

## Provider Inspection Summary

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

Racine

### 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 15.00 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  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** PARKVIEW GARDENS I ASSISTED LIVING (0016959)  
**Address:** 5321 DOUGLAS AVE, CALEDONIA, WI 53402  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/01/2017 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0148064    **End Date:** 11/08/2024    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146962    **End Date:** 06/24/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141330    **End Date:** 11/08/2022    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 2 of 15 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (PARKVIEW GARDENS I ASSISTED LIVING--0016959)

**Date Complaint Received:** 07/26/2024

**Date Investigation Completed:** 11/08/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received:** 01/23/2024

**Date Investigation Completed:** 06/24/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

**Date Complaint Received:** 06/03/2022

**Date Investigation Completed:** 11/08/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**This is Page 3 of 15 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** PARKVIEW GARDENS III (0016970)  
**Address:** 5321 DOUGLAS AVE, CALEDONIA, WI 53402  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/28/2018 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141007    **End Date:** 10/11/2022    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (PARKVIEW GARDENS III--0016970)

<b>Date Complaint Received:</b> 05/09/2022	<b>Date Investigation Completed:</b> 10/11/2022
<u>Subject Area(s)</u> STAFF TRAINING AND PROFICIENCY	<u>Result</u> NOT SUBSTANTIATED
	<u>SOD #</u>

**This is Page 4 of 15 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025  
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** 02/05/2015 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141039    **End Date:** 10/12/2022    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (PRIMROSE OF MT PLEASANT--0015195)

<b>Date Complaint Received:</b> 02/08/2022	<b>Date Investigation Completed:</b> 10/12/2022
<u>Subject Area(s)</u> STAFF TRAINING AND PROFICIENCY	<u>Result</u> NOT SUBSTANTIATED
	<u>SOD #</u>

**This is Page 5 of 15 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025  
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** 04/27/2016 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

**This is Page 6 of 15 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** HOME HARBOR (0011173)  
**Address:** 1600 OHIO ST, RACINE, WI 53405  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/01/2006 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0147631    **End Date:** 09/20/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144651    **End Date:** 09/28/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143220    **End Date:** 03/01/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #CCZZ11    Served 05/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	9/26/23	Yes
146.40(4r)(am)1	ENTITY REPORTING REQUIREMENTS	9/26/23	Yes

**This is Page 7 of 15 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025  
Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0142940 End Date: 01/06/2023 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J6S811 Served 05/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
89.34(16)	TENANT RIGHTS	9/28/23	Yes

### Enforcement History (HOME HARBOR--0011173)

Date: 06/01/2023 SOD #CCZZ11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

Date: 05/08/2023 SOD #J6S811 Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---89.34

**This is Page 8 of 15 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (HOME HARBOR--0011173)

**Date Complaint Received: 08/16/2024**

**Date Investigation Completed: 09/20/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 07/29/2024**

**Date Investigation Completed: 09/20/2024**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 08/15/2023**

**Date Investigation Completed: 09/28/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 06/19/2023**

**Date Investigation Completed: 09/28/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 01/23/2023**

**Date Investigation Completed: 03/01/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

**This is Page 9 of 15 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025  
Residential Care Apartment Complex (CERTIFIED)

**Date Complaint Received: 11/08/2022**

Subject Area(s)  
PROGRAM SERVICES  
PROGRAM SERVICES

**Date Investigation Completed: 01/06/2023**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	J6S811
SUBSTANTIATED	NOT RECORDED

**Date Complaint Received: 10/06/2022**

Subject Area(s)  
RESIDENT RIGHTS

**Date Investigation Completed: 01/06/2023**

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

**This is Page 10 of 15 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** Pillars at Crystal Bay (The) (0019939)

**Address:** 3950 North Main St, Racine, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/16/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0146196      **End Date:** 04/22/2024      **Type:** INITIAL      **Purpose:** CHOW--DESK REVIEW

**Results:** LICENSE/CERT/REGISTRATION ISSUED

**This is Page 11 of 15 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** PLEASANT POINT SENIOR LIVING (0018044)  
**Address:** 8500 CORPORATE DRIVE, RACINE, WI 53406  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/01/2020 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0147959    **End Date:** 10/10/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #7TBT11    Served 10/30/2024

Deficiencies Cited  
89.34(16)

Subject Area  
TENANT RIGHTS

Compliance  
Verified

Corrected

**Survey ID:** 0141327    **End Date:** 11/03/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141044    **End Date:** 10/11/2022    **Type:** STANDARD    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (PLEASANT POINT SENIOR LIVING--0018044)

**Date:** 10/30/2024    **SOD #**7TBT11    **Appealed:** No

Sanctions  
ORDER TO COMPLY

***This is Page 12 of 15 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (PLEASANT POINT SENIOR LIVING--0018044)

**Date Complaint Received: 07/16/2024**

**Date Investigation Completed: 10/10/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

7TBT11

**Date Complaint Received: 03/29/2022**

**Date Investigation Completed: 11/03/2022**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

**This is Page 13 of 15 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** KILLARNEY KOURT (0017237)  
**Address:** 8800 SHANNON LN, STURTEVANT, WI 53177  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/01/2018 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0144546    **End Date:** 04/10/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #EBTH11    Served 10/17/2023

Deficiencies Cited  
89.23(1)

Subject Area  
SERVICES

Compliance  
Verified

Corrected

### Enforcement History (KILLARNEY KOURT--0017237)

**Date:** 10/17/2023    **SOD #**EBTH11    **Appealed:** No

Sanctions  
ORDER TO COMPLY

### Complaint History (KILLARNEY KOURT--0017237)

**Date Complaint Received:** 02/06/2023

**Date Investigation Completed:** 04/10/2023

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

EBTH11

***This is Page 14 of 15 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** WATERFORD SENIOR LIVING (0012091)  
**Address:** 301 S SIXTH ST, WATERFORD, WI 53185  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/10/2007 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142014    **End Date:** 08/31/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #UZP311    Served 02/02/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.34(16)	TENANT RIGHTS		

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

**Date:** 02/02/2023    **SOD #**UZP311    **Appealed:**    **Decision:** PENDING

Sanctions  
ORDER TO COMPLY  
FORFEITURE---89.34(16)

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

**Date Complaint Received:** 08/04/2022    **Date Investigation Completed:** 08/31/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	UZP311

***This is Page 15 of 15 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***