

Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

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 42.00 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 2/14/2016 to 2/13/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ARBOR VIEW COMMUNITIES (0017134)

Address: 34201 ARBOR LN, BURLINGTON, WI 53105

License Status: PROBATIONARY

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

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

Survey History

Survey ID: 0127199 **End Date:** 6/22/2018 **Type:** ABBREVIATED **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

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: PROBATIONARY

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

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

Survey History

Survey ID: 0127205 **End Date:** 6/22/2018 **Type:** ABBREVIATED **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

Complaint History (ARBOR VIEW MEMORY CARE--0017133)

Date Complaint Received: 9/28/2018

Date Investigation Completed: 11/2/2018

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CALEBRIA HOUSE (0015143)

Address: 155 BETH COURT, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 8/1/2015 12:00:00AM

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

Survey History

Survey ID: 0124197 **End Date:** 5/25/2017 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123267 **End Date:** 3/23/2017 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #BIKY11 Served 5/18/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	5/25/17	Yes

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

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: 0128781 **End Date:** 11/6/2018 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #1FE511

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(3)	TOXIC SUBSTANCES		

Complaint History (HIL HILLSIDE--0009760)

Date Complaint Received: 9/18/2018

Date Investigation Completed: 11/6/2018

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

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: 0124342 **End Date:** 7/18/2017 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0121925 **End Date:** 10/3/2016 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HIL WANDA FROGG VILLA/MEADOWHAVEN (0012315)

Address: 524 SUMMIT AVE, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 12/1/2008 12:00:00AM

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

Survey History

Survey ID: 0121929 **End Date:** 10/5/2016 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

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: 0125368 **End Date:** 10/18/2017 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0122827 **End Date:** 3/14/2017 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

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: 0124906 **End Date:** 8/7/2017 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ADDITIONAL VV FEE ASSESSED

Survey ID: 0123419 **End Date:** 3/13/2017 **Type:** OTHER **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PKUG11 Served 6/22/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	8/7/17	Yes
83.25	CONTINUING EDUCATION	8/7/17	Yes
83.46(1)(f)	COMBUSTIBLES	8/7/17	Yes
83.47(2)(d)	FIRE DRILLS	8/7/17	Yes

Survey ID: 0123115 **End Date:** 3/6/2017 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (PINE BROOK POINTE--0008582)

Date: 6/14/2017 **SOD #**PKUG11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---N158 83.12(2)(a)

FORFEITURE---N277 83.25

FORFEITURE---N525 83.47(2)(d)

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PARKVIEW GARDENS III (0016971)

Address: 5321 DOUGLAS AVE, CALEDONIA, WI 53402

License Status: PROBATIONARY

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

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

Survey History

Survey ID: 0127001 **End Date:** 6/4/2018 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WILLOWGREEN HOME (0014873)

Address: 4719 KINGDOM COURT, CALEDONIA, WI 53108

License Status: REGULAR

Licensed/Certified/Registered 2/5/2014 12:00:00AM

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

Survey History

Survey ID: 0126991 **End Date:** 6/8/2018 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125727 **End Date:** 12/11/2017 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MNJ011 Served 1/24/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	6/6/18	Yes

Survey ID: 0123037 **End Date:** 4/13/2017 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123374 **End Date:** 4/4/2017 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (WILLOWGREEN HOME--0014873)

Date Complaint Received: 11/20/2017

Date Investigation Completed: 12/11/2017

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
MNJ011

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WOODS OF CALEDONIA (THE) (0016306)

Address: 5737 ERIE STREET, CALEDONIA, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 10/5/2016 12:00:00AM

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

Survey History

Survey ID: 0128133 **End Date:** 7/24/2018 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #60EQ12

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		

Survey ID: 0126202 **End Date:** 1/29/2018 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #60EQ11 Served 4/6/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	7/24/18	Yes

Survey ID: 0125642 **End Date:** 12/6/2017 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0124080 **End Date: 7/7/2017** **Type: STANDARD** **Purpose: SURVEY**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123483 **End Date: 3/13/2017** **Type: STANDARD** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4W0E11 Served 6/26/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	7/7/17	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	7/7/17	Yes
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES	7/7/17	Yes

Survey ID: 0121509 **End Date: 10/5/2016** **Type: STANDARD** **Purpose: CHOW--DESK REVIEW**

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (WOODS OF CALEDONIA (THE)--0016306)

Date: 9/24/2018 **SOD #60EQ12** **Appealed:** **Decision: PENDING**

Sanctions

FORFEITURE---83.35(1)(a)

Date: 3/13/2018 **SOD #60EQ11** **Appealed:** **Decision: PENDING**

Sanctions

FORFEITURE---83.35(1)(a)

