

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 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 18.00 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: ARTISAN RACINE (THE) (0014434)

Address: 6109 BRAUN RD, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 12/1/2013 12:00:00AM

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

Survey History

Survey ID: 0126128 **End Date:** 3/5/2018 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0121834 **End Date:** 11/6/2016 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7SV711 Served 12/5/2016

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	3/5/18	Yes

Enforcement History (ARTISAN RACINE (THE)--0014434)

Date: 11/29/2016 **SOD #**7SV711 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

FORFEITURE---83.35(3)(c)

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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: GENESIS CHATHAM HOUSE (0009385)

Address: 1636 CHATHAM ST, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 2/1/2002 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

Enforcement History (GENESIS CHATHAM HOUSE--0009385)

Date: 3/15/2016

SOD #UKOE12

Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH FACILITY PLAN OF CORRECTION

FORFEITURE---83.43(1)

FORFEITURE---83.47(3)

FORFEITURE---83.59(7)(a)

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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: 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 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: HIL KENNEDY HOME (0012307)

Address: 4305 4307 KENNEDY DR, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 7/1/2009 12:00:00AM

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

Survey History

Survey ID: 0128439 **End Date:** 10/19/2018 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0127399 **End Date:** 6/27/2018 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126270 **End Date:** 2/8/2018 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZCP011 Served 3/23/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	6/27/18	Yes

Survey ID: 0125435 **End Date:** 10/20/2017 **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)

Survey ID: 0123692 **End Date:** 4/7/2017 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JMUC11 Served 7/21/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	10/17/17	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	10/17/17	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/17/17	Yes

Enforcement History (HIL KENNEDY HOME--0012307)

Date: 3/20/2018 **SOD #**ZCP011 **Appealed:** No

Sanctions

Date: 7/18/2017 **SOD #**JMUC11 **Appealed:** No

Sanctions

FORFEITURE---83.12(3)(a)
FORFEITURE---83.12(4)(c)
FORFEITURE---83.35(3)(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)

Complaint History (HIL KENNEDY HOME--0012307)

Date Complaint Received: 9/10/2018

Date Investigation Completed: 10/19/2018

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 1/13/2017

Date Investigation Completed: 4/7/2017

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result
SUBSTANTIATED

SOD #
JMUC11

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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: LAKESHORE AT SIENA (0017233)

Address: 5643 ERIE ST, RACINE, WI 53402

License Status: PROBATIONARY

Licensed/Certified/Registered 12/5/2018 12:00:00AM

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

Survey History

Survey ID: 0128695 **End Date:** 12/5/2018 **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 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: 0127574 **End Date:** 7/25/2018 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124303 **End Date:** 6/29/2017 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TY8W11 Served 9/21/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT		

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Provider Inspection Summary

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

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: 0124287 **End Date:** 6/20/2017 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Date Complaint Received: 2/16/2017

Date Investigation Completed: 6/20/2017

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: RACINE COMMONS ASSISTED 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: 0128816 **End Date:** 12/14/2018 **Type:** STANDARD **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128934 **End Date:** 10/18/2018 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126527 **End Date:** 3/28/2018 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126354 **End Date:** 3/6/2018 **Type:** OTHER **Purpose:** SURVEY/SELF REPORT

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: 0125940 **End Date: 1/22/2018** **Type: STANDARD** **Purpose: SURVEY/SELF REPORT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #G7V711 Served 2/14/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	3/28/18	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	3/28/18	Yes

Survey ID: 0124860 **End Date: 9/26/2017** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124251 **End Date: 8/23/2017** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123530 **End Date: 6/14/2017** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QPG811 Served 6/28/2017

<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	8/23/17	Yes

Survey ID: 0122862 **End Date: 2/9/2017** **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: 0122181 **End Date: 1/3/2017** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #V53V11 Served 1/6/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	1/11/17	Yes

Survey ID: 0120741 **End Date: 4/7/2016** **Type: OTHER** **Purpose: DESK REVIEW**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (RACINE COMMONS ASSISTED LIVING CBRF--0015617)

Date: 6/27/2017 **SOD #QPG811** **Appealed:**

Sanctions

FORFEITURE---83.35(3)(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)

Complaint History (RACINE COMMONS ASSISTED LIVING CBRF--0015617)

Date Complaint Received: 2/27/2018

Date Investigation Completed: 3/6/2018

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 2/8/2018

Date Investigation Completed: 3/6/2018

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
5K3E11

Date Complaint Received: 9/14/2017

Date Investigation Completed: 9/26/2017

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 7/3/2017

Date Investigation Completed: 8/23/2017

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

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

QPG812

Date Complaint Received: 6/22/2017

Date Investigation Completed: 8/23/2017

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

QPG812

Date Complaint Received: 6/5/2017

Date Investigation Completed: 6/13/2017

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result
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)

Date Complaint Received: 3/9/2017

Date Investigation Completed: 6/13/2017

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
QPG811

Date Complaint Received: 3/2/2017

Date Investigation Completed: 6/13/2017

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
QPG811
QPG811

Date Complaint Received: 10/20/2016

Date Investigation Completed: 1/3/2017

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

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

V53V11

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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: 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: 0127025 **End Date:** 2/26/2018 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125993 **End Date:** 2/7/2018 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #NZ1H11 Served 2/20/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	6/11/18	Yes

Survey ID: 0125183 **End Date:** 11/21/2017 **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)

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

Date Complaint Received: 1/25/2018

Date Investigation Completed: 2/7/2018

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
NZ1H11

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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: ST MONICAS SENIOR LIVING INC (310557)

Address: 3920 N 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: 0128081 **End Date:** 8/9/2018 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126967 **End Date:** 5/3/2018 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0120748 **End Date:** 7/7/2016 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Date Complaint Received: 7/24/2018

Date Investigation Completed: 8/9/2018

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 4/12/2018

Date Investigation Completed: 5/3/2018

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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