTANTIATED

SOD #  
3TT811

**Date Complaint Received:** 12/10/2021

**Date Investigation Completed:** 1/19/2022

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

Result  
SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
S2JU11  
S2JU11  
S2JU11

**Date Complaint Received:** 11/30/2021

**Date Investigation Completed:** 1/19/2022

Subject Area(s)  
ADMINISTRATION

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 10/14/2021

**Date Investigation Completed:** 11/3/2021

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 1/11/2021

**Date Investigation Completed:** 10/11/2022

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 7/30/2020**

**Date Investigation Completed: 9/16/2020**

Subject Area(s)

ADMINISTRATION  
RESIDENT RIGHTS

Result

SUBSTANTIATED  
SUBSTANTIATED

SOD #

T9QF11  
T9QF11

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** WOODS OF CALEDONIA (0018358)

**Address:** 5737 ERIE STREET, CALEDONIA, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 1/8/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0135519    **End Date:** 1/31/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

**Survey ID:** 0138247    **End Date:** 1/3/2022    **Type:** OTHER    **Purpose:** SELF REPORT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137928    **End Date:** 10/7/2021    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #2Z4112    Served 12/8/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.14(2)(h)	POSTING: LICENSE, DEFICIENCIES, REVOCATIONS	1/3/22	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	1/3/22	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	1/3/22	Yes

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0136907    **End Date:** 7/9/2021    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #2Z4I11    Served 8/5/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(6)	DOCUMENTATION REQUIREMENTS FOR WRITTEN REPORT	10/7/21	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	10/7/21	Yes
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT	10/7/21	Yes
83.20(1)(a)	TRAINING TO BE DEPARTMENT APPROVED	10/7/21	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	1/7/21	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	10/7/21	No
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	10/7/21	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	10/7/21	Yes
83.47(2)(d)	FIRE DRILLS	10/7/21	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	10/7/21	Yes

---

**Survey ID:** 0136574    **End Date:** 5/25/2021    **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Enforcement History (WOODS OF CALEDONIA--0018358)

**Date:** 12/7/2021      **SOD #**2Z4I12      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.32(3)(h)  
FORFEITURE---83.37(1)(g)

**Date:** 8/5/2021      **SOD #**2Z4I11      **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (WOODS OF CALEDONIA--0018358)

**Date Complaint Received: 9/21/2021**

**Date Investigation Completed: 10/7/2021**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	2Z4I12
NOT SUBSTANTIATED	

**Date Complaint Received: 8/20/2021**

**Date Investigation Completed: 10/7/2021**

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

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

**Date Complaint Received: 8/10/2021**

**Date Investigation Completed: 10/7/2021**

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

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
SUBSTANTIATED	2Z4I12
NOT SUBSTANTIATED	

**Date Complaint Received: 6/9/2021**

**Date Investigation Completed: 7/9/2021**

Subject Area(s)  
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	2Z4I11

**Date Complaint Received: 5/14/2021**

**Date Investigation Completed: 5/25/2021**

Subject Area(s)  
ADMINISTRATION  
STAFF TRAINING AND PROFICIENCY

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

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 5/3/2021**

**Date Investigation Completed: 5/25/2021**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 4/30/2021**

**Date Investigation Completed: 5/25/2021**

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 3/8/2021**

**Date Investigation Completed: 5/25/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 2/16/2021**

**Date Investigation Completed: 5/25/2021**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY  
RESIDENT RIGHTS  
RESIDENT RIGHTS

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** Case House (0018881)

**Address:** 3820 Old Green Bay Road, Mount Pleasant, WI 534039431

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/1/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0141679      **End Date:** 12/19/2022      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139360      **End Date:** 4/8/2022      **Type:** INITIAL      **Purpose:** CHOW--DESK REVIEW

**Results:** PROBATIONARY LICENSE ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** Chalmers House (0018882)

**Address:** 3820 Old Green Bay Road, Mount Pleasant, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/1/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0142556    **End Date:** 3/20/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

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

**Survey ID:** 0141747    **End Date:** 12/6/2022    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #CTPD11    Served 1/6/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	3/20/23	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	3/20/23	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	3/20/23	Yes
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS	3/20/23	Yes
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED	3/20/23	Yes

**Survey ID:** 0139363    **End Date:** 4/8/2022    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

**Results:** PROBATIONARY LICENSE ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (Chalmers House--0018882)

**Date:** 1/6/2023      **SOD #**CTPD11      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.59(1)(a)

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** Ferguson House (0018883)

**Address:** 3820 Old Green Bay Road, Mount Pleasant, WI 53403

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 4/8/2022 12:00:00AM

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

#### Survey History

**Survey ID:** 0142563    **End Date:** 3/10/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #PPZD12    Served 3/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		

