

Provider Inspection Summary

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

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 56.00 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ARBOR VIEW COMMUNITIES (0017134)

Address: 34201 ARBOR LN, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 06/22/2018 12:00:00AM

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

Survey History

Survey ID: 0145780 **End Date:** 01/18/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9PLH11 Served 03/04/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK		
83.47(2)(e)	OTHER EVACUATION DRILLS		

Survey ID: 0140772 **End Date:** 09/13/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139887 **End Date:** 05/05/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (ARBOR VIEW COMMUNITIES--0017134)

Date: 03/04/2024 **SOD #**9PLH11 **Appealed:** No

Sanctions
ORDER TO COMPLY
FORFEITURE---83.17(1)

Date: 03/06/2022 **SOD #**JE0D11 **Appealed:**

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

Complaint History (ARBOR VIEW COMMUNITIES--0017134)

Date Complaint Received: 11/13/2023 **Date Investigation Completed:** 01/18/2024

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 07/11/2023 **Date Investigation Completed:** 01/18/2024

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

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 03/23/2022 **Date Investigation Completed:** 05/05/2022

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 02/04/2022 **Date Investigation Completed:** 05/05/2022

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ARBOR VIEW MEMORY CARE (0017133)

Address: 34111 ARBOR LN, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 06/22/2018 12:00:00AM

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

Survey History

Survey ID: 0143210 **End Date:** 05/24/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144684 **End Date:** 01/26/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141571 **End Date:** 09/21/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (ARBOR VIEW MEMORY CARE--0017133)

Date: 02/10/2022 **SOD #**V8TF11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (ARBOR VIEW MEMORY CARE--0017133)

Date Complaint Received: 05/04/2023

Date Investigation Completed: 05/24/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 04/27/2023

Date Investigation Completed: 05/24/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 10/31/2022

Date Investigation Completed: 01/26/2023

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: 09/08/2022

Date Investigation Completed: 09/21/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 07/25/2022

Date Investigation Completed: 09/21/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CALEBRIA HOUSE (THE) (0018795)

Address: 155 BETH COURT, BURLINGTON, WI 53105

License Status: REGULAR

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

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

Survey History

Survey ID: 0142565 **End Date:** 03/07/2023 **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 02/14/2023

<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:** 03/16/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Date: 02/14/2023

SOD #Y4ZW11

Appealed:

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 01/22/2022 to 01/21/2025

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 03/14/2017 12:00:00AM

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

Survey History

Survey ID: 0147688 **End Date:** 06/25/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6VJ311 Served 09/27/2024

Deficiencies Cited
83.32(3)(h)

Subject Area
RIGHTS OF RESIDENTS: TO RECEIVE
MEDICATION

Compliance
Verified

Corrected

Survey ID: 0145792 **End Date:** 03/01/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143880 **End Date:** 08/03/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141226 **End Date:** 05/08/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Enforcement History (OAK PARK PLACE OF BURLINGTON--0016395)

Date: 09/27/2024 **SOD #**6VJ311 **Appealed:** No

Sanctions

ORDER TO COMPLY

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

Date Complaint Received: 04/04/2024

Date Investigation Completed: 06/25/2024

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
6VJ311

Date Complaint Received: 01/20/2024

Date Investigation Completed: 03/01/2024

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/18/2023

Date Investigation Completed: 03/01/2024

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

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/17/2023

Date Investigation Completed: 08/03/2023

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/22/2023

Date Investigation Completed: 05/08/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PINE BROOK POINTE (0008582)

Address: 1001 S PINE ST, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 02/01/2000 12:00:00AM

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

Survey History

Survey ID: 0148406 **End Date:** 12/16/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #VPUZ11 Served 12/27/2024

Deficiencies Cited
83.44(1)(c)

Subject Area
CLOTHES DRYERS ENCLOSED AND VENTED

Compliance
Verified

Corrected

Survey ID: 0140872 **End Date:** 09/13/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140422 **End Date:** 04/12/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WYQX11 Served 08/11/2022

Deficiencies Cited
83.17(2)(a)

Subject Area
EMPLOYEES SCREENED FOR COMMUNICABLE
DISEASE

Compliance
Verified
9/25/22

Corrected
Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139429 End Date: 02/03/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8CCG11 Served 05/03/2022

<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

Enforcement History (PINE BROOK POINTE--0008582)

