Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Residential Care Apartment Complexes in Racine County.
The report is a PDF (Adobe Acrobat) document and includes a total of 12.00 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.
Facility Information

Facility Name: PARKVIEW GARDENS 1 ASSISTED LIVING (0016959)
Address: 5321 DOUGLAS AVE, CALEDONIA, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 12/1/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0125081   End Date: 11/10/2017   Type: OTHER   Purpose: CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: PARKVIEW GARDENS III (0016970)
Address: 5321 DOUGLAS AVE, CALEDONIA, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 2/28/2018 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0126073        End Date: 2/28/2018        Type: INITIAL        Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: PRIMROSE OF MT PLEASANT (0015195)
Address: 1775 N NEWMAN ROAD, MT PLEASANT, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 2/5/2015 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

No survey activity during the period 2/8/17 to 2/8/20
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: ELIZABETH GARDENS (0016018)
Address: 5111 WRIGHT AVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 4/27/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0124555      End Date: 7/20/2017    Type: OTHER    Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: HOME HARBOR (0011173)
Address: 1600 OHIO ST, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 6/1/2006 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0129377       End Date: 11/29/2018       Type: OTHER       Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0127404       End Date: 6/27/2018        Type: OTHER       Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0127201       End Date: 5/9/2018         Type: OTHER       Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125739       End Date: 12/20/2017       Type: ABBREVIATED   Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Residential Care Apartment Complex (CERTIFIED)

<table>
<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/1/2018</td>
<td>11/29/2018</td>
</tr>
</tbody>
</table>

**Subject Area(s)**: PROGRAM SERVICES

**Result**: NOT SUBSTANTIATED

<table>
<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/25/2018</td>
<td>11/29/2018</td>
</tr>
</tbody>
</table>

**Subject Area(s)**: PROGRAM SERVICES

**Result**: NOT SUBSTANTIATED

<table>
<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/18/2018</td>
<td>6/27/2019</td>
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</tbody>
</table>

**Subject Area(s)**: PROGRAM SERVICES

**Result**: SUBSTANTIATED

**SOD #**: 9SJ411

<table>
<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/7/2018</td>
<td>5/9/2018</td>
</tr>
</tbody>
</table>

**Subject Area(s)**: PROGRAM SERVICES

**Result**: NOT SUBSTANTIATED

<table>
<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/7/2017</td>
<td>12/20/2017</td>
</tr>
</tbody>
</table>

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

**Result**: NOT SUBSTANTIATED

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name:  PILLARS AT CRYSTAL BAY (THE) (0017709)
Address:  3950 N MAIN ST, RACINE, WI 53402
License Status:  REGULAR
Licensed/Certified/Registered 8/7/2019  12:00:00AM
Regional Office:  SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID:  0131102  End Date:  8/7/2019  Type:  ABBREVIATED  Purpose:  CHOW--DESK REVIEW
Results:  LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: PLEASANT POINT SENIOR LIVING RCAC (0015618)
Address: 8500 CORPORATE DR, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 8/1/2015 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0124749 End Date: 9/6/2017 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124258 End Date: 6/13/2017 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (PLEASANT POINT SENIOR LIVING RCAC--0015618)

Date Complaint Received: 8/10/2017 Date Investigation Completed: 9/6/2017
Subject Area(s) Result SOD #
PROGRAM SERVICES NOT SUBSTANTIATED

Date Complaint Received: 4/27/2017 Date Investigation Completed: 6/13/2017
Subject Area(s) Result SOD #
PHYSICAL ENVIRONMENT/SAFETY NOT SUBSTANTIATED
RESIDENT RIGHTS NOT SUBSTANTIATED

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Facility Information

Facility Name: KILLARNEY KOURT (0017237)
Address: 8800 SHANNON LN, STURTEVANT, WI 53177
License Status: REGULAR
Licensed/Certified/Registered 11/1/2018 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0127343  End Date: 7/1/2018  Type: ABBREVIATED  Purpose: CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020
Residential Care Apartment Complex (CERTIFIED)

<table>
<thead>
<tr>
<th>Facility Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name: WATERFORD SENIOR LIVING (0012091)</td>
</tr>
<tr>
<td>Address: 301 S SIXTH ST, WATERFORD, WI 53185</td>
</tr>
<tr>
<td>License Status: REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered 10/10/2007 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Survey History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey ID: 0129944 End Date: 3/13/2019 Type: STANDARD Purpose: SURVEY/COMPLAINT</td>
</tr>
<tr>
<td>Results: NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>Survey ID: 0126906 End Date: 5/3/2018 Type: OTHER Purpose: COMPLAINT</td>
</tr>
<tr>
<td>Results: NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>Survey ID: 0124289 End Date: 6/21/2017 Type: OTHER Purpose: DESK REVIEW</td>
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<tr>
<td>Results: NO STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td>Survey ID: 0123269 End Date: 3/30/2017 Type: ABBREVIATED Purpose: SURVEY/SELF REPORT</td>
</tr>
<tr>
<td>Results: STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

Statement of Deficiency: #YVGF11 Served 5/19/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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</thead>
<tbody>
<tr>
<td>50.065(6)(am)</td>
<td>FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT</td>
<td>Verified: 6/21/17 Corrected: Yes</td>
</tr>
<tr>
<td>89.26(4)</td>
<td>ANNUAL REVIEW</td>
<td>Verified: 6/21/17 Corrected: Yes</td>
</tr>
</tbody>
</table>

This is Page 11 of 12 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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## Complaint History (WATERFORD SENIOR LIVING--0012091)

<table>
<thead>
<tr>
<th>Date Complaint Received: 2/7/2019</th>
<th>Date Investigation Completed: 3/13/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>Date Complaint Received: 2/19/2018</td>
<td>Date Investigation Completed: 5/3/2018</td>
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<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
</tr>
</tbody>
</table>

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