**Provider Inspection Summary** For the period 01/30/2022 to 01/29/2025

<u>Notes</u>

Rock

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

The report is a PDF (Adobe Acrobat) document and includes a total of 69.00 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.

For the period 01/30/2022 to 01/29/2025

## Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

**Facility Information** 

Facility Name: AZURA MEMORY CARE BELOIT 12 (0013403)

Address: 2086 COLONY COURT, BELOIT, WI 53511

License Status: REGULAR

Licensed/Certified/Registered 08/01/2011 12:00:00AM

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

			Survey History			
Survey ID: 0146689	End Date: 06/06/2024	Type: OTHER	Purpose: VERIFICATION VISIT			
Results: NO STATEME	ENT OF DEFICIENCY ISS	SUED				
Survey ID: 0145394	End Date: 11/07/2023	Type: STANDARD	Purpose: SURVEY			
Results: ENFORCEME	ENT ACTION					
Statement of Deficiency	y: #R52I11 Served 01.	/26/2024		~		
	Deficiencies Cited 83.20(2)(a)-(d) 83.41(3)(b)	Subject Area DEPARTMENT-APPROV FOOD SAFETY	VED TRAINING COURSE	Compliance Verified 6/6/24 6/6/24	<u>Corrected</u> Yes Yes	
		Enforcement History (A	AZURA MEMORY CARE BELOIT 120	013403)		
Date: 01/26/2024 Sanctions ORDER TO COMPLY FORFEITURE83.20(2	SOD #R52I11 2)(a-d)	Appealed:				

#### This is Page 2 of 69 total pages. If printing this report ensure that your printer is set to print only the desired pages.

For the period 01/30/2022 to 01/29/2025

## Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

**Facility Information** 

Facility Name: AZURA MEMORY CARE BELOIT 8 (0013407)

Address: 2096 COLONY COURT, BELOIT, WI 53511

License Status: REGULAR

Licensed/Certified/Registered 08/01/2011 12:00:00AM

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

 Survey History

 Survey ID: 0146907
 End Date: 06/07/2024
 Type: ABBREVIATED
 Purpose: SURVEY

 Results:
 STATEMENT OF DEFICIENCY ISSUED

This is Page 3 of 69 total pages. If printing this report ensure that your printer is set to print only the desired pages.

For the period 01/30/2022 to 01/29/2025

## Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

**Facility Information** 

Facility Name: Beloit Senior Living (0019192)

Address: 2250 E West Hart Road, Beloit, WI 53511

License Status: REGULAR

Licensed/Certified/Registered 04/04/2023 12:00:00AM

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

			Survey History
Survey ID: 0143528	End Date: 06/21/2023	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEME	ENT OF DEFICIENCY ISSUE	ED	
Survey ID: 0142711	End Date: 04/04/2023	Type: INITIAL	Purpose: SURVEY
Results: LICENSE/CE	RT/REGISTRATION ISSUED	)	

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For the period 01/30/2022 to 01/29/2025

## Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

			Facility Information		
Facility Name: SUITES AT BELOIT (THE) (0017474) Address: 2122 PIONEER DRIVE, BELOIT, WI 53511 License Status: REGULAR Licensed/Certified/Registered 02/01/2019 12:00:00AM Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888					
			Survey History		
Survey ID: 0148792	End Date: 01/29/2025	Type: OTHER	Purpose: COMPLAINT/VV		
Results: ENFORCEMEN	T ACTION				
Statement of Deficiency:	#4V2G12 Served 02/ <u>Deficiencies Cited</u> 83.25	19/2025 <u>Subject Area</u> CONTINUING EDUCAT	ΓION	<u>Compliance</u> <u>Verified</u>	Corrected
Survey ID: 0148211	End Date: 10/02/2024	Type: STANDARD	Purpose: SURVEY/COMPL	AINT	
Results: ENFORCEMEN	T ACTION				
Statement of Deficiency:	#4V2G11 Served 12/0 <u>Deficiencies Cited</u> 83.25 83.46(1)(c) 83.48(1)(a)	04/2024 <u>Subject Area</u> CONTINUING EDUCAT HEATING SYSTEM MA SMOKE DETECTION S	INTENANCE	<u>Compliance</u> <u>Verified</u> 1/29/25 1/29/25 1/29/25	<u>Corrected</u> No Yes Yes
Survey ID: 0145237 Results: NO STATEMEN	<b>End Date: 01/08/2024</b> T OF DEFICIENCY ISSU	<b>Type: OTHER</b> UED	Purpose: VERIFICATION VISIT	ſ	

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STATE OF WISCONSIN Bureau of Assisted Living

Madison WI 53707-7940

P.O. Box 7940

# For the period 01/30/2022 to 01/29/2025

## Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144836	End Date: 11/03/2023	<b>Type: OTHER</b>	Purpose: COMPLAINT			
<b>Results:</b> NO STATEME	NT OF DEFICIENCY ISS	SUED				
Survey ID: 0144340	End Date: 08/23/2023	Type: OTHER	Purpose: COMPLAINT/VV			
Results: ENFORCEME	NT ACTION					
Statement of Deficiency:	#7BFM12 Served 09	/27/2023				
				Compliance		
	Deficiencies Cited 83.44(2)(a)	Subject Area ROOMS CLEAN AND	EDEE FROM ODORS	<u>Verified</u> 1/8/24	Corrected Yes	
	65.44(2)(a)		TREE FROM ODORS	1/0/24	105	
Survey ID: 0143603	End Date: 05/10/2023	Type: OTHER	Purpose: COMPLAINT			
<b>Results:</b> ENFORCEME	NT ACTION					
Statement of Deficiency:	#X1V311 Served 07.	/11/2023				
				Compliance		
	Deficiencies Cited	Subject Area		Verified	Corrected	
	83.37(1)(j)	PROOF-OF-USE RECO	ORD	1/8/24	Yes	
	83.37(2)(d)	DOCUMENTATION O	F MEDICATION	1/8/24	Yes	
		ADMINISTRATION				

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## For the period 01/30/2022 to 01/29/2025

#### STATE OF WISCONSIN Bureau of Assisted Living

P.O. Box 7940 Madison WI 53707-7940

## Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142547	End Date: 01/05/2023	Type: STANDARD Purpose: SURVEY/COMPLA	INT	
Results: ENFORCEME	NT ACTION			
Statement of Deficiency:	#7BFM11 Served 03	/23/2023		
-			<u>Compliance</u>	
	Deficiencies Cited	Subject Area	Verified	Corrected
	83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES	8/23/23	Yes
		INVOLVED		
	83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON	8/23/23	Yes
		CHANGES		
	83.35(5)(a)	INITIAL EVALUATION OF EVACUATION	8/23/23	Yes
		LIMITATIONS		
	83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION	8/23/23	Yes
		REVIEW		
	83.37(1)(g)	DISPOSITION OF MEDICATIONS	8/23/23	Yes
	83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	8/23/23	Yes
	83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	8/23/23	Yes
	83.38(1)(a)	PERSONAL CARE	8/23/23	Yes
	83.38(1)(g)	HEALTH MONITORING	8/23/23	Yes
	83.41(2)(c)	NUTRITION: MENUS	8/23/23	Yes
	83.41(3)(b)	FOOD SAFETY	8/23/23	Yes
	83.43(1)	ENVIRONMENT SAFE, CLEAN, AND	8/23/23	Yes
		COMFORTABLE		
	83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	8/23/23	No
	83.47(2)(d)	FIRE DRILLS	8/23/23	Yes
Survey ID: 0140549	End Date: 08/02/2022	Type: OTHER Purpose: VERIFICATION VISIT		
Results: NO STATEME	NT OF DEFICIENCY ISS	UED		

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For the period 01/30/2022 to 01/29/2025

## Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

# Survey ID: 0139832 End Date: 03/14/2022 Type: OTHER Purpose: VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #1T9T13 Served 06/13/2022

Deficiencies Cited<br/>83.37(2)(d)Subject Area<br/>DOCUMENTATION OF MEDICATION<br/>ADMINISTRATIONCorrected<br/>VerifiedCorrected<br/>VerifiedADMINISTRATION8/2/22Yes

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For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

