

Provider Inspection Summary

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

Richland

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community-Based Residential Facilities in Richland 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HARMONY PLACE ASSISTED LIVING LLC (0014443)

Address: 204 SOUTH STEWART ST, RICHLAND CENTER, WI 53581

License Status: REGULAR

Licensed/Certified/Registered 03/01/2014 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145481 **End Date:** 01/29/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

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 ANA (NONAMBULATORY)

Facility Information

Facility Name: HARVEST GUEST HOME (110455)
Address: 875 WEST SIDE DR, RICHLAND CENTER, WI 53581
License Status: REGULAR
Licensed/Certified/Registered 01/31/1996 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145487 **End Date:** 01/31/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144741 **End Date:** 09/18/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT
Results: ENFORCEMENT ACTION

Statement of Deficiency: #9BOU14 Served 11/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(3)(b)	FOOD SAFETY	1/31/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Survey ID: 0143639 **End Date: 05/22/2023** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9BOU13 Served 07/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	9/18/23	Yes
83.19	ORIENTATION	9/18/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	9/18/23	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	9/18/23	Yes
83.41(3)(b)	FOOD SAFETY	9/18/23	No
83.45(3)	TOXIC SUBSTANCES	9/18/23	Yes

Survey ID: 0141860 **End Date: 12/14/2022** **Type: OTHER** **Purpose: COMPLAINT/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9BOU12 Served 01/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	5/22/23	No
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	5/22/23	Yes
83.19	ORIENTATION	5/22/23	No
83.21(1)-(3)	ALL EMPLOYEE TRAINING	5/22/23	No
83.22(1)-(4)	TASK SPECIFIC TRAINING	5/22/23	Yes
83.41(3)(b)	FOOD SAFETY	5/22/23	No

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Survey ID: 0141848 **End Date: 10/05/2022** **Type: STANDARD** **Purpose: SURVEY/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #30KU13 Served 01/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	5/22/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	5/22/23	Yes
83.28(6)	RESIDENT RIGHTS, GRIEVANCE PROCEDURE, RULES	5/22/23	Yes
83.29(2)	ADMISSION AGREEMENT	5/22/23	Yes
83.31(4)(c)	INVOLUNTARY DISCHARGE NOTICE REQUIREMENTS	5/22/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	5/22/23	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	5/22/23	Yes
83.45(3)	TOXIC SUBSTANCES	5/22/23	Yes

Survey ID: 0141004 **End Date: 08/12/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9BOU11 Served 10/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	12/12/22	Yes
83.25	CONTINUING EDUCATION	12/14/22	Yes
83.41(3)(b)	FOOD SAFETY	12/14/22	No

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Survey ID: 0139641 End Date: 02/24/2022 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #30KU12 Served 05/24/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	10/5/22	No
83.45(3)	TOXIC SUBSTANCES	10/5/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Enforcement History (HARVEST GUEST HOME--110455)

Date: 11/07/2023 **SOD #**9BOU14 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.41(30)(b)

Date: 07/14/2023 **SOD #**9BOU13 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.15(3)(a)
FORFEITURE---83.19(1)
FORFEITURE---83.21(1-3)
FORFEITURE---83.22(1-4)
FORFEITURE---83.41(3)(b)
FORFEITURE---83.45(3)

Date: 01/17/2023 **SOD #**9BOU12 **Appealed:** No

Sanctions

ORDER TO COMPLY
FORFEITURE---83.15(3)(a)
FORFEITURE---83.19(1)
FORFEITURE---83.21(1-3)
FORFEITURE---83.41(3)(b)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Date: 01/13/2023 **SOD #**30KU13 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a-d)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.37(1)(h)

Date: 10/12/2022 **SOD #**9BOU11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

Date: 05/23/2022 **SOD #**30KU12 **Appealed:** Yes **Decision:** DISMISSED

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a-d)

Complaint History (HARVEST GUEST HOME--110455)