Date: 12/27/2024 SOD #VPUZ11 Appealed: No

Sanctions

ORDER TO COMPLY

Date: 05/03/2022 SOD #8CCG11 Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.38(1)(i)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (PINE BROOK POINTE--0008582)

Date Complaint Received: 08/19/2024

Date Investigation Completed: 12/16/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 06/27/2022

Date Investigation Completed: 09/13/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 05/09/2022

Date Investigation Completed: 09/13/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 05/04/2022

Date Investigation Completed: 09/13/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 04/24/2022

Date Investigation Completed: 09/13/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 04/14/2022

Date Investigation Completed: 09/13/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 03/08/2022

Date Investigation Completed: 04/12/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Date Complaint Received: 02/03/2022

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Date Investigation Completed: 04/12/2022

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PARKVIEW GARDENS III (0016971)

Address: 5321 DOUGLAS AVE, CALEDONIA, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 06/04/2018 12:00:00AM

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

Survey History

Survey ID: 0145837 **End Date:** 02/05/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #3TT812 Served 03/11/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(e)	OTHER EVACUATION DRILLS		
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION		

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

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140040 **End Date:** 02/23/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3TT811 Served 07/07/2022

<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	2/5/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (PARKVIEW GARDENS III--0016971)

Date: 07/07/2022 **SOD #**3TT811 **Appealed:** Yes **Decision:** DISMISSED

Sanctions

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

Date: 04/11/2022 **SOD #**S2JU11 **Appealed:** Yes **Decision:** WITHDRAWN APPEAL (NO STIPULATION)

Sanctions

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

Date: 03/10/2022 **SOD #**U8LC11 **Appealed:**

Sanctions

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

Complaint History (PARKVIEW GARDENS III--0016971)

Date Complaint Received: 10/05/2023 **Date Investigation Completed:** 02/05/2024

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 09/19/2023 **Date Investigation Completed:** 02/05/2024

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 07/25/2022 **Date Investigation Completed:** 10/11/2022

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WOODS OF CALEDONIA (0018358)

Address: 5737 ERIE STREET, CALEDONIA, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 01/08/2022 12:00:00AM

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

Survey History

Survey ID: 0148462 **End Date:** 01/06/2025 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144342 **End Date:** 04/24/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135519 **End Date:** 01/31/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (WOODS OF CALEDONIA--0018358)

Date Complaint Received: 09/26/2024

Date Investigation Completed: 01/06/2025

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 01/09/2023

Date Investigation Completed: 04/24/2023

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

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 04/01/2023 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:** 04/08/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Chalmers House (0018882)

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

License Status: REGULAR

Licensed/Certified/Registered 04/01/2023 12:00:00AM

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

Survey History

Survey ID: 0142556 **End Date:** 03/20/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0141747 **End Date:** 12/06/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CTPD11 Served 01/06/2023

<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:** 04/08/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (Chalmers House--0018882)

Date: 01/06/2023

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 01/22/2022 to 01/21/2025

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: REGULAR

Licensed/Certified/Registered 04/01/2023 12:00:00AM

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

Survey History

Survey ID: 0146623 **End Date:** 04/26/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142563 **End Date:** 03/10/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PPZD12 Served 03/28/2023

Deficiencies Cited
83.35(3)(d)

Subject Area
SERVICE PLANS UPDATED ANNUALLY OR ON
CHANGES

Compliance
Verified

Corrected

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PPZD11 Served 01/19/2023

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

Survey ID: 0139362 **End Date:** 04/08/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (Ferguson House--0018883)

Date: 03/27/2023 **SOD #**PPZD12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 01/19/2023 **SOD #**PPZD11 **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 01/22/2022 to 01/21/2025
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (Ferguson House--0018883)

Date Complaint Received: 01/16/2024

Date Investigation Completed: 04/26/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 02/28/2023

Date Investigation Completed: 03/10/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Holland House (0018880)

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

License Status: REGULAR

Licensed/Certified/Registered 04/01/2023 12:00:00AM

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

Survey History

Survey ID: 0146526 **End Date:** 04/26/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144884 **End Date:** 10/26/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142602 **End Date:** 03/09/2023 **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:** 04/08/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (Holland House--0018880)

Date Complaint Received: 01/16/2024

Date Investigation Completed: 04/26/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 01/09/2024