		Enforcement History (SUITES AT BELOIT (THE)0017474)
Date: 12/04/2024 Sanctions ORDER TO COMPLY FORFEITURE83.25	SOD #4V2G11	Appealed:
Date: 09/27/2023 Sanctions ORDER TO COMPLY FORFEITURE83.44(2	SOD #7BFM12	Appealed:
Date: 07/11/2023 Sanctions ORDER TO COMPLY FORFEITURE83.37(2	<b>SOD #X1V311</b>	Appealed:
Date: 03/23/2023 <u>Sanctions</u> COMPLY WITH DEPAF ORDER TO COMPLY FORFEITURE83.35(3 FORFEITURE83.37(1 FORFEITURE83.38(1 FORFEITURE83.41(3 FORFEITURE83.43(1	)(i) )(g) )(b)	Appealed: ION
Date: 06/13/2022 <u>Sanctions</u> ORDER TO COMPLY FORFEITURE83.37(2	SOD #1T9T13	Appealed:

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For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

	Complaint History (SUITES AT BELOIT (THE)0017474)				
Date Complaint Received: 01/14/2025	Date Investigation Completed: (	)1/29/2025			
<u>Subject Area(s)</u> RESIDENT RIGHTS	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>			
Date Complaint Received: 08/14/2024	Date Investigation Completed:	10/01/2024			
<u>Subject Area(s)</u> RESIDENT RIGHTS	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>			
Date Complaint Received: 09/26/2023	Date Investigation Completed:	11/03/2023			
<u>Subject Area(s)</u> RESIDENT RIGHTS	<u>Result</u> SUBSTANTIATED	<u>SOD #</u> 2CKT11			
Date Complaint Received: 09/22/2023	Date Investigation Completed: 11/03/2023				
<u>Subject Area(s)</u> PROGRAM SERVICES RESIDENT RIGHTS STAFF TRAINING AND PROFICIENCY	<u>Result</u> NOT SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED	<u>SOD #</u>			
Date Complaint Received: 07/25/2023	Date Investigation Completed: (	)8/23/2023			
<u>Subject Area(s)</u> PHYSICAL ENVIRONMENT/SAFETY PROGRAM SERVICES	<u>Result</u> SUBSTANTIATED NOT SUBSTANTIATED	<u>SOD #</u> 7BFM12			
Date Complaint Received: 03/28/2023	Date Investigation Completed: (	)5/09/2023			
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> SUBSTANTIATED	<u>SOD #</u> X1V311			

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#### STATE OF WISCONSIN

For the period 01/30/2022 to 01/29/2025

## Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

Date Complaint Received: 11/21/2022	Date Investigation Completed: 12	/07/2022
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>
Date Complaint Received: 10/20/2022	Date Investigation Completed: 12	/07/2022
Date Complaint Received: 10/20/2022 Subject Area(s)	Date Investigation Completed: 12 <u>Result</u>	/ <b>07/2022</b> <u>SOD #</u>
•	0	

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For the period 01/30/2022 to 01/29/2025

#### Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

**Facility Information** 

Facility Name: SV SOUTH BELOIT EAST II (0017753)

Address: 2775 KADLEC DR, BELOIT, WI 53511

License Status: REGULAR

Licensed/Certified/Registered 10/01/2020 12:00:00AM

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

			Survey History			
Survey ID: 0146291	End Date: 05/01/2024	Type: OTHER	Purpose: COMPLAINT/VV			
Results: NO STATEMEN	NT OF DEFICIENCY IS	SUED				
Survey ID: 0145571	End Date: 02/07/2024	Type: OTHER	Purpose: COMPLAINT			
Results: NO STATEMEN	NT OF DEFICIENCY IS	SUED				
Survey ID: 0145033	End Date: 10/20/2023	Type: STANDARD	Purpose: SURVEY/COMP	PLAINT/VV		
Results: ENFORCEMEN	NT ACTION					
Statement of Deficiency:	#2B0J14 Served 12	/12/2023				
				Compliance		
	Deficiencies Cited	Subject Area		Verified	Corrected	
	50.065(2)(bb)	DETERMINE FINAL DI	SPOSITION OF CHARGE	5/1/24	Yes	
	83.12(5)(a)	NOTIFICATION: INCID	ENT, INJURY, CHANGES	5/1/24	Yes	
	83.14(2)(a)	LICENSEE ENSURES F. WITH LAWS	ACILITY COMPLIES	5/1/24	Yes	
	83.17(1)	LICENSEE CONDUCT O		5/1/24	Yes	
	83.21(1)-(3)	ALL EMPLOYEE TRAIN		5/1/24	Yes	
	83.22(1)-(4)	TASK SPECIFIC TRAIN		5/1/24	Yes	

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DEPARTMENT OF HEALTH SE Division of Quality Assurance	RVICES	CES Provider Inspection Summary For the period 01/30/2022 to 01/29/2025 Community Based Residential FacilityCLASS CNA (NONAMBULATORY)				
Printed 02/28/2025						
	83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE	5/1/24	Yes		
	83.35(3)(d)	MEDICATION SERVICE PLANS UPDATED ANNUALLY OR ON	5/1/24	Yes		
	83.37(2)(d)	CHANGES DOCUMENTATION OF MEDICATION ADMINISTRATION	5/1/24	Yes		
	83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	5/1/24	Yes		
	83.38(1)(a)	PERSONAL CARE	5/1/24	Yes		
83.38(1)(g)HEALTH MONITORING83.38(1)(h)MEDICATION ADMINISTRATION			5/1/24	Yes		
		MEDICATION ADMINISTRATION	5/1/24	Yes		
	83.38(1)(i)	BEHAVIOR MANAGEMENT		Yes		
	83.41(2)(a)			Yes		
	83.41(2)(c)	NUTRITION: MENUS	5/1/24	Yes		
	83.41(3)(b)	FOOD SAFETY	5/1/24	Yes		
	83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	5/1/24	Yes		
	83.45(3)	TOXIC SUBSTANCES	5/1/24	Yes		
Survey ID: 0143720	End Date: 06/07/2023	Type: OTHER Purpose: COMPLAINT/VV				
<b>Results:</b> ENFORCEMEN	IT ACTION					
Statement of Deficiency:	#2B0J13 Served 07	/21/2023	Compliance			
	Deficiencies Cited	Subject Area	Verified	Corrected		
	83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	10/4/23	No		
	83.37(1)(j)	PROOF-OF-USE RECORD	10/4/23	Yes		
Survey ID: 0142365	End Date: 02/28/2023	Type: OTHER Purpose: VERIFICATION VISI	Т			
<b>Results:</b> NO STATEMEN	T OF DEFICIENCY ISS	UED				

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## For the period 01/30/2022 to 01/29/2025

# STATE OF WISCONSIN

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

## Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Compliance

Survey ID: 0142285	End Date: 01/06/2023	Type: OTHER	Purpose: VERIFICATION VISIT
Survey ID. 0142205	Enu Date. 01/00/2023	Type. OTHER	i ui pose. VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #2B0J12 Served 02/23/2023

		Compliance	
Deficiencies Cited	Subject Area	Verified	Corrected
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	6/7/23	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES	6/7/23	Yes
	WITH LAWS		
83.29(2)	ADMISSION AGREEMENT	6/7/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE	6/7/23	No
	MEDICATION		
83.35(1)(a)	PRE-ADMISSION AND ONGOING	6/7/23	Yes
	ASSESSMENTS		
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES	6/7/23	Yes
	INVOLVED		
83.35(4)	RESIDENT SATISFACTION EVALUATION	6/7/23	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	6/7/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION	6/7/23	Yes
	ADMINISTRATION		
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	6/7/23	Yes
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED	6/7/23	Yes
	SUBSTANCES		
83.41(3)(b)	FOOD SAFETY	6/7/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND	6/7/23	Yes
	COMFORTABLE		
83.44(1)(a)	ADEQUATE LAUNDRY APPLIANCES	6/7/23	Yes
	AVAILABLE		
83.45(3)	TOXIC SUBSTANCES	6/7/23	Yes
83.46(1)(a)	COMFORTABLE AND SAFE TEMPERATURES	6/7/23	Yes
83.46(1)(b)	PORTABLE SPACE HEATERS PROHIBITED	6/7/23	Yes
83.48(3)(b)	SENSITIVITY TESTING PERFORMED	6/7/23	Yes
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT	6/7/23	Yes