Date: 6/21/2017 **SOD #4W0E11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.12(5)(a)

FORFEITURE---83.32(3)(h)

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (WOODS OF CALEDONIA (THE)--0016306)

Date Complaint Received: 11/7/2017

Date Investigation Completed: 12/6/2017

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 1/5/2017

Date Investigation Completed: 1/29/2018

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result
SUBSTANTIATED

SOD #
60EQ11

Date Complaint Received: 12/4/2016

Date Investigation Completed: 3/13/2017

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Result
SUBSTANTIATED

SOD #
4W0E11

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BAY HARBOR ASSISTED LIVING AND MEMORY CARE A (0017189)

Address: 3820 OLD GREEN BAY RD, MOUNT PLEASANT, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 6/27/2018 12:00:00AM

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

Survey History

Survey ID: 0128072 **End Date:** 8/9/2018 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0127248 **End Date:** 6/27/2018 **Type:** ABBREVIATED **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (BAY HARBOR ASSISTED LIVING AND MEMORY CARE A--0017189)

Date Complaint Received: 7/12/2018

Date Investigation Completed: 8/9/2018

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BAY HARBOR ASSISTED LIVING AND MEMORY CARE B (0017188)

Address: 3820 OLD GREEN BAY RD, MOUNT PLEASANT, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 6/27/2018 12:00:00AM

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

Survey History

Survey ID: 0127246 **End Date:** 6/27/2018 **Type:** ABBREVIATED **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BAY HARBOR ASSISTED LIVING AND MEMORY CARE C (0017186)

Address: 3820 OLD GREEN BAY RD, MOUNT PLEASANT, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 6/27/2018 12:00:00AM

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

Survey History

Survey ID: 0127245 **End Date:** 6/27/2018 **Type:** ABBREVIATED **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

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

No survey activity during the period 2/14/16 to 2/13/19

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: TREE OF LIFE (0015281)

Address: 10101 DURAND AVENUE, STURTEVANT, WI 53177

License Status: REGULAR

Licensed/Certified/Registered 2/1/2016 12:00:00AM

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

Survey History

Survey ID: 0125465 **End Date:** 10/26/2017 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124457 **End Date:** 9/19/2017 **Type:** OTHER **Purpose:** DESK REVIEW

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #RP6N11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.05(1)(a)	ENTITY SANCTION	10/26/17	Yes

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

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: 0128725 **End Date:** 10/15/2018 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124325 **End Date:** 7/12/2017 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0122464 **End Date:** 2/6/2017 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (EAGLE HOUSE--310369)

Date Complaint Received: 8/21/2018

Date Investigation Completed: 10/15/2018

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

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: 0124810 **End Date:** 9/21/2017 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123724 **End Date:** 3/21/2017 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9D8011 Served 7/24/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	9/21/17	Yes
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	9/21/17	Yes
83.25	CONTINUING EDUCATION	9/21/17	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	9/21/17	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	9/21/17	Yes

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (TIMBER OAKS--310564)

Date: 7/20/2017

SOD #9D8011

Appealed:

Sanctions

FORFEITURE---50.065(2)(b)intro

FORFEITURE---50.065(3)(b)

FORFEITURE---83.25

FORFEITURE---83.37(1)(h)

FORFEITURE---83.37(1)(i)

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WISCONSIN VETERANS HOME FAIRCHILD HALL (0009253)

Address: 21425 SPRING ST #D, UNION GROVE, WI 53182

License Status: REGULAR

Licensed/Certified/Registered 3/1/2002 12:00:00AM

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

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HIL FOX MEAD GROUP HOME (0009691)
Address: 516 FOX MEAD CROSSING, WATERFORD, WI 53185
License Status: REGULAR
Licensed/Certified/Registered 1/1/2002 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0128573 **End Date:** 10/10/2018 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124774 **End Date:** 9/13/2017 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0122014 **End Date:** 10/5/2016 **Type:** STANDARD **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (HIL FOX MEAD GROUP HOME--0009691)

Date Complaint Received: 9/18/2018

Date Investigation Completed: 10/10/2018

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 8/4/2017

Date Investigation Completed: 9/12/2017

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Community Based Residential Facility--CLASS AA (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: 0128243 **End Date:** 9/19/2018 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

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: 0126356 **End Date:** 3/7/2018 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0122354 **End Date:** 1/23/2017 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0121174 **End Date:** 9/1/2016 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Date Complaint Received: 10/25/2016

Date Investigation Completed: 1/23/2017

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

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

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: 0126909 **End Date:** 5/7/2018 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125743 **End Date:** 10/31/2017 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y1JE11 Served 1/30/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.29(1)(c)	30 DAY WRITTEN NOTICE OF CHANGES	5/7/18	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	5/7/18	Yes