Date Investigation Completed: 04/26/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 07/13/2023

Date Investigation Completed: 10/26/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 02/28/2023

Date Investigation Completed: 03/09/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OPEN ARMS BLOSSOM (0018486)

Address: 3834 BLOSSOM DRIVE, MOUNT PLEASANT, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 03/30/2022 12:00:00AM

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

Survey History

Survey ID: 0148391 **End Date:** 10/23/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NYPT11 Served 12/23/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.25	CONTINUING EDUCATION		
83.28(6)	RESIDENT RIGHTS, GRIEVANCE PROCEDURE, RULES		
83.29(1)(b)	WRITTEN INFORMATION ON SERVICES, CHARGES		
83.35(4)	RESIDENT SATISFACTION EVALUATION		
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN		
83.41(3)(b)	FOOD SAFETY		
83.47(2)(e)	OTHER EVACUATION DRILLS		
83.47(3)	FIRE INSPECTION		
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.48(8)(b)

SPRINKLER SYSTEM INSTALLATION AND
MAINTENANCE

Survey ID: 0139232 **End Date:** 03/30/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (OPEN ARMS BLOSSOM--0018486)

Date: 12/23/2024 **SOD #** NYPT11 **Appealed:** Yes **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a)-(d)
FORFEITURE---83.25
FORFEITURE---83.37(2)(e)

Complaint History (OPEN ARMS BLOSSOM--0018486)

Date Complaint Received: 07/12/2024 **Date Investigation Completed:** 10/23/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OPEN ARMS CARNATION (0018487)

Address: 6541 CARNATION COURT, MOUNT PLEASANT, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 03/30/2022 12:00:00AM

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

Survey History

Survey ID: 0144221 **End Date:** 09/12/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139233 **End Date:** 03/30/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (OPEN ARMS CARNATION--0018487)

Date Complaint Received: 09/05/2023

Date Investigation Completed: 09/12/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Sage Meadows of Racine (0019647)

Address: 6109 Braun RD, Mount Pleasant, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 03/05/2024 12:00:00AM

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

Survey History

Survey ID: 0146787 **End Date:** 05/30/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145800 **End Date:** 03/05/2024 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Sage Meadows of Racine--0019647)

Date Complaint Received: 04/25/2024

Date Investigation Completed: 05/30/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: NEW VISION HOME LLC II (0014935)

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

License Status: REGULAR

Licensed/Certified/Registered 01/05/2015 12:00:00AM

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

Survey History

Survey ID: 0145978 **End Date:** 02/07/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8V2Y11 Served 03/25/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.25	CONTINUING EDUCATION		
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW		
83.47(2)(d)	FIRE DRILLS		

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

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (NEW VISION HOME LLC II--0014935)

Date: 03/25/2024 **SOD #**8V2Y11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---8V2Y11
FORFEITURE---8V2Y11

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

Date Complaint Received: 06/27/2023 **Date Investigation Completed:** 02/07/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	8V2Y11
NOT SUBSTANTIATED	

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

Subject Area(s)
PROGRAM SERVICES

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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: 0144217 **End Date:** 09/12/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143360 **End Date:** 06/09/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140226 **End Date:** 07/07/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (OPEN ARMS LINDEN I--0018254)

Date Complaint Received: 06/20/2023

Date Investigation Completed: 09/12/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 03/24/2023

Date Investigation Completed: 06/09/2023

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 05/27/2022

Date Investigation Completed: 07/07/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

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: 0147600 **End Date:** 07/03/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VRYJ11 Served 09/18/2024

<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		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		
83.38(1)(g)	HEALTH MONITORING		

Survey ID: 0143712 **End Date:** 06/09/2023 **Type:** ABBREVIATED **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141844 **End Date:** 07/07/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #4O4J11 Served 01/13/2023

Deficiencies Cited

83.12(4)(b)

Subject Area

REPORTING WHEN LAW ENFORCEMENT IS
CALLED

Compliance

Verified

6/9/23

Corrected

Yes

Enforcement History (OPEN ARMS LINDEN II--0018253)

Date: 09/18/2024 **SOD #** VRYJ11 **Appealed:** Yes **Decision:** PENDING

Sanctions

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

Complaint History (OPEN ARMS LINDEN II--0018253)