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## For the period 01/30/2022 to 01/29/2025

#### STATE OF WISCONSIN Bureau of Assisted Living P.O. Box 7940

P.O. Box 7940 Madison WI 53707-7940

# Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141475 En	d Date: 08/25/2022	Type: OTHER	Purpose: VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #QQSS12 Served 12/07/2022

		<u>Compliance</u>	
Deficiencies Cited	Subject Area	Verified	Corrected
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES	2/28/23	Yes
	WITH LAWS		
83.14(2)(h)	POSTING: LICENSE, DEFICIENCIES,	2/28/23	Yes
	REVOCATIONS		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE	2/28/23	Yes
	MEDICATION		
83.37(1)(j)	PROOF-OF-USE RECORD	2/28/23	Yes
83.38(1)(g)	HEALTH MONITORING	2/28/23	Yes

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83.43(1)

83.45(3)

# Provider Inspection Summary

## For the period 01/30/2022 to 01/29/2025

# STATE OF WISCONSIN Bureau of Assisted Living

P.O. Box 7940 Madison WI 53707-7940

Corrected Yes No

No

Yes

Yes Yes

No Yes

Yes Yes Yes No

No

No

1/6/23

1/6/23

## Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140784	End Date: 07/27/2022	<b>Type: OTHER</b>	Purpose: COMPLAINT	
Results: ENFORCEMEN	T ACTION			
Statement of Deficiency:	#2B0J11 Served 09	/16/2022		
				Compliance
	Deficiencies Cited	Subject Area		Verified
	50.09(1)(e)	TREATMENT		1/6/23
	83.12(3)(a)	INVESTIGATE INJURI	ES OF UNKNOWN	1/6/23
		SOURCE		
	83.14(2)(a)	LICENSEE ENSURES F	ACILITY COMPLIES	1/6/23
		WITH LAWS		
	83.35(1)(a)	PRE-ADMISSION AND	ONGOING	1/6/23
		ASSESSMENTS		
	83.35(1)(d)	RETAIN WRITTEN REI	PORT OF ASSESSMENT	1/6/23
	83.36(1)(b)	QUALIFIED STAFF IN	CHARGE, ON DUTY AND	1/6/23
		AWAKE		
	83.37(3)(c)	MEDICATION STORAG	GE: LOCKED CABINET	1/6/23
	83.37(3)(g)	MEDICATION STORAG	GE: CONTROLLED	1/6/23
		SUBSTANCES		
	83.38(1)(a)	PERSONAL CARE		1/6/23
	83.38(1)(c)	LEISURE TIME ACTIV	ITIES	1/6/23
	83.41(2)(c)	NUTRITION: MENUS		1/6/23
	83.41(3)(b)	FOOD SAFETY		1/6/23

ENVIRONMENT SAFE, CLEAN, AND

COMFORTABLE TOXIC SUBSTANCES

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#### For the period 01/30/2022 to 01/29/2025

#### STATE OF WISCONSIN Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141131 End Date: 06/23/2022 Type: OTHER Purpose: VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #V9SL13 Served 10/27/2022

		Compliance	
Deficiencies Cited	Subject Area	Verified	Corrected
83.29(2)	ADMISSION AGREEMENT	1/6/23	No
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	1/6/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON	1/6/23	No
	CHANGES		
83.35(4)	RESIDENT SATISFACTION EVALUATION	1/6/23	No
83.42(3)	ACCESS TO RESIDENT RECORDS	1/6/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND	1/6/23	No
	COMFORTABLE		
83.48(3)(b)	SENSITIVITY TESTING PERFORMED	1/6/23	No

0

1.

Survey ID: 0140007 End Date: 03/11/2022 Type: OTHER Purpose: COMPLAINT

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #QQSS11 Served 07/01/2022

		<u>Compliance</u>	
<b>Deficiencies</b> Cited	Subject Area	Verified	Corrected
83.32(3)(f)	RIGHTS OF RESIDENTS: FREE OF CHEMICAL	8/25/22	Yes
	RESTRAINTS		
83.32(3)(h)	<b>RIGHTS OF RESIDENTS: TO RECEIVE</b>	8/25/22	No
	MEDICATION		
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS,	8/25/22	Yes
	SUPPLEMENTS		
83.37(1)(j)	PROOF-OF-USE RECORD	8/25/22	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION	8/25/22	Yes
	ADMINISTRATION		
83.38(1)(a)	PERSONAL CARE	8/25/22	Yes
83.38(1)(b)	SUPERVISION	8/25/22	Yes
83.41(1)(a)	FOOD SUPPLY	8/25/22	Yes

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For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

Enforcement History (SV SOUTH BELOIT EAST II0017753)				
Date: 12/12/2023	<b>SOD #2B0J14</b>	Appealed: Yes	Decision: STIPULATION	
Sanctions				
REVOKE LICENSE				
NO NEW ADMISSIO	NS			
NNAO EXTENDED				
ORDER TO COMPLY	7			
FORFEITURE83.12				
FORFEITURE83.17				
FORFEITURE83.22				
FORFEITURE83.32				
FORFEITURE83.3				
FORFEITURE83.33				
FORFEITURE83.38				
FORFEITURE83.4 FORFEITURE83.4				
FORFEITURE83.4				
FORFEITURE83.4:				
Date: 07/21/2023	SOD #2B0J13	Appealed:		
		ppenieu.		
Sanctions	<b>T</b>			
ORDER TO COMPLY				
FORFEITURE83.32	2(3)(h)			

## This is Page 18 of 69 total pages. If printing this report ensure that your printer is set to print only the desired pages.

#### STATE OF WISCONSIN Bureau of Assisted Living

Madison WI 53707-7940

P.O. Box 7940

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 03/06/2023 SOD #QQSS12 **Appealed:** Sanctions ORDER TO COMPLY FORFEITURE---83.14(2)(a) FORFEITURE---83.14(2)(h) FORFEITURE---83.37(1)(j) FORFEITURE---83.38(1)(g) Date: 02/23/2023 **SOD #2B0J12 Appealed:** Sanctions COMPLY WITH DEPARTMENT PLAN OF CORRECTION COMPLY WITH REQUIREMENT NNAO EXTENDED ORDER TO COMPLY FORFEITURE---83.14(2)(a)FORFEITURE---83.29 FORFEITURE---83.32(3)(h) FORFEITURE---83.35 (4) FORFEITURE---83.35(1) FORFEITURE---83.35(2)(d) FORFEITURE---83.35(3)(d) FORFEITURE---83.37 (3)(g) FORFEITURE---83.41(3)(b) FORFEITURE---83.43(1) FORFEITURE---83.43(3) FORFEITURE---83.48(3)(b)

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#### STATE OF WISCONSIN Bureau of Assisted Living

