

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 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 19.00 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: ASCENSION LIVING LAKESHORE AT SIENA (0017233)

Address: 5643 ERIE ST, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 12/06/2020 12:00:00AM

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

Survey History

Survey ID: 0148323 **End Date:** 12/13/2024 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146941 **End Date:** 05/15/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FDOC12 Served 07/15/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	12/13/24	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	12/13/24	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	12/13/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	12/13/24	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	12/13/24	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)

Survey ID: 0141980 **End Date:** 12/08/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FDOC11 Served 01/31/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	5/15/24	No
83.45(3)	TOXIC SUBSTANCES	5/15/24	Yes
83.60(1)	TOTAL/OPENABLE WINDOW AREA	5/15/24	Yes

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

Date: 07/15/2024 **SOD #FDOC12** **Appealed:**

Sanctions

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

Date: 01/31/2023 **SOD #FDOC11** **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 (ASCENSION LIVING LAKESHORE AT SIENA--0017233)

Date Complaint Received: 08/15/2024

Date Investigation Completed: 12/13/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/28/2024

Date Investigation Completed: 05/15/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/05/2024

Date Investigation Completed: 05/15/2024

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
FDOC12

Date Complaint Received: 12/06/2022

Date Investigation Completed: 12/08/2022

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/09/2022

Date Investigation Completed: 12/08/2022

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
FDOC11

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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: GARDENS OF MOUNT PLEASANT (THE) (0018485)

Address: 6101 16TH ST, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 10/01/2021 12:00:00AM

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

Survey History

Survey ID: 0148015 **End Date:** 10/29/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147690 **End Date:** 09/16/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RD4I11 Served 09/27/2024

<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	11/11/24	Withdrawn
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	11/11/24	Withdrawn
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	11/11/24	Withdrawn
83.38(1)(a)	PERSONAL CARE	11/11/24	Withdrawn
83.38(1)(i)	BEHAVIOR MANAGEMENT		
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION		

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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: 0146697 **End Date:** 05/17/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143826 **End Date:** 07/11/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142902 **End Date:** 04/18/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142190 **End Date:** 02/02/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142060 **End Date:** 11/04/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L3HU11 Served 02/07/2023

Deficiencies Cited

83.35(3)(b)

83.41(1)(c)

83.41(3)(b)

Subject Area

SERVICE PLAN DEVELOPMENT: PARTIES
INVOLVED

DISHWASHING

FOOD SAFETY

Compliance
Verified

Corrected

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

Date: 09/27/2024 **SOD #**RD4I11 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

ORDER TO COMPLY

Date: 02/07/2023 **SOD #**L3HU11 **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 (GARDENS OF MOUNT PLEASANT (THE)--0018485)

Date Complaint Received: 10/07/2024

Date Investigation Completed: 10/29/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 08/15/2024

Date Investigation Completed: 09/16/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
SUBSTANTIATED

RD4I11

Date Complaint Received: 07/22/2024

Date Investigation Completed: 09/16/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
PHYSICAL ENVIRONMENT/SAFETY
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

RD4I11

Date Complaint Received: 07/18/2024

Date Investigation Completed: 09/16/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

RD4I11

Date Complaint Received: 03/04/2024

Date Investigation Completed: 05/17/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 02/05/2024

Date Investigation Completed: 05/17/2024

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: 01/11/2024

Date Investigation Completed: 05/17/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 06/13/2023

Date Investigation Completed: 07/12/2023

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY
ADMINISTRATION

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 06/05/2023

Date Investigation Completed: 07/12/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 01/17/2023

Date Investigation Completed: 02/02/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 01/03/2023

Date Investigation Completed: 02/02/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 07/15/2022

Date Investigation Completed: 11/04/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

L3HU11

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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: 05/31/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 11/04/2022

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	L3HU11
NOT SUBSTANTIATED	

Date Complaint Received: 03/23/2022

Subject Area(s)
ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 11/04/2022

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
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 AA (AMBULATORY)

Facility Information

Facility Name: GENESIS CROSSROADS (310435)

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

License Status: REGULAR

Licensed/Certified/Registered 01/01/1991 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 AA (AMBULATORY)

Facility Information

Facility Name: LAUREL HOUSE (310621)

Address: 1725 1727 SPRING PL, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 10/01/1995 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: PLEASANT POINT SENIOR LIVING CBRF (0015617)

Address: 8600 CORPORATE DR, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 08/01/2016 12:00:00AM

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

Survey History

Survey ID: 0144112 **End Date:** 03/15/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141332 **End Date:** 11/03/2022 **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)

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

Date Complaint Received: 02/15/2023

Date Investigation Completed: 03/15/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 11/15/2022

Date Investigation Completed: 03/15/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 07/12/2022

Date Investigation Completed: 11/03/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 03/29/2022

Date Investigation Completed: 11/03/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

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 11/01/2003 12:00:00AM

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

Survey History

Survey ID: 0148153 **End Date:** 11/13/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1RIQ11 Served 11/22/2024

Deficiencies Cited
83.45(4)

Subject Area
PEST CONTROL

Compliance
Verified

Corrected

Survey ID: 0143797 **End Date:** 07/26/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139320 **End Date:** 04/07/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Date: 11/21/2024 **SOD #**1RIQ11 **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 ANA (NONAMBULATORY)

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

Date Complaint Received: 09/26/2024

Date Investigation Completed: 11/13/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

1RIQ11

Date Complaint Received: 07/17/2023

Date Investigation Completed: 07/26/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 01/27/2022

Date Investigation Completed: 04/07/2022

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 01/22/2022 to 01/21/2025

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:** 07/21/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Date Complaint Received: 03/29/2022

Date Investigation Completed: 07/21/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

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: 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:** 07/26/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

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

Deficiencies Cited
83.32(3)(i)

Subject Area
RIGHTS OF RESIDENTS: PROMPT AND
ADEQUATE TREATMENT

Compliance
Verified

Corrected

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)

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

Date Complaint Received: 06/08/2022 **Date Investigation Completed:** 07/26/2022

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: WILLOWGREEN HOME (0014873)

Address: 4719 KINGDOM CT, RACINE, WI 53108

License Status: REGULAR

Licensed/Certified/Registered 02/05/2014 12:00:00AM

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

Survey History

Survey ID: 0148592 **End Date:** 01/21/2025 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146703 **End Date:** 04/29/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #JIM811 Served 06/14/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.37(1)(g)	DISPOSITION OF MEDICATIONS	7/30/24	Yes
83.41(3)(b)	FOOD SAFETY	7/30/24	Yes
83.45(3)	TOXIC SUBSTANCES	7/30/24	Yes
83.47(2)(d)	FIRE DRILLS	7/30/24	Yes

Survey ID: 0142717 **End Date:** 03/31/2023 **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)

Complaint History (WILLOWGREEN HOME--0014873)

Date Complaint Received: 10/08/2024

Date Investigation Completed: 01/21/2025

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 01/22/2024

Date Investigation Completed: 04/29/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 01/24/2023

Date Investigation Completed: 03/23/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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