

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 includes only facilities located within the City of RACINE. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.

The report is a PDF (Adobe Acrobat) document and includes a total of 17.00 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: ASCENSION LIVING LAKESHORE AT SIENA (0017233)

Address: 5643 ERIE ST, RACINE, WI 53402

License Status: REGULAR

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

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

Survey History

Survey ID: 0141980 **End Date:** 12/8/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FDOC11 Served 1/31/2023

<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		
83.45(3)	TOXIC SUBSTANCES		
83.60(1)	TOTAL/OPENABLE WINDOW AREA		

Survey ID: 0137285 **End Date:** 9/16/2021 **Type:** ABBREVIATED **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135047 **End Date:** 10/28/2020 **Type:** OTHER **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (ASCENSION LIVING LAKESHORE AT SIENA--0017233)

Date: 1/31/2023 **SOD #**FDOC11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 7/2/2020 **SOD #**2LIS12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.25
FORFEITURE---83.37(1)(h)
FORFEITURE---83.37(3)(a)
FORFEITURE---83.47(2)(d)

Complaint History (ASCENSION LIVING LAKESHORE AT SIENA--0017233)

Date Complaint Received: 12/6/2022 **Date Investigation Completed:** 12/8/2022

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

Date Complaint Received: 6/9/2022 **Date Investigation Completed:** 12/8/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	FDOC11

Date Complaint Received: 6/21/2021 **Date Investigation Completed:** 9/13/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
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: GARDENS OF MOUNT PLEASANT (THE) (0018485)

Address: 6101 16TH ST, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 10/1/2021 12:00:00AM

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

Survey History

Survey ID: 0142902 **End Date:** 4/18/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142190 **End Date:** 2/2/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142060 **End Date:** 11/4/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L3HU11 Served 2/7/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED		
83.41(1)(c)	DISHWASHING		
83.41(3)(b)	FOOD SAFETY		

Survey ID: 0137377 **End Date:** 9/7/2021 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

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 CNA (NONAMBULATORY)

Enforcement History (GARDENS OF MOUNT PLEASANT (THE)--0018485)

Date: 2/7/2023 **SOD #**L3HU11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (GARDENS OF MOUNT PLEASANT (THE)--0018485)

Date Complaint Received: 1/17/2023 **Date Investigation Completed:** 2/2/2023

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

Date Complaint Received: 1/3/2023 **Date Investigation Completed:** 2/2/2023

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

Date Complaint Received: 7/15/2022 **Date Investigation Completed:** 11/4/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	L3HU11

Date Complaint Received: 5/31/2022 **Date Investigation Completed:** 11/4/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	L3HU11
RESIDENT RIGHTS	NOT SUBSTANTIATED	

Date Complaint Received: 3/23/2022 **Date Investigation Completed:** 11/4/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: GENESIS CROSSROADS (310435)

Address: 4107 4109 ST CLAIR ST, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 1/1/1991 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 AA (AMBULATORY)

Facility Information

Facility Name: LAUREL HOUSE (310621)

Address: 1725 1727 SPRING PL, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 10/1/1995 12:00:00AM

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

Survey History

Survey ID: 0137162 **End Date:** 8/25/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PLEASANT POINT SENIOR LIVING CBRF (0015617)
Address: 8600 CORPORATE DR, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 8/1/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141332 **End Date:** 11/3/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137488 **End Date:** 10/11/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137485 **End Date:** 9/15/2021 **Type:** ABBREVIATED **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DKEW12 Served 10/14/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS		

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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: 0135301 **End Date:** 10/28/2020 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DKEW11 Served 12/15/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	9/15/21	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	9/15/21	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	9/15/21	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	9/15/21	Yes

Enforcement History (PLEASANT POINT SENIOR LIVING CBRF--0015617)

Date: 10/14/2021 **SOD #DKEW12** **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
ORDER TO COMPLY

Date: 12/15/2020 **SOD #DKEW11** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.15(3)(a)
FORFEITURE---83.20(2)(a-d)
FORFEITURE---83.36(1)(b)2

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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 (PLEASANT POINT SENIOR LIVING CBRF--0015617)

Date Complaint Received: 7/12/2022

Date Investigation Completed: 11/3/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 3/29/2022

Date Investigation Completed: 11/3/2022

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/7/2021

Date Investigation Completed: 10/11/2021

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 8/13/2021

Date Investigation Completed: 9/15/2021

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/12/2020

Date Investigation Completed: 10/28/2020

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 9/28/2020

Date Investigation Completed: 10/28/2020

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Result
SUBSTANTIATED

SOD #
DKEW11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Facility Information

Facility Name: PROSPECT HEIGHTS COMMUNITY LIVING CENTER (0009768)

Address: 2015 PROSPECT ST, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 11/1/2003 12:00:00AM

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

Survey History

Survey ID: 0139320 **End Date:** 4/7/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137501 **End Date:** 9/28/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (PROSPECT HEIGHTS COMMUNITY LIVING CENTER--0009768)

Date Complaint Received: 1/27/2022

Date Investigation Completed: 4/7/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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: SAGE MEADOW RACINE (0017589)

Address: 6109 BRAUN ROAD, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 5/30/2019 12:00:00AM

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

Survey History

Survey ID: 0142690 **End Date:** 3/29/2023 **Type:** ABBREVIATED **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (SAGE MEADOW RACINE--0017589)

Date Complaint Received: 3/23/2023

Date Investigation Completed: 3/29/2023

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: ST MONICAS SENIOR LIVING INC MEMORY CARE (0016819)

Address: 3920 NORTH GREEN BAY ROAD, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 11/21/2017 12:00:00AM

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

Survey History

Survey ID: 0140316 **End Date:** 7/21/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137581 **End Date:** 10/20/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137537 **End Date:** 6/30/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135180 **End Date:** 11/12/2020 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (ST MONICAS SENIOR LIVING INC MEMORY CARE--0016819)

Date Complaint Received: 3/29/2022

Date Investigation Completed: 7/21/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 7/23/2020

Date Investigation Completed: 6/30/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ST MONICAS SENIOR LIVING INC (310557)

Address: 3920 NORTH GREEN BAY RD, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 10/16/1991 12:00:00AM

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

Survey History

Survey ID: 0141047 **End Date:** 7/26/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XLPF11 Served 10/17/2022

<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		

Survey ID: 0135228 **End Date:** 11/13/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (ST MONICAS SENIOR LIVING INC--310557)

Date: 10/17/2022 **SOD #**XLPF11 **Appealed:** **Decision:** PENDING

Sanctions

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

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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 (ST MONICAS SENIOR LIVING INC--310557)

Date Complaint Received: 6/8/2022

Date Investigation Completed: 7/26/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/27/2020

Date Investigation Completed: 1/13/2020

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: WILLOWGREEN HOME (0014873)

Address: 4719 KINGDOM CT, RACINE, 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: 0142717 **End Date:** 3/31/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137276 **End Date:** 9/9/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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