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

P.O. Box 7940 Madison WI 53707-7940

Date.	10/27/2022	SOD #V9SL13	Appealed:	
<u>Sancti</u>	ons			
COM	PLY WITH DEPA	RTMENT PLAN OF CO	ORRECTION	
COM	PLY WITH REQU	JIREMENT		
	ER TO COMPLY			
	EITURE83.35			
	EITURE83.35			
	EITURE83.35			
FORF	EITURE83.48(	(3)(b)		
Date:	09/16/2022	SOD #2B0J11	Appealed:	
Sancti	ons			
COM	PLY WITH DEPA	RTMENT PLAN OF CO	ORRECTION	
	PLY WITH DEPA EW ADMISSION		DRRECTION	
NO N ORDI	EW ADMISSION ER TO COMPLY	IS	DRRECTION	
NO N ORDE FORF	EW ADMISSION ER TO COMPLY EITURE83.14(	JS (2)(a)	PRRECTION	
NO N ORDE FORF FORF	EW ADMISSION ER TO COMPLY EITURE83.14( EITURE83.35(	JS (2)(a) (1)(a)	PRRECTION	
NO N ORDE FORF FORF FORF	EW ADMISSION ER TO COMPLY EITURE83.14( EITURE83.35) EITURE83.35)	IS (2)(a) (1)(a) (3)(d)	PRRECTION	
NO N ORDE FORF FORF FORF FORF	EW ADMISSION ER TO COMPLY EITURE83.14( EITURE83.35) EITURE83.35( EITURE83.36)	IS (2)(a) (1)(a) (3)(d) (1)(b)	PRRECTION	
NO N ORDE FORF FORF FORF FORF	EW ADMISSION ER TO COMPLY EITURE83.14( EITURE83.35) EITURE83.35( EITURE83.36) EITURE83.38(	AS (2)(a) (1)(a) (3)(d) (1)(b) (1)(a)	PRRECTION	
NO N ORDE FORF FORF FORF FORF FORF	EW ADMISSION ER TO COMPLY EITURE83.14( EITURE83.35) EITURE83.36( EITURE83.38( EITURE83.38)	AS (2)(a) (1)(a) (3)(d) (1)(b) (1)(a) (1)(c)	PRRECTION	
NO N ORDE FORF FORF FORF FORF FORF FORF	EW ADMISSION ER TO COMPLY EITURE83.14( EITURE83.35) EITURE83.35( EITURE83.36) EITURE83.38(	IS (2)(a) (1)(a) (3)(d) (1)(b) (1)(a) (1)(c) (2)(c)	PRRECTION	

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#### STATE OF WISCONSIN

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

Date: 07/01/2022	SOD #QQSS11	Appealed:
Sanctions		
COMPLY WITH DEP.	ARTMENT PLAN OF CO	RRECTION
ORDER TO COMPLY	-	
FORFEITURE83.32	2(3)(f)	
FORFEITURE83.32	2(3)(h)	
FORFEITURE83.37	7(1)(j)	
FORFEITURE83.37	7(2)(d)	
FORFEITURE83.38	B(1)(a)	
FORFEITURE83.38	B(1)(b)	
D / 02/10/2022		

#### Date: 03/18/2022 SOD #V9SL12

Appealed:

Sanctions

ORDER TO COMPLY FORFEITURE---83.35(1)(C) FORFEITURE---83.35(3)(c) FORFEITURE---83.44(2)(a)

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For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

Complaint History (SV SOUTH DELC	NT EAST H 0017752)			
Date Investigation Completed: 02/07/2	2024			
<u>Result</u>	<u>SOD #</u>			
NOT SUBSTANTIATED				
Date Investigation Completed: 10/04/2	2023			
Result	<u>SOD #</u>			
SUBSTANTIATED	2B0J14			
Date Investigation Completed: 06/07/2	2023			
Result	<u>SOD #</u>			
NOT SUBSTANTIATED				
Date Investigation Completed: 07/27/2022				
Result	<u>SOD #</u>			
SUBSTANTIATED	2B0J11			
Date Investigation Completed: 07/27/2	2022			
Result	<u>SOD #</u>			
SUBSTANTIATED	2B0J11			
SUBSTANTIATED	2B0J11			
SUBSTANTIATED	2B0J11			
Date Investigation Completed: 03/11/2	2022			
Result	<u>SOD #</u>			
SUBSTANTIATED	QQSS11			
SUBSTANTIATED	QQSS11			
SUBSTANTIATED	QQSS11			
	NOT SUBSTANTIATED         Date Investigation Completed: 10/04/2         Result         SUBSTANTIATED         Date Investigation Completed: 06/07/2         Result         NOT SUBSTANTIATED         Date Investigation Completed: 07/27/2         Result         SUBSTANTIATED         Date Investigation Completed: 07/27/2         Result         SUBSTANTIATED         Date Investigation Completed: 07/27/2         Result         SUBSTANTIATED         SUBSTANTIATED         Date Investigation Completed: 07/27/2         Result         SUBSTANTIATED         Date Investigation Completed: 03/11/2         Result         SUBSTANTIATED         Date Investigation Completed: 03/11/2         Result         SUBSTANTIATED         SUBSTANTIATED         SUBSTANTIATED			

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For the period 01/30/2022 to 01/29/2025

## Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

**Facility Information** 

Facility Name: SV SOUTH BELOIT EAST (0017754)

Address: 2775 KADLEC DR, BELOIT, WI 53511

License Status: REGULAR

Licensed/Certified/Registered 10/01/2020 12:00:00AM

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

Survey History					
Survey ID: 0145377	End Date: 01/22/2024	Type: OTHER	Purpose: VERIFICATION VISIT		
Results: NO STATEMEN	NT OF DEFICIENCY IS	SUED			
Survey ID: 0144631	End Date: 10/18/2023	<b>5</b> Type: OTHER	Purpose: SURVEY/VV		
Results: ENFORCEMEN	NT ACTION				
Statement of Deficiency:	#S66I14 Served 10	0/26/2023		Compliance_	
	Deficiencies Cited	Subject Area		Verified	Corrected
	83.14(2)(a)	LICENSEE ENSURES WITH LAWS	FACILITY COMPLIES	1/22/24	Yes
	83.32(3)(h)	RIGHTS OF RESIDEN MEDICATION	TS: TO RECEIVE	1/22/24	Yes
	83.37(2)(d)	DOCUMENTATION O ADMINISTRATION	F MEDICATION	1/22/24	Yes
	83.37(3)(d)		GE: REFRIGERATION	1/22/24	Yes
	83.38(1)(g)	HEALTH MONITORIN	١G	1/22/24	Yes
	83.44(2)(a)	ROOMS CLEAN AND	FREE FROM ODORS	1/22/24	Yes
	83.45(3)	TOXIC SUBSTANCES		1/22/24	Yes
	83.47(2)(b)	EXIT DIAGRAM		1/22/24	Yes

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DEPARTMENT OF HEALTH SERVICES Division of Quality Assurance		Provider Inspection Summary			STATE OF WISCONSIN Bureau of Assisted Living
Printed 02/28/2025		For the period 01/30/2022 to 01/29/2025	For the period 01/30/2022 to 01/29/2025		
		Community Based Residential FacilityCLASS CNA (NONAM	MBULATORY)		Madison WI 53707-7940
	83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	1/22/24	Yes	
Survey ID: 0143697	End Date: 05/18/2023	3 Type: OTHER Purpose: VERIFICATION V	/ISIT		
Results: ENFORCEMEN	NT ACTION				
Statement of Deficiency:	#S66I13 Served 07	7/20/2023			
			Compliance		
	Deficiencies Cited	Subject Area	Verified	Corrected	
	83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	10/18/23	No	
	83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	10/18/23	No	
	83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	10/18/23	No	
	83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	10/18/23	Yes	
	83.38(1)(g)	HEALTH MONITORING	10/18/23	No	
	83.55(6)(b)	BATH AND TOILET AREAS: WATER	10/18/23	No	

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TEMPERATURE

## For the period 01/30/2022 to 01/29/2025

#### STATE OF WISCONSIN Bureau of Assisted Living

P.O. Box 7940 Madison WI 53707-7940

## Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142107	End Date: 12/28/2022	Type: OTHER	Purpose: COMPLAINT/VV
Survey 1D. 0142107		Type. OTHER	

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #S66I12 Served 02/10/2023

<i>cj</i> •			Compliance_	
	Deficiencies Cited	Subject Area	Verified	Corrected
	83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES	5/18/23	No
	(1)(1)	WITH LAWS	0,10,20	1.0
	83.14(2)(h)	POSTING: LICENSE, DEFICIENCIES,	5/18/23	Yes
		REVOCATIONS		
	83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE	5/18/23	No
		MEDICATION		
	83.34(2)(c)	WRITTEN REPORT OF RESIDENT ACCOUNT	5/18/23	Yes
	83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON	5/18/23	Yes
		CHANGES		
	83.37(2)(d)	DOCUMENTATION OF MEDICATION	5/18/23	Yes
		ADMINISTRATION		
	83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	5/18/23	No
	83.38(1)(c)	LEISURE TIME ACTIVITIES	5/18/23	Yes
	83.38(1)(g)	HEALTH MONITORING	5/18/23	No
	83.38(1)(h)	MEDICATION ADMINISTRATION	5/18/23	Yes
	83.39(1)	INFECTION CONTROL PROGRAM	5/18/23	Yes
	83.46(1)(a)	COMFORTABLE AND SAFE TEMPERATURES	5/18/23	No
	83.48(3)(b)	SENSITIVITY TESTING PERFORMED	5/18/23	Yes
	83.55(6)(b)	BATH AND TOILET AREAS: WATER	5/18/23	No
		TEMPERATURE		