**Survey ID:** 0141907    **End Date:** 12/13/2022    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #PPZD11    Served 1/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	3/10/23	Yes
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS	3/10/23	Yes

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139362    End Date: 4/8/2022    Type: INITIAL    Purpose: CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

#### Enforcement History (Ferguson House--0018883)

Date: 3/27/2023    SOD #PPZD12    Appealed: No

Sanctions

ORDER TO COMPLY

Date: 1/19/2023    SOD #PPZD11    Appealed: No

Sanctions

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

#### Complaint History (Ferguson House--0018883)

Date Complaint Received: 2/28/2023    Date Investigation Completed: 3/10/2023

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** Holland House (0018880)

**Address:** 3810 Old Green Bay Road, Mount Pleasant, WI 534039431

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 4/8/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0142602    **End Date:** 3/9/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141678    **End Date:** 12/19/2022    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139359    **End Date:** 4/8/2022    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

**Results:** PROBATIONARY LICENSE ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** OPEN ARMS BLOSSOM (0018486)

**Address:** 3834 BLOSSOM DRIVE, MOUNT PLEASANT, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/30/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0139232      **End Date:** 3/30/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** OPEN ARMS CARNATION (0018487)

**Address:** 6541 CARNATION COURT, MOUNT PLEASANT, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/30/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0139233      **End Date:** 3/30/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** NEW VISION HOME LLC II (0014935)

**Address:** 1449 N GREEN BAY ROAD, MT PLEASANT, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 1/5/2015 12:00:00AM

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

### Survey History

**Survey ID:** 0141144    **End Date:** 10/19/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (NEW VISION HOME LLC II--0014935)

**Date Complaint Received:** 10/6/2022

**Date Investigation Completed:** 10/6/2022

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** OPEN ARMS LINDEN I (0018254)

**Address:** 9033 LINDEN COURT, STURTEVANT, WI 53177

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/14/2020 12:00:00AM

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

#### Survey History

**Survey ID:** 0140226    **End Date:** 7/7/2022    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0136594    **End Date:** 5/18/2021    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #1DY411    Served 6/25/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(n)	CARE PLANNING	7/7/22	Yes

**Survey ID:** 0135012    **End Date:** 10/13/2020    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

#### Enforcement History (OPEN ARMS LINDEN I--0018254)

**Date:** 6/25/2021    **SOD #**1DY411    **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---50.09(1)(N)

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (OPEN ARMS LINDEN I--0018254)

**Date Complaint Received: 3/24/2023**

**Date Investigation Completed: 6/9/2023**

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 5/27/2022**

**Date Investigation Completed: 7/7/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 4/29/2021**

**Date Investigation Completed: 5/18/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

1DY411

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** OPEN ARMS LINDEN II (0018253)

**Address:** 9034 LINDEN COURT, STURTEVANT, WI 53177

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/14/2020 12:00:00AM

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

#### Survey History

**Survey ID:** 0141844    **End Date:** 7/7/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #404J11    Served 1/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	3/21/23	Yes

**Survey ID:** 0136349    **End Date:** 5/18/2021    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0135016    **End Date:** 10/13/2020    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Complaint History (OPEN ARMS LINDEN II--0018253)

**Date Complaint Received: 6/29/2022**

**Date Investigation Completed: 7/7/2022**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
4O4J11

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

#### Facility Information

**Facility Name:** EAGLE HOUSE (310369)

**Address:** 807 53RD DR, UNION GROVE, WI 53182

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/1/1996 12:00:00AM

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

#### Survey History

**Survey ID:** 0141710    **End Date:** 12/27/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138778    **End Date:** 8/17/2021    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #X4HO11    Served 2/22/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(a)	RIGHTS OF RESIDENTS: COMMUNICATIONS		
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION		
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE		
83.60(2)	INSECT-PROOF SCREENS ON OPENABLE WINDOWS		

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

#### Enforcement History (EAGLE HOUSE--310369)

**Date:** 2/22/2022      **SOD #**X4HO11      **Appealed:** Yes      **Decision:** STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.32(3)(a)  
FORFEITURE---83.32(3)(k)

#### Complaint History (EAGLE HOUSE--310369)

**Date Complaint Received:** 12/8/2022      **Date Investigation Completed:** 12/27/2022

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

**Date Complaint Received:** 5/25/2021      **Date Investigation Completed:** 8/17/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	X4HO11

**Date Complaint Received:** 6/17/2020      **Date Investigation Completed:** 8/17/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	X4HO11

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** TIMBER OAKS (310564)

