

Provider Inspection Summary

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

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 2/14/2016 to 2/13/2019

Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: OAK PARK PLACE OF BURLINGTON (0016396)

Address: 1700 TEUT RD, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 3/14/2017 12:00:00AM

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

Survey History

Survey ID: 0122890 **End Date:** 3/14/2017 **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
Residential Care Apartment Complex (CERTIFIED)

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) 227-2005

Survey History

Survey ID: 0125081 **End Date:** 11/10/2017 **Type:** OTHER **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019
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 2/28/2018 12:00:00AM

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

Survey History

Survey ID: 0126073 **End Date:** 2/28/2018 **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

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) 227-2005

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
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: BAY POINTE AT THE ATRIUM (0016136)
Address: 3950 N MAIN STREET, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 7/18/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0129186 **End Date:** 10/12/2018 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #BNCR11

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

Survey ID: 0127512 **End Date:** 7/19/2018 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0127335 **End Date:** 6/5/2018 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124744 **End Date:** 9/5/2017 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0124333 **End Date: 7/5/2017** **Type: STANDARD** **Purpose: SURVEY**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123124 **End Date: 3/14/2017** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0120747 **End Date: 7/18/2016** **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

Residential Care Apartment Complex (CERTIFIED)

Complaint History (BAY POINTE AT THE ATRIUM--0016136)

Date Complaint Received: 8/28/2018

Date Investigation Completed: 10/12/2018

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

BNCR11

Date Complaint Received: 7/19/2017

Date Investigation Completed: 9/5/2017

Subject Area(s)

Result

SOD #

OTHER

NOT SUBSTANTIATED

Date Complaint Received: 1/13/2017

Date Investigation Completed: 3/14/2017

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

MF7M11
MF7M11
MF7M11

Date Complaint Received: 1/3/2017

Date Investigation Completed: 3/14/2017

Subject Area(s)

Result

SOD #

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019
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) 227-2005

Survey History

Survey ID: 0124555 **End Date:** 7/20/2017 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0120210 **End Date:** 4/27/2016 **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

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 6/1/2006 12:00:00AM

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

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 2/14/2016 to 2/13/2019
Residential Care Apartment Complex (CERTIFIED)

Complaint History (HOME HARBOR--0011173)

Date Complaint Received: 3/7/2018

Date Investigation Completed: 5/9/2018

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/7/2017

Date Investigation Completed: 12/20/2017

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

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: RACINE COMMONS ASSISTED 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) 227-2005

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 (RACINE COMMONS ASSISTED LIVING RCAC--0015618)

Date Complaint Received: 8/10/2017

Date Investigation Completed: 9/6/2017

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 4/27/2017

Date Investigation Completed: 6/13/2017

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019
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 11/1/2018 12:00:00AM

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

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 2/14/2016 to 2/13/2019

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: 0126906 **End Date:** 5/3/2018 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124289 **End Date:** 6/21/2017 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123269 **End Date:** 3/30/2017 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

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

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	6/21/17	Yes
89.26(4)	ANNUAL REVIEW	6/21/17	Yes

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Provider Inspection Summary

For the period 2/14/2016 to 2/13/2019
Residential Care Apartment Complex (CERTIFIED)

Complaint History (WATERFORD SENIOR LIVING--0012091)

Date Complaint Received: 2/19/2018

Date Investigation Completed: 5/3/2018

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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