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#### STATE OF WISCONSIN

For the period 01/30/2022 to 01/29/2025

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

## Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Compliance

Survey ID: 0140428	End Date: 04/27/2022	Type: STANDARD	Purpose: SURVEY/COMPLAINT/SELF REPORT
Results: ENFORCEME	NT ACTION		

Statement of Deficiency: #S66I11 Served 08/12/2022

		Compliance	
<b>Deficiencies</b> Cited	Subject Area	Verified	Corrected
50.09(1)(e)	TREATMENT	12/28/22	Yes
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND	12/28/22	Yes
	NEGLECT		
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES	12/28/22	No
	WITH LAWS		
83.25	CONTINUING EDUCATION	12/28/22	Yes
83.28(7)	ADVANCED DIRECTIVES	12/28/22	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF	12/28/22	Yes
	MISTREATMENT		
83.32(3)(h)	<b>RIGHTS OF RESIDENTS: TO RECEIVE</b>	12/28/22	No
	MEDICATION		
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND	12/28/22	Yes
	ADEQUATE TREATMENT		
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	12/28/22	Yes
83.35(4)	RESIDENT SATISFACTION EVALUATION	12/28/22	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION	12/28/22	Yes
	REVIEW		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	12/28/22	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	12/28/22	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION	12/28/22	No
	ADMINISTRATION		
83.38(1)(c)	LEISURE TIME ACTIVITIES	12/28/22	No
83.38(1)(g)	HEALTH MONITORING	12/28/22	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	12/28/22	No
83.38(1)(k)	TRANSPORTATION	12/28/22	Yes
83.41(1)(a)	FOOD SUPPLY	12/28/22	Yes
83.41(2)(a)	NUTRITION: DIET	12/28/22	Yes
83.41(2)(c)	NUTRITION: MENUS	12/28/22	Yes

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DEPARTMENT OF HEALTH SERVICES Division of Quality Assurance	Provider Inspection Summary			STATE OF WISCONSIN Bureau of Assisted Living
Printed 02/28/2025	For the period 01/30/2022 to 01/29/2025			P.O. Box 7940
	Community Based Residential FacilityCLASS CNA (NO	NAMBULATORY)		Madison WI 53707-7940
83.48(3)(b)	SENSITIVITY TESTING PERFORMED	12/28/22	No	
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	12/28/22	No	

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For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

# STATE OF WISCONSIN

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

		Enforcement History (SV SOUTH BELOIT EAS	Г0017754)
Date: 10/26/2023	SOD #S66I14	Appealed:	
Sanctions 199			
COMPLY WITH DEP	ARTMENT PLAN OF CO	RECTION	
NNAO EXTENDED			
ORDER TO COMPLY			
FORFEITURE83.1			
FORFEITURE83.3			
FORFEITURE83.3			
FORFEITURE83.3			
FORFEITURE83.5	5(6)(0)		
Date: 07/20/2023	SOD #S66I13	Appealed:	
Sanctions			
COMPLY WITH DEP	ARTMENT PLAN OF CO	RECTION	
COMPLY WITH REQ	UIREMENT		
NNAO EXTENDED			
ORDER TO COMPLY			
FORFEITURE83.1			
FORFEITURE83.3			
FORFEITURE83.3			
FORFEITURE83.3			
FORFEITURE83.3 FORFEITURE83.5			
FURFEITURE83.3.	5(0)(0)		

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#### STATE OF WISCONSIN Bureau of Assisted Living

Madison WI 53707-7940

P.O. Box 7940

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility -- CLASS CNA (NONAMBULATORY)

Date: 02/10/2023 SOD #S66I12 Appealed: Sanctions COMPLY WITH DEPARTMENT PLAN OF CORRECTION COMPLY WITH REQUIREMENT NNAO EXTENDED ORDER TO COMPLY FORFEITURE---83.14(2)(a) FORFEITURE---83.32(3)(h) FORFEITURE---83.35(3)(d) FORFEITURE---83.37 (2)(d) FORFEITURE---83.38(1)(c) FORFEITURE---83.38(1)(h) FORFEITURE---83.48(3)(b) FORFEITURE---83.55(6)(b) Date: 08/12/2022 SOD #S66I11 Appealed: Sanctions COMPLY WITH DEPARTMENT PLAN OF CORRECTION NO NEW ADMISSIONS ORDER TO COMPLY FORFEITURE---50.09(1)(e)FORFEITURE---83.12(2)(a) FORFEITURE---83.25 FORFEITURE---83.32(3)(d) FORFEITURE---83.32(3)(h) FORFEITURE---83.32(3)(i) FORFEITURE---83.32(3)(n) FORFEITURE---83.38(1)(g) FORFEITURE---83.41(1)(a)

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For the period 01/30/2022 to 01/29/2025

STATE OF WISCONSIN

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SV SOUTH BELOIT EAST0017754)				
Date Complaint Received: 11/11/2022Date Investigation Completed: 12/28/2022				
Subject Area(s)	Result	<u>SOD #</u>		
PROGRAM SERVICES	SUBSTANTIATED	S66I12		
PROGRAM SERVICES	SUBSTANTIATED	S66112		
Date Complaint Received: 03/09/2022	Date Investigation Completed	: 04/27/2022		
Subject Area(s)	Result	SOD #		
RESIDENT RIGHTS	SUBSTANTIATED	S66I11		

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For the period 01/30/2022 to 01/29/2025

## Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

**Facility Information** 

Facility Name: SV SOUTH BELOIT NORTH (0017756)

Address: 2027 COLONY COURT, BELOIT, WI 53511

License Status: REGULAR

Licensed/Certified/Registered 10/25/2019 12:00:00AM

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

			Survey History			
Survey ID: 0148024	End Date: 10/24/2024	Type: OTHER	Purpose: VERIFICATION VISI	Г		
Results: NO STATEME	NT OF DEFICIENCY ISS	UED				
Survey ID: 0147216	End Date: 06/11/2024	Type: OTHER	Purpose: COMPLAINT			
Results: ENFORCEMEN	NT ACTION					
Statement of Deficiency:	#GU6119 Served 08/	/05/2024				
				Compliance		
	Deficiencies Cited	Subject Area		Verified	Corrected	
	83.32(3)(h)	RIGHTS OF RESIDEN	IS: TO RECEIVE	10/24/24	Yes	
		MEDICATION				
	83.35(3)(d)	SERVICE PLANS UPD. CHANGES	ATED ANNUALLY OR ON	10/24/24	Yes	
	83.37(1)(j)	PROOF-OF-USE RECO	PRD	10/24/24	Yes	
	83.37(2)(d)	DOCUMENTATION OF ADMINISTRATION	FMEDICATION	10/24/24	Yes	

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83.35(3)(c)

83.35(3)(d)

83.45(3)

# **Provider Inspection Summary**

## For the period 01/30/2022 to 01/29/2025

#### STATE OF WISCONSIN Bureau of Assisted Living P O Box 7940

P.O. Box 7940 Madison WI 53707-7940

#### Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0145596	End Date: 11/13/2023	Type: STANDARD	Purpose: SURVEY/COMPL	AINT/VV	
Results: ENFORCEMEN	NT ACTION				
Statement of Deficiency:	#GU6118 Served 02	/13/2024			
				Compliance	
	<b>Deficiencies</b> Cited	Subject Area		Verified	Corrected
	83.32(3)(h)	RIGHTS OF RESIDENTS: TO MEDICATION	RECEIVE	6/11/24	No
	83.35(3)(a)	COMPREHENSIVE INDIVID PLAN	UALIZED SERVICE	6/11/24	Yes
	83.37(1)(i)	PRN PSYCHOTROPIC MEDI	CATION	6/11/24	Yes
	83.37(1)(k)	MEDICATION ERROR OR A	DVERSE REACTION	6/11/24	Yes
	83.37(2)(d)	DOCUMENTATION OF MED	ICATION	6/11/24	No
		ADMINISTRATION			
	83.38(1)(g)	HEALTH MONITORING		6/11/24	Yes
Survey ID: 0144301	End Date: 07/17/2023	Type: OTHER Put	pose: COMPLAINT/VV		
Results: ENFORCEMEN	NT ACTION				
Statement of Deficiency:	#GU6117 Served 09	/21/2023			
·				Compliance	
	Deficiencies Cited	Subject Area		Verified	Corrected
	83.12(2)(a)	CAREGIVER: INVESTIGATE NEGLECT	NG ABUSE AND	11/13/23	Yes
	83.12(4)(b)	REPORTING WHEN LAW EN CALLED	IFORCEMENT IS	11/13/23	Yes
	83.35(1)(c)	LISTED AREAS FOR ASSESS	SMENTS	11/13/23	Yes

11/13/23

11/13/23

11/13/23

Yes

Yes

Yes

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SERVICE PLAN

TOXIC SUBSTANCES

CHANGES

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.