**Address:** 1390 8TH AVE, UNION GROVE, WI 53182

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/4/1991 12:00:00AM

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

### Survey History

**Survey ID:** 0138809    **End Date:** 1/19/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0136550    **End Date:** 6/10/2021    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0134572    **End Date:** 8/18/2020    **Type:** OTHER    **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Complaint History (TIMBER OAKS--310564)

**Date Complaint Received: 1/10/2022**

**Date Investigation Completed: 1/19/2022**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 2/2/2021**

**Date Investigation Completed: 6/10/2021**

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 6/2/2020**

**Date Investigation Completed: 8/18/2020**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** Harmony House (0019269)

**Address:** 516 Foxmead Xing, Waterford, WI 53185

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0141715      **End Date:** 12/28/2022      **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

Community Based Residential Facility--CLASS CA (AMBULATORY)

#### Facility Information

**Facility Name:** LAKEVIEW CARE PARTNERS AT WATERFORD II (0016982)

**Address:** 1701 SHARP RD, WATERFORD, WI 53185

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/19/2018 12:00:00AM

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

#### Survey History

**Survey ID:** 0142741    **End Date:** 2/28/2023    **Type:** OTHER    **Purpose:** SURVEY/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #8OPK12    Served 4/12/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED		
83.46(1)(c)	HEATING SYSTEM MAINTENANCE		
83.60(2)	INSECT-PROOF SCREENS ON OPENABLE WINDOWS		

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CA (AMBULATORY)

**Survey ID:** 0135440    **End Date:** 11/16/2020    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #8OPK11    Served 1/14/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	2/28/23	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	6/9/21	Withdrawn
83.38(1)(g)	HEALTH MONITORING	2/28/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	2/28/23	Yes

#### Enforcement History (LAKEVIEW CARE PARTNERS AT WATERFORD II--0016982)

**Date:** 4/12/2023    **SOD #**8OPK12    **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 1/14/2021    **SOD #**8OPK11    **Appealed:** Yes    **Decision:** STIPULATION

Sanctions

ORDER TO COMPLY

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

FORFEITURE---83.32(3)(i)

FORFEITURE---due to stip. agreement 83.38(1)(g)(1)

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** LAKEVIEW CARE PARTNERS AT WATERFORD (0016391)

**Address:** 1701 SHARP RD, WATERFORD, WI 53185

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/1/2016 12:00:00AM

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

### Survey History

**Survey ID:** 0138810    **End Date:** 2/1/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137497    **End Date:** 9/30/2021    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0136694    **End Date:** 7/1/2021    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0136589    End Date: 3/12/2021    Type: ABBREVIATED    Purpose: SURVEY/COMPLAINT/SELF REPORT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #8PDQ11    Served 7/1/2021**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(g)	RIGHTS OF RESIDENTS: FREE OF PHYSICAL RESTRAINTS	9/30/21	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	9/30/21	Yes
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS	9/30/21	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	9/30/21	Yes

#### Enforcement History (LAKEVIEW CARE PARTNERS AT WATERFORD--0016391)

**Date: 7/1/2021    SOD #8PDQ11    Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.32(3)(G)  
FORFEITURE---83.32(3)(h)

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (LAKEVIEW CARE PARTNERS AT WATERFORD--0016391)

**Date Complaint Received: 12/30/2021**

**Date Investigation Completed: 2/1/2022**

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 3/18/2021**

**Date Investigation Completed: 7/1/2021**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 2/4/2021**

**Date Investigation Completed: 3/12/2021**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

8PDQ11

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** MAPLEWOOD APPLEWOOD COTTAGE (0015968)

**Address:** 7711 BIG BEND RD, WATERFORD, WI 53185

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/28/2016 12:00:00AM

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

### Survey History

**Survey ID:** 0137571    **End Date:** 10/25/2021    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0136010    **End Date:** 2/11/2021    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0135331    **End Date:** 12/10/2020    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #HVW11 Served 12/21/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	2/11/21	Yes

**Survey ID:** 0134553    **End Date:** 8/10/2020    **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (MAPLEWOOD APPLEWOOD COTTAGE--0015968)

**Date:** 12/21/2020      **SOD #** HVVW11      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.35(3)(d)

### Complaint History (MAPLEWOOD APPLEWOOD COTTAGE--0015968)

**Date Complaint Received:** 3/11/2021

**Date Investigation Completed:** 10/25/2021

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 1/7/2021

**Date Investigation Completed:** 2/11/2020

Subject Area(s)  
STAFF TRAINING AND PROFICIENCY

Result  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** ROSEWOOD OAKWOOD COTTAGE (0015967)

