

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

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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)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/23/2024

Date Investigation Completed: 06/24/2024

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/03/2022

Date Investigation Completed: 11/08/2022

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED

SOD #

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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)

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

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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)

Date Complaint Received: 02/08/2022

Date Investigation Completed: 10/12/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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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

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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</u>	
		<u>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

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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 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

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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
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 08/15/2023

Date Investigation Completed: 09/28/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 06/19/2023

Date Investigation Completed: 09/28/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 01/23/2023

Date Investigation Completed: 03/01/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Residential Care Apartment Complex (CERTIFIED)

Date Complaint Received: 11/08/2022

Date Investigation Completed: 01/06/2023

Subject Area(s)
PROGRAM SERVICES
PROGRAM SERVICES

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

Date Complaint Received: 10/06/2022

Date Investigation Completed: 01/06/2023

Subject Area(s)
RESIDENT RIGHTS

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

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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

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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

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

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

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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)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
7TBT11

Date Complaint Received: 03/29/2022

Date Investigation Completed: 11/03/2022

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Result
NOT SUBSTANTIATED

SOD #

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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

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(1)	SERVICES		

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

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	EBTH11

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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

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