IMPLEMENT, FOLLOW THE INDIVIDUAL

SERVICE PLANS UPDATED ANNUALLY OR ON

## For the period 01/30/2022 to 01/29/2025

#### STATE OF WISCONSIN Bureau of Assisted Living

P.O. Box 7940 Madison WI 53707-7940

## Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143071	End Date: 03/01/2023	Type: OTHER Purpose: VERIFICATION VISIT	۰ ۲	
•		Turpose. VERIFICATION VISIT		
Results: ENFORCEMEN	NT ACTION			
Statement of Deficiency:	#GU6116 Served 05	/16/2023		
			Compliance_	
	<b>Deficiencies</b> Cited	Subject Area	Verified	Corrected
	83.14(2)(h)	POSTING: LICENSE, DEFICIENCIES,	7/17/23	Yes
		REVOCATIONS		
	83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	7/17/23	Yes
	83.45(3)	TOXIC SUBSTANCES	7/17/23	No
Survey ID: 0141482	End Date: 08/25/2022	Type: OTHER Purpose: VERIFICATION VISIT		
-		Turpose. VERIFICATION VISIT		
Results: ENFORCEMEN	NT ACTION			
Statement of Deficiency:	#GU6115 Served 12	/07/2022		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			Compliance	
	Deficiencies Cited	Subject Area	Verified	Corrected
	83.14(2)(h)	POSTING: LICENSE, DEFICIENCIES,	3/1/23	No
		REVOCATIONS		
	83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	3/1/23	Yes
	83.37(2)(d)	DOCUMENTATION OF MEDICATION	3/1/23	Yes
		ADMINISTRATION		
	83.39(1)	INFECTION CONTROL PROGRAM	3/1/23	Yes
	83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	3/1/23	No

#### This is Page 33 of 69 total pages. If printing this report ensure that your printer is set to print only the desired pages.

STATE OF WISCONSIN

For the period 01/30/2022 to 01/29/2025

## Community Based Residential Facility -- CLASS CNA (NONAMBULATORY)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

#### **Type: OTHER** Survey ID: 0140109 End Date: 06/06/2022 **Purpose: COMPLAINT**

**Results: STATEMENT OF DEFICIENCY ISSUED** 

Served 07/12/2022 Statement of Deficiency: #ORJ411

		Compliance	
<b>Deficiencies</b> Cited	Subject Area	Verified	Corrected
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	8/26/22	Yes

#### Survey ID: 0139841 End Date: 03/15/2022 **Type: OTHER** Purpose: SURVEY/COMPLAINT/VV

**Results: ENFORCEMENT ACTION** 

Statement of Deficiency: #GU6114 Served 06/13/2022

		Compliance	
<b>Deficiencies</b> Cited	Subject Area	Verified	Corrected
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE	8/25/22	Yes
	DISEASE		
83.25	CONTINUING EDUCATION	8/25/22	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION	8/25/22	No
	ADMINISTRATION		
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED	8/25/22	Yes
	SUBSTANCES		
83.41(3)(b)	FOOD SAFETY	8/25/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND	8/25/22	Yes
	COMFORTABLE		
83.45(3)	TOXIC SUBSTANCES	8/25/22	No
83.47(2)(d)	FIRE DRILLS	8/25/22	Yes

#### This is Page 34 of 69 total pages. If printing this report ensure that your printer is set to print only the desired pages.

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

		Enforcement History (SV SOUTH BELOIT NORTH0017756)	
Date: 08/05/2024 Sanctions ORDER TO COMPLY	SOD #GU6119	Appealed:	
FORFEITURE83.32 FORFEITURE83.35 FORFEITURE83.37	(3)(d)		
Date: 09/21/2023	SOD #GU6117	Appealed: No	
Sanctions COMPLY WITH DEPA ORDER TO COMPLY FORFEITURE83.12 FORFEITURE83.35 FORFEITURE83.35 FORFEITURE83.45	(2)(a) (1)(C) (3)(c) (3)(d)	RECTION	
Date: 05/16/2023	SOD #GU6116	Appealed:	
<u>Sanctions</u>			
COMPLY WITH DEPA ORDER TO COMPLY	ARTMENT PLAN OF COR	RECTION	
FORFEITURE83.14			
FORFEITURE83.32			
FORFEITURE83.35 FORFEITURE83.37			
FORFEITURE83.38	(1)(g)		
FORFEITURE83.44			
FORFEITURE83.45	(3)		

## This is Page 35 of 69 total pages. If printing this report ensure that your printer is set to print only the desired pages.

#### STATE OF WISCONSIN Bureau of Assisted Living

Madison WI 53707-7940

P.O. Box 7940

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 12/07/2022	SOD #GU6115	Appealed:
Sanctions		
	RTMENT PLAN OF CO	RRECTION
ORDER TO COMPLY FORFEITURE83.35(	1)(C)	
FORFEITURE83.37 (	(2)(d)	
FORFEITURE83.39(		
FORFEITURE83.45 (	(3)	
Date: 07/12/2022	SOD #ORJ411	Appealed: No
Sanctions		
ORDER TO COMPLY		
Date: 06/13/2022	SOD #GU6114	Appealed:
Sanctions		
ORDER TO COMPLY	• • • •	
FORFEITURE83.37(3 FORFEITURE83.45 (		

This is Page 36 of 69 total pages. If printing this report ensure that your printer is set to print only the desired pages.

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

Complaint History (SV SOUTH BELOIT NORTH0017756)					
Date Complaint Received:05/10/2024Date Investigation Completed:06/11/2024					
Subject Area(s)	Result	<u>SOD #</u>			
RESIDENT RIGHTS	NOT SUBSTANTIATED				
Date Complaint Received: 11/10/2023	Date Investigation Completed: 1	/13/2023			
Subject Area(s)	Result	<u>SOD #</u>			
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	GU6118			
PROGRAM SERVICES	SUBSTANTIATED	GU6118			
RESIDENT RIGHTS	SUBSTANTIATED	GU6118			
Date Complaint Received: 07/05/2023	Date Investigation Completed: 0	7/17/2023			
Subject Area(s)	<u>Result</u>	<u>SOD #</u>			
RESIDENT RIGHTS	SUBSTANTIATED	GU6117			
Date Complaint Received: 04/19/2022	Date Investigation Completed: 0	5/06/2022			
Subject Area(s)	<u>Result</u>	<u>SOD #</u>			
PROGRAM SERVICES	NOT SUBSTANTIATED				
RESIDENT RIGHTS	NOT SUBSTANTIATED				
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	ORJ411			

### This is Page 37 of 69 total pages. If printing this report ensure that your printer is set to print only the desired pages.