**Address:** 7711 BIG BEND RD, WATERFORD, WI 53185

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/28/2016 12:00:00AM

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

### Survey History

**Survey ID:** 0138928    **End Date:** 11/4/2021    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #FWHG11    Served 3/10/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.29(1)(b)	WRITTEN INFORMATION ON SERVICES, CHARGES		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.38(1)(i)	BEHAVIOR MANAGEMENT		

**Survey ID:** 0137324    **End Date:** 9/16/2021    **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0136598**    **End Date: 3/17/2021**    **Type: STANDARD**    **Purpose: SURVEY/COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #1CQG11    Served 6/25/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	9/16/21	Yes
83.38(1)(g)	HEALTH MONITORING	9/16/21	Yes
83.41(3)(b)	FOOD SAFETY	9/16/21	Yes

**Survey ID: 0134516**    **End Date: 8/6/2020**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID: 0133850**    **End Date: 6/8/2020**    **Type: OTHER**    **Purpose: DESK REVIEW**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Enforcement History (ROSEWOOD OAKWOOD COTTAGE--0015967)

**Date: 3/10/2022**    **SOD #FWHG11**    **Appealed:**    **Decision: PENDING**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.38(1)(i)

**Date: 6/25/2021**    **SOD #1CQG11**    **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.38(1)(g)  
FORFEITURE---83.41(3)(b)

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (ROSEWOOD OAKWOOD COTTAGE--0015967)

**Date Complaint Received: 9/24/2021**

**Date Investigation Completed: 11/4/2021**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
FWHG11

**Date Complaint Received: 1/7/2021**

**Date Investigation Completed: 3/17/2021**

Subject Area(s)  
STAFF TRAINING AND PROFICIENCY

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 11/25/2020**

**Date Investigation Completed: 3/17/2021**

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

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 11/19/2020**

**Date Investigation Completed: 3/17/2021**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 11/10/2020**

**Date Investigation Completed: 3/15/2021**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
1CQG11

**Date Complaint Received: 8/5/2020**

**Date Investigation Completed: 8/6/2020**

Subject Area(s)  
OTHER

Result  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** WATERFORD MEMORY CARE LLC (0014008)  
**Address:** 301 S SIXTH ST, WATERFORD, WI 53185  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 7/1/2013 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0140690    **End Date:** 8/24/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139128    **End Date:** 3/22/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137406    **End Date:** 6/29/2021    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0135942    **End Date:** 3/17/2021    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0134814    **End Date:** 9/4/2020    **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (WATERFORD MEMORY CARE LLC--0014008)

**Date Complaint Received: 8/3/2022**

**Date Investigation Completed: 8/24/2022**

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 2/2/2022**

**Date Investigation Completed: 3/22/2022**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 6/7/2021**

**Date Investigation Completed: 6/29/2021**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 2/23/2021**

**Date Investigation Completed: 3/17/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES  
RESIDENT RIGHTS

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 8/21/2020**

**Date Investigation Completed: 9/2/2020**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** WATERFORD PLACE (0018623)

**Address:** 808 CORNERSTONE CROSSING, WATERFORD, WI 53185

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/15/2021 12:00:00AM

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

### Survey History

**Survey ID:** 0138404    **End Date:** 12/15/2021    **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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** LONG LAKE HOUSE (0011322)

**Address:** 8208 RACINE AVE, WIND LAKE, WI 53185

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/1/2007 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

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** ROLLING MEADOWS (0012246)

**Address:** 8212 RACINE AVE, WIND LAKE, WI 53185

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/1/2009 12:00:00AM

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

#### Survey History

**Survey ID:** 0141832    **End Date:** 9/2/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #15XY12    Served 1/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED		
83.45(3)	TOXIC SUBSTANCES		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

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**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0138644    End Date: 10/15/2021    Type: ABBREVIATED    Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #15XY11**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	8/31/22	Yes
83.25	CONTINUING EDUCATION	8/31/22	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	9/2/22	No
83.45(3)	TOXIC SUBSTANCES	9/2/22	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	9/2/22	Yes

**Enforcement History (ROLLING MEADOWS--0012246)**

**Date: 1/13/2023    SOD #15XY12    Appealed:    Decision: PENDING**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
 ORDER TO COMPLY  
 FORFEITURE---83.44(2)(a)  
 FORFEITURE---83.45(3)  
 FORFEITURE---83.55(6)(b)

**Date: 2/8/2022    SOD #15XY11    Appealed:**

Sanctions

ORDER TO COMPLY  
 FORFEITURE---83.25  
 FORFEITURE---83.45(3)  
 FORFEITURE---83.55(5)(b)

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