Survey ID: 0124515 **End Date:** 7/11/2017 **Type:** STANDARD **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0122901 **End Date: 2/3/2017** **Type: STANDARD** **Purpose: SURVEY/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #40QX11 Served 4/10/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	7/11/17	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	7/11/17	Yes
83.45(3)	TOXIC SUBSTANCES	7/11/17	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	7/11/17	Yes

Survey ID: 0120216 **End Date: 4/28/2016** **Type: INITIAL** **Purpose: SURVEY**

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (MAPLEWOOD APPLEWOOD COTTAGE--0015968)

Date: 1/25/2018 **SOD #Y1JE11** **Appealed:** **Decision: PENDING**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.38(1)(i)

Date: 4/6/2017 **SOD #40QX11** **Appealed:**

Sanctions

FORFEITURE---83.32(3)(d)
FORFEITURE---83.35(1)(c)
FORFEITURE---83.48(8)(b)

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (MAPLEWOOD APPLEWOOD COTTAGE--0015968)

Date Complaint Received: 9/13/2017

Date Investigation Completed: 10/31/2018

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS
OTHER

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 8/29/2017

Date Investigation Completed: 10/31/2017

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
Y1JE11

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

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: 0127151 **End Date:** 5/7/2018 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125691 **End Date:** 10/31/2017 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H90L11 Served 1/19/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	5/7/18	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	5/7/18	Yes
83.32(3)(e)	RIGHTS OF RESIDENTS: FREE OF SECLUSION	5/7/18	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	5/7/18	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	5/7/18	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	5/7/18	Yes
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS	5/7/18	Yes

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.38(1)(i)	BEHAVIOR MANAGEMENT	5/7/18	Yes
83.41(3)(b)	FOOD SAFETY	5/7/18	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	5/7/18	Yes
83.47(2)(d)	FIRE DRILLS	5/7/18	Yes
83.55(3)	BATH AND TOILET AREAS: HAND DRYING	5/7/18	Yes

Survey ID: 0124384 End Date: 8/31/2017 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124738 End Date: 8/10/2017 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123486 End Date: 3/21/2017 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #X27T12 Served 6/22/2017

<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		

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0122507 **End Date:** 11/22/2016 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #X27T11 Served 2/24/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.22(4)	TRAINING IN DIETARY DUTIES REQUIRED	3/21/17	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	3/21/17	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/21/17	No
83.45(3)	TOXIC SUBSTANCES	3/21/17	Yes
83.52(2)	ACCESS	3/21/17	Yes

Survey ID: 0120214 **End Date:** 4/28/2016 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (ROSEWOOD OAKWOOD COTTAGE--0015967)

Date: 1/18/2018 **SOD #**H90L11 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.14(2)(a)
FORFEITURE---83.32(3)(e)
FORFEITURE---83.35(1)(a)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(i)

Date: 6/21/2017 **SOD #**X27T12 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.35(3)(d)

Date: 2/21/2017 **SOD #**X27T11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---N250 - 83.22(4)
FORFEITURE---N383 - 83.35(1)(c)
FORFEITURE---N389 - 83.35(3)(d)
FORFEITURE---N591 - 83.52(2)

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (ROSEWOOD OAKWOOD COTTAGE--0015967)

Date Complaint Received: 1/9/2018

Date Investigation Completed: 5/9/2018

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

H90L12

Date Complaint Received: 10/16/2017

Date Investigation Completed: 10/31/2018

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

H90L11

Date Complaint Received: 9/29/2017

Date Investigation Completed: 10/31/2017

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

H90L11

PROGRAM SERVICES

SUBSTANTIATED

H90L11

Date Complaint Received: 9/13/2017

Date Investigation Completed: 10/31/2017

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

H90L11

OTHER

SUBSTANTIATED

H90L11

Date Complaint Received: 9/6/2017

Date Investigation Completed: 10/31/2017

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

H90L11

Date Complaint Received: 8/24/2017

Date Investigation Completed: 8/31/2017

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

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: 0126921 **End Date:** 5/7/2018 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

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 2/14/16 to 2/13/19

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

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: 0126625 **End Date:** 3/19/2018 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #GS2X11 Served 5/1/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW		
83.45(3)	TOXIC SUBSTANCES		
83.46(1)(f)	COMBUSTIBLES		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

Survey ID: 0125464 **End Date:** 10/26/2017 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0124455 End Date: 9/19/2017 Type: OTHER Purpose: DESK REVIEW

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #7DFI11 Served 9/26/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.05(1)(a)	ENTITY SANCTION	10/26/17	Yes

Complaint History (ROLLING MEADOWS--0012246)

Date Complaint Received: 1/9/2018

Date Investigation Completed: 3/19/2018

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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