For the period 01/30/2022 to 01/29/2025

### Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

**Facility Information** 

Facility Name: SV SOUTH BELOIT TERRACE (0017749)

Address: 2771 IVA COURT, BELOIT, WI 53511

License Status: REGULAR

Licensed/Certified/Registered 10/01/2020 12:00:00AM

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

			Survey History		
Survey ID: 0148314	End Date: 12/11/2024	Type: OTHER	Purpose: SURVEY/COMPLAINT		
<b>Results:</b> NO STATEME	NT OF DEFICIENCY ISS	UED			
Survey ID: 0146290	End Date: 05/01/2024	Type: OTHER	Purpose: VERIFICATION VISIT		
<b>Results:</b> NO STATEME	NT OF DEFICIENCY ISS	UED			
Survey ID: 0144123	End Date: 08/03/2023	Type: OTHER	Purpose: COMPLAINT/VV		
Results: ENFORCEME	NT ACTION				
St - 4					
Statement of Deficiency	: #705415 Served 09/	/07/2023			
Statement of Deficiency:				<u>Compliance</u>	
Statement of Deficiency	Deficiencies Cited	Subject Area		Verified	Corrected
Statement of Deficiency			CACILITY COMPLIES		<u>Corrected</u> Yes
Statement of Deficiency	Deficiencies Cited	<u>Subject Area</u> LICENSEE ENSURES F WITH LAWS NOT PERMIT A CONDI	ACILITY COMPLIES	Verified	
Statement of Deficiency	<u>Deficiencies Cited</u> 83.14(2)(a) 83.14(2)(j)	<u>Subject Area</u> LICENSEE ENSURES F WITH LAWS NOT PERMIT A CONDI RISK	TION OF SUBSTANTIAL	<u>Verified</u> 5/1/24 5/1/24	Yes
Statement of Deficiency	Deficiencies Cited 83.14(2)(a)	<u>Subject Area</u> LICENSEE ENSURES F WITH LAWS NOT PERMIT A CONDI RISK		Verified 5/1/24	Yes

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DEPARTMENT OF HEALTH SERVICES Division of Quality Assurance	Provider Inspection Summary	STATE OF WISCONSIN Bureau of Assisted Living		
Printed 02/28/2025	For the period 01/30/2022 to 01/29/2025		P.O. Box 7940	
	Community Based Residential FacilityCLASS CNA (NONA	Madison WI 53707-7940		
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	5/1/24	Yes	
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	5/1/24	Yes	
83.38(1)(a)	PERSONAL CARE	5/1/24	Yes	
83.38(1)(g)	HEALTH MONITORING	5/1/24	Yes	
83.39(3)	HAND WASHING	5/1/24	Yes	
83.41(1)(c)	DISHWASHING	5/1/24	Yes	
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	5/1/24	Yes	

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### For the period 01/30/2022 to 01/29/2025

# STATE OF WISCONSIN Bureau of Assisted Living

P.O. Box 7940 Madison WI 53707-7940

# Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Compliance

Survey ID: 0142760	End Date: 02/16/2023	Type: OTHER	<b>Purpose: COMPLAINT/VV</b>
Survey 1D. 0142700	Enu Datt. 02/10/2023	Type. OTHER	

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #705414 Served 04/14/2023

		Compliance	
Deficiencies Cited	Subject Area	Verified	Corrected
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES	7/19/23	Yes
	WITH LAWS		
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF	7/19/23	Yes
	MISTREATMENT		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE	7/19/23	No
	MEDICATION		
33.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL	7/19/23	No
	SERVICE PLAN		
33.37(2)(e)	OTHER ADMINISTRATION GIVEN OR	7/19/23	Yes
	DELEGATED BY RN		
33.38(1)(a)	PERSONAL CARE	7/19/23	No
33.38(1)(c)	LEISURE TIME ACTIVITIES	7/19/23	Yes
3.38(1)(g)	HEALTH MONITORING	7/19/23	No
83.39(3)	HAND WASHING	7/19/23	No
33.41(1)(c)	DISHWASHING	7/19/23	No
83.41(3)(b)	FOOD SAFETY	7/19/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND	7/19/23	No
	COMFORTABLE		
83.45(1)(e)	ELECTRICAL, MECHANICAL, WATER SUPPLY	7/19/23	Yes
83.48(1)(a)	SMOKE DETECTION SYSTEM	7/19/23	Yes
83.48(3)(b)	SENSITIVITY TESTING PERFORMED	7/19/23	Yes

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### For the period 01/30/2022 to 01/29/2025

### STATE OF WISCONSIN Bureau of Assisted Living

P.O. Box 7940 Madison WI 53707-7940

### Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141453	End Date: 08/26/2022	Type: OTHER	Purpose: SURVEY/COMPLAI	NT/VV	
Results: ENFORCEMEN	T ACTION				
Statement of Deficiency:	#705413 Served 12	/01/2022			
		0-1:		Compliance	C (1
	Deficiencies Cited	Subject Area		Verified	Corrected
	83.12(2)(a)	CAREGIVER: INVESTI	GATING ABUSE AND	2/16/23	No
		NEGLECT			
	83.17(2)(a)	EMPLOYEES SCREEN	ED FOR COMMUNICABLE	2/16/23	Yes
		DISEASE			
	83.32(3)(h)	RIGHTS OF RESIDENT	S: TO RECEIVE	2/16/23	No
		MEDICATION			
	83.41(1)(c)	DISHWASHING		2/16/23	No
	83.42(1)	RESIDENT RECORD M	AINTAINED	2/16/23	Yes
	83.43(1)	ENVIRONMENT SAFE,	CLEAN, AND	2/16/23	No
	~ /	COMFORTABLE			
	83.48(1)(a)	SMOKE DETECTION S	YSTEM	2/16/23	Yes
	83.48(1)(b)	SMOKE AND HEAT DE	TECTORS PER NFPA 72	2/16/23	Yes

#### Survey ID: 0139693 End Date: 03/01/2022 Type: OTHER Purpose: COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #705412 Served 06/02/2022

		Compliance	
Deficiencies Cited	Subject Area	Verified	Corrected
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	8/26/22	Yes
83.46(1)(f)	COMBUSTIBLES	8/26/22	Yes

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For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

		Enforcement History (	SV SOUTH BELOIT TERRACE0017749)
Date: 09/07/2023	SOD #705415	Appealed: Yes	Decision: STIPULATION
Sanctions			
REVOKE LICENSE			
NNAO EXTENDED			
FORFEITURE83.1	4(2)(i)		
FORFEITURE83.1			
FORFEITURE83.3			
FORFEITURE83.3 FORFEITURE83.3			
FORFEITURE83.4			
FORFEITURE83.4			
	5(1)		
Date: 04/14/2023	SOD #705414	Appealed:	
Sanctions			
COMPLY WITH DEP	ARTMENT PLAN OF COP	RRECTION	
NO NEW ADMISSIO			
ORDER TO COMPLY			
FORFEITURE83.1			
FORFEITURE83.3			
FORFEITURE83.3 FORFEITURE83.3			
FORFEITURE83.3			
FORFEITURE83.4	1(1)(c)		
FORFEITURE83.4			
FORFEITURE83.4			
FORFEITURE83.4	8(1)(a)		

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#### STATE OF WISCONSIN

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

SOD #705413	Appealed:
COD #505412	
SOD #/05412	Appealed:
(f)	
	SOD #705412

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For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

	Complaint History (SV SOUTH 1	BELOIT TERRACE0017749)		
Date Complaint Received: 10/30/2024Date Investigation Completed: 12/11/2024				
Subject Area(s)	Result	<u>SOD #</u>		
PROGRAM SERVICES	NOT SUBSTANTIATED			
Date Complaint Received: 07/12/2023	Date Investigation Completed: 07/19/2023			
Subject Area(s)	Result	<u>SOD #</u>		
PROGRAM SERVICES	SUBSTANTIATED	705415		
PROGRAM SERVICES	NOT SUBSTANTIATED			
RESIDENT RIGHTS	NOT SUBSTANTIATED			
Date Complaint Received: 07/03/2023	Date Investigation Completed: (	7/19/2023		
Subject Area(s)	Result	<u>SOD #</u>		
ADMINISTRATION	SUBSTANTIATED	705415		
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED			
PROGRAM SERVICES	SUBSTANTIATED	705415		
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	705415		
Date Complaint Received: 05/15/2023	Date Investigation Completed: (	7/19/2023		
Subject Area(s)	Result	<u>SOD #</u>		
PROGRAM SERVICES	SUBSTANTIATED	705415		
Date Complaint Received: 01/19/2023	Date Investigation Completed: 01/26/2023			
Subject Area(s)	Result	<u>SOD #</u>		
ADMINISTRATION	SUBSTANTIATED	705414		
PROGRAM SERVICES	SUBSTANTIATED	705414		
HCBS	SUBSTANTIATED	705414		