Date Complaint Received: 11/10/2022

Date Investigation Completed: 12/14/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED
SUBSTANTIATED 9BOU12

Date Complaint Received: 07/27/2022

Date Investigation Completed: 10/12/2022

Subject Area(s)
PROGRAM SERVICES

Result SOD #
SUBSTANTIATED 9BOU11

Date Complaint Received: 02/08/2022

Date Investigation Completed: 02/24/2022

Subject Area(s)
RESIDENT RIGHTS

Result SOD #
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: OUR HOUSE RICHLAND CENTER MEMORY CARE (0013379)

Address: 240 N ORANGE ST, RICHLAND CENTER, WI 53581

License Status: REGULAR

Licensed/Certified/Registered 10/01/2011 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147978 **End Date:** 09/04/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3JJ211 Served 10/31/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT		

Survey ID: 0146468 **End Date:** 05/15/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143980 **End Date:** 08/14/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

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)

Survey ID: 0143515 **End Date: 05/23/2023** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GSC211 Served 06/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	8/14/23	Yes

Survey ID: 0139553 **End Date: 04/13/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139018 **End Date: 03/10/2022** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (OUR HOUSE RICHLAND CENTER MEMORY CARE--0013379)

Date: 10/31/2024 **SOD #3JJ211** **Appealed:** **Decision: PENDING**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(n)
FORFEITURE---8332(3)(h)

Date: 06/28/2023 **SOD #GSC211** **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 (OUR HOUSE RICHLAND CENTER MEMORY CARE--0013379)

Date Complaint Received: 07/16/2024

Date Investigation Completed: 08/21/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

3JJ211

Date Complaint Received: 04/29/2024

Date Investigation Completed: 05/15/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 05/08/2023

Date Investigation Completed: 05/17/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

GSC211

Date Complaint Received: 03/07/2022

Date Investigation Completed: 04/14/2022

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)

Facility Information

Facility Name: PINE VALLEY ASSISTED LIVING CENTER (0016213)

Address: 25951 CIRCLE VIEW LN, RICHLAND CENTER, WI 53581

License Status: REGULAR

Licensed/Certified/Registered 11/03/2016 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0146691 **End Date:** 06/03/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144171 **End Date:** 08/29/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (PINE VALLEY ASSISTED LIVING CENTER--0016213)

Date Complaint Received: 05/09/2024

Date Investigation Completed: 06/03/2024

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)

Facility Information

Facility Name: SAMARITAN HOUSE (110454)
Address: 875 WEST SIDE DR, RICHLAND CENTER, WI 53581
License Status: REGULAR
Licensed/Certified/Registered 01/31/1996 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147849 **End Date:** 09/17/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #6L8Z11 Served 10/16/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	9/17/24	Yes

Survey ID: 0143158 **End Date:** 05/22/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142150 **End Date:** 12/12/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LLVX11 Served 02/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	5/22/23	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: 0140289 End Date: 07/06/2022 Type: ABBREVIATED Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #FTOE11 Served 07/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	9/11/22	Yes

Enforcement History (SAMARITAN HOUSE--110454)

Date: 10/16/2024 SOD #6L8Z11 Appealed: No

Sanctions
 ORDER TO COMPLY

Date: 02/14/2023 SOD #LLVX11 Appealed: Decision: PENDING

Sanctions
 ORDER TO COMPLY
 FORFEITURE---83.20(2)(a-d)

Date: 07/28/2022 SOD #FTOE11 Appealed: No

Sanctions
 ORDER TO COMPLY

Complaint History (SAMARITAN HOUSE--110454)

Date Complaint Received: 11/10/2022

Date Investigation Completed: 12/12/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	LLVX11

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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: SCHMITT WOODLAND HILLS INC (110230)

Address: 1400 W SEMINARY ST, RICHLAND CENTER, WI 53581

License Status: REGULAR

Licensed/Certified/Registered 08/31/1988 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145647 **End Date:** 02/14/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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