Date Complaint Received: 05/23/2024

Date Investigation Completed: 07/03/2024

Subject Area(s)

RESIDENT RIGHTS
ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

VRYJ11

Date Complaint Received: 03/16/2023

Date Investigation Completed: 05/19/2023

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/29/2022

Date Investigation Completed: 07/07/2022

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

4O4J11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: TIMBER OAKS (310564)

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

License Status: REGULAR

Licensed/Certified/Registered 09/04/1991 12:00:00AM

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

Survey History

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

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Provider Inspection Summary

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

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 01/22/2022 to 01/21/2025

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 09/19/2018 12:00:00AM

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

Survey History

Survey ID: 0144689 **End Date:** 10/03/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142741 **End Date:** 02/28/2023 **Type:** OTHER **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8OPK12 Served 04/12/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	10/3/23	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	10/3/23	Yes
83.60(1)	TOTAL/OPENABLE WINDOW AREA	10/3/23	Yes

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

Date: 04/12/2023 **SOD #**8OPK12 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LAKEVIEW CARE PARTNERS AT WATERFORD (0016391)

Address: 1701 SHARP RD, WATERFORD, WI 53185

License Status: REGULAR

Licensed/Certified/Registered 09/01/2016 12:00:00AM

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

Survey History

Survey ID: 0147967 **End Date:** 09/13/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #63LS11 Served 10/30/2024

Deficiencies Cited
83.19

Subject Area
ORIENTATION

Compliance
Verified

Corrected

Survey ID: 0145914 **End Date:** 03/15/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144800 **End Date:** 10/26/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144692 **End Date:** 10/03/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144348 **End Date:** 07/05/2023 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143827 **End Date:** 03/02/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OLSR11 Served 08/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(3)	TOXIC SUBSTANCES	10/3/23	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	10/3/23	Yes

Survey ID: 0138810 **End Date:** 02/01/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Date: 10/30/2024 **SOD #**63LS11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.19

Date: 08/07/2023 **SOD #**OLSR11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Date Complaint Received: 06/27/2024

Date Investigation Completed: 09/13/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 06/03/2024

Date Investigation Completed: 09/13/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

63LS11

Date Complaint Received: 11/01/2023

Date Investigation Completed: 03/15/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 10/09/2023

Date Investigation Completed: 10/26/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 09/23/2023

Date Investigation Completed: 10/03/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Date Complaint Received: 05/18/2023

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 07/05/2023

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 12/02/2022

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Date Investigation Completed: 03/02/2023

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 11/21/2022

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 03/02/2023

Result SOD #
NOT SUBSTANTIATED

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Provider Inspection Summary

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

Facility Information

Facility Name: MAPLEWOOD APPLEWOOD COTTAGE (0015968)
Address: 7711 BIG BEND RD, WATERFORD, WI 53185
License Status: REGULAR
Licensed/Certified/Registered 04/28/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

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

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Provider Inspection Summary

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

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 04/28/2016 12:00:00AM

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

Survey History

Survey ID: 0144173 **End Date:** 04/19/2023 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FWHG12 Served 09/12/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.38(1)(g)	HEALTH MONITORING		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (ROSEWOOD OAKWOOD COTTAGE--0015967)

Date: 09/11/2023 **SOD #FWHG12** **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---FWHG12
FORFEITURE---FWHG12

Date: 03/10/2022 **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)

Complaint History (ROSEWOOD OAKWOOD COTTAGE--0015967)

Date Complaint Received: 01/18/2023 **Date Investigation Completed:** 04/19/2023

Subject Area(s)

STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED

SOD #

FWHG12

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WATERFORD MEMORY CARE LLC (0014008)

Address: 301 S SIXTH ST, WATERFORD, WI 53185

License Status: REGULAR

Licensed/Certified/Registered 07/01/2013 12:00:00AM

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

Survey History

Survey ID: 0144609 **End Date:** 07/28/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LD0211 Served 10/23/2023

Deficiencies Cited
83.36(1)(b)

Subject Area
QUALIFIED STAFF IN CHARGE, ON DUTY AND
AWAKE

Compliance
Verified

Corrected

Survey ID: 0144144 **End Date:** 03/15/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140690 **End Date:** 08/24/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139128 **End Date:** 03/22/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (WATERFORD MEMORY CARE LLC--0014008)

Date: 10/23/2023 SOD #LD0211 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (WATERFORD MEMORY CARE LLC--0014008)

Date Complaint Received: 08/08/2022

Date Investigation Completed: 03/15/2023

Subject Area(s)
PROGRAM SERVICES
ADMINISTRATION

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 08/03/2022

Date Investigation Completed: 08/24/2022

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 07/20/2022

Date Investigation Completed: 03/15/2023

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 02/02/2022

Date Investigation Completed: 03/22/2022

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WATERFORD PLACE (0018623)

Address: 808 CORNERSTONE CROSSING, WATERFORD, WI 53185

License Status: REGULAR

Licensed/Certified/Registered 07/18/2023 12:00:00AM

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

Survey History

Survey ID: 0147792 **End Date:** 09/19/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #INCB11 Served 10/09/2024

Deficiencies Cited

83.12(4)(c)

83.35(3)(d)

Subject Area

REPORTING INCIDENTS WITH SERIOUS
INJURY

SERVICE PLANS UPDATED ANNUALLY OR ON
CHANGES

Compliance
Verified

Corrected

Survey ID: 0146802 **End Date:** 06/06/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145843 **End Date:** 03/07/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144365 **End Date:** 09/26/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Enforcement History (WATERFORD PLACE--0018623)

Date: 10/09/2024 **SOD #**INCB11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (WATERFORD PLACE--0018623)

Date Complaint Received: 09/11/2024

Date Investigation Completed: 09/19/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 08/27/2024

Date Investigation Completed: 09/19/2024

Subject Area(s)

Result

SOD #

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

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

Date Complaint Received: 04/22/2024

Date Investigation Completed: 06/06/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 04/08/2024

Date Investigation Completed: 06/06/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 01/08/2024

Date Investigation Completed: 03/07/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 01/04/2024

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Date Investigation Completed: 03/07/2024

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/11/2023

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 09/26/2023

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: LONG LAKE HOUSE (0011322)

Address: 8208 RACINE AVE, WIND LAKE, WI 53185

License Status: REGULAR

Licensed/Certified/Registered 03/01/2007 12:00:00AM

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

Survey History

Survey ID: 0146322 **End Date:** 03/27/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HGN913 Served 05/07/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.35(2)	TEMPORARY SERVICE PLAN		
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.45(3)	TOXIC SUBSTANCES		
83.46(1)(a)	COMFORTABLE AND SAFE TEMPERATURES		
83.46(3)	PUBLIC WATER SUPPLY OR WELL WATER TEST		
83.47(3)	FIRE INSPECTION		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

83.48(3)(a)

FIRE DETECTION SYSTEMS INSPECTED
ANNUALLY

Enforcement History (LONG LAKE HOUSE--0011322)

Date: 05/07/2024 **SOD #**HGN913 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---83.35(1)(a)

FORFEITURE---83.35(3)(b)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.43(1)

FORFEITURE---83.45(3)

FORFEITURE---83.46(1)(a)

FORFEITURE---83.47(3)

FORFEITURE---83.48(3)(a)

Complaint History (LONG LAKE HOUSE--0011322)

Date Complaint Received: 03/07/2024

Date Investigation Completed: 03/27/2024

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ROLLING MEADOWS (0012246)

Address: 8212 RACINE AVE, WIND LAKE, WI 53185

License Status: REGULAR

Licensed/Certified/Registered 05/01/2009 12:00:00AM

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

Survey History

Survey ID: 0146293 **End Date:** 04/03/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #15XY13 Served 05/02/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.35(2)	TEMPORARY SERVICE PLAN		
83.42(3)	ACCESS TO RESIDENT RECORDS		
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141832 **End Date:** 09/02/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #15XY12 Served 01/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	3/25/24	Yes
83.45(3)	TOXIC SUBSTANCES	3/25/24	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	3/25/24	Yes

Enforcement History (ROLLING MEADOWS--0012246)

Date: 05/02/2024 **SOD #**15XY13 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 01/13/2023 **SOD #**15XY12 **Appealed:**

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: 02/08/2022 **SOD #**15XY11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.25

FORFEITURE---83.45(3)

FORFEITURE---83.55(5)(b)

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Provider Inspection Summary

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

Complaint History (ROLLING MEADOWS--0012246)

Date Complaint Received: 03/07/2024

Date Investigation Completed: 04/03/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

15XY13

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