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# For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

Date Complaint Received: 01/10/2023	Date Investigation Completed: 01/26/2023		
Subject Area(s)	Result	<u>SOD #</u>	
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	705414	
Date Complaint Received: 01/05/2023	Date Investigation Completed:	01/26/2023	
Subject Area(s)	Result	<u>SOD #</u>	
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	705414	
PROGRAM SERVICES	SUBSTANTIATED	705414	
RESIDENT RIGHTS	SUBSTANTIATED	705414	
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	705414	
Date Complaint Received: 07/07/2022	Date Investigation Completed:	08/26/2022	
Subject Area(s)	<u>Result</u>	<u>SOD #</u>	
RESIDENT RIGHTS	SUBSTANTIATED	705413	
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	705413	
Date Complaint Received: 02/15/2022	Date Investigation Completed:	)3/01/2022	
Subject Area(s)	Result	SOD #	
PROGRAM SERVICES	NOT SUBSTANTIATED		

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For the period 01/30/2022 to 01/29/2025

### Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

Facility Name: SV SOUTH BELOIT WEST (0017752)

Address: 2156 HOUSE ST, BELOIT, WI 53511

License Status: REGULAR

Licensed/Certified/Registered 10/01/2020 12:00:00AM

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

			Survey History		
Survey ID: 0147716	End Date: 07/22/2024	Type: OTHER	Purpose: VERIFICATION VISIT		
Results: ENFORCEMEN	T ACTION				
Statement of Deficiency:	#ZKXU12 Served 10/	01/2024		Compliance	
	Deficiencies Cited 83.35(3)(d) 83.38(1)(g)	<u>Subject Area</u> SERVICE PLANS UPDA CHANGES HEALTH MONITORING	TED ANNUALLY OR ON	Verified	Corrected

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Summer ID: 0145512

### **Provider Inspection Summary**

### For the period 01/30/2022 to 01/29/2025

#### STATE OF WISCONSIN Bureau of Assisted Living

P.O. Box 7940 Madison WI 53707-7940

### Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Dumposo, SUDVEV/COMDIAINT

7/22/24

Yes

End Date: 11/10/2023	Type: STANDARD Purpose: SURVEY/COMP	'LAIN I	
IT ACTION			
#ZKXU11 Served 02	/07/2024		
		Compliance	
<b>Deficiencies</b> Cited	Subject Area	Verified	Corrected
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	7/22/24	No
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE	7/22/24	Yes
	MEDICATION		
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL	7/22/24	Yes
	SERVICE PLAN		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON	7/22/24	Yes
	CHANGES		
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND	7/22/24	Yes
	AWAKE		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	7/22/24	Yes
83.38(1)(g)	HEALTH MONITORING	7/22/24	No
	T ACTION #ZKXU11 Served 02 <u>Deficiencies Cited</u> 50.065(2)(bb) 83.32(3)(h) 83.35(3)(c) 83.35(3)(d) 83.36(1)(b) 83.37(1)(i)	TACTION         #ZKXU11       Served 02/07/2024         Deficiencies Cited       Subject Area         50.065(2)(bb)       DETERMINE FINAL DISPOSITION OF CHARGE         83.32(3)(h)       RIGHTS OF RESIDENTS: TO RECEIVE         MEDICATION         83.35(3)(c)       IMPLEMENT, FOLLOW THE INDIVIDUAL         SERVICE PLAN         83.35(3)(d)       SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES         83.36(1)(b)       QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE         83.37(1)(i)       PRN PSYCHOTROPIC MEDICATION	TACTION#ZKXU11Served 02/07/2024Deficiencies CitedSubject AreaDeficiencies CitedSubject Area50.065(2)(bb)DETERMINE FINAL DISPOSITION OF CHARGE7/22/2483.32(3)(h)RIGHTS OF RESIDENTS: TO RECEIVEMEDICATION83.35(3)(c)IMPLEMENT, FOLLOW THE INDIVIDUAL83.35(3)(d)SERVICE PLANS UPDATED ANNUALLY OR ON83.35(3)(d)SERVICE PLANS UPDATED ANNUALLY OR ON83.36(1)(b)QUALIFIED STAFF IN CHARGE, ON DUTY AND83.37(1)(i)PRN PSYCHOTROPIC MEDICATION

BATH AND TOILET AREAS: HAND DRYING

Tunot STANDADD

### Survey ID: 0144018 End Date: 06/29/2023 Type: OTHER Purpose: VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

83.55(3)

End Data: 11/10/2022

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### For the period 01/30/2022 to 01/29/2025

# STATE OF WISCONSIN

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

#### Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142407	End Date: 12/08/2022	Type: OTHER	Purpose: COMPLAINT/VV		
Results: ENFORCEMEN	T ACTION				
Statement of Deficiency:	#00KH13 Served 03	/09/2023			
				<u>Compliance</u>	
	Deficiencies Cited	Subject Area		Verified	Corrected
	83.14(2)(a)	LICENSEE ENSURES	FACILITY COMPLIES	6/29/23	Yes
		WITH LAWS			
	83.32(3)(h)	<b>RIGHTS OF RESIDEN</b>	TS: TO RECEIVE	6/29/23	Yes
		MEDICATION			
	83.32(3)(n)	RIGHTS OF RESIDEN	TS: SAFE ENVIRONMENT	6/29/23	Yes
	83.35(3)(a)	COMPREHENSIVE IN	DIVIDUALIZED SERVICE	6/29/23	Yes
		PLAN			
	83.35(3)(d)	SERVICE PLANS UPD	ATED ANNUALLY OR ON	6/29/23	Yes
		CHANGES			
	83.39(3)	HAND WASHING		6/29/23	Yes
	83.41(1)(c)	DISHWASHING		6/29/23	Yes
	83.45(5)	GARBAGE & REFUSE		6/29/23	Yes

Survey ID: 0140297 End Date: 04/21/2022 Type: STANDARD Purpose: SURVEY/VV

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #00KH12 Served 07/29/2022

		Compliance	
<b>Deficiencies</b> Cited	Subject Area	Verified	Corrected
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE	12/8/22	No
	MEDICATION		
83.39(3)	HAND WASHING	12/8/22	No
83.41(1)(c)	DISHWASHING	12/8/22	No
83.45(5)	GARBAGE & REFUSE	12/8/22	No
83.47(2)(d)	FIRE DRILLS	12/8/22	Yes

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For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

	Enforcement History (SV COLITH DEL OFT WEST - 0017752)							
	Enforcement History (SV SOUTH BELOIT WEST0017752)							
Date: 10/01/2024	SOD #ZKXU12	Appealed:	Decision: PENDING					
Sanctions								
	ARTMENT PLAN OF COR	RECTION						
ORDER TO COMPLY FORFEITURE83.33								
FORFEITURE83.38								
Date: 02/07/2024	SOD #ZKXU11	Appealed:						
Sanctions								
	ARTMENT PLAN OF COR	RECTION						
ORDER TO COMPLY FORFEITURE83.32								
FORFEITURE83.35								
FORFEITURE83.36								
FORFEITURE83.38	3(1)(g)							
Date: 03/09/2023	SOD #00KH13	Appealed:						
Sanctions								
COMPLY WITH DEP.	ARTMENT PLAN OF COR	RECTION						
ORDER TO COMPLY								
FORFEITURE83.14								
FORFEITURE83.32 FORFEITURE83.32								
	FORFEITURE83.35(3)(a)							
FORFEITURE83.35	5(3)(d)							
FORFEITURE83.39								
FORFEITURE83.41 FORFEITURE83.44								
05.4.	л <i>э)</i>							

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#### STATE OF WISCONSIN

For the period 01/30/2022 to 01/29/2025

### Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Date: 07/29/2022	SOD #00KH12	Appealed:		
Sanctions				
ORDER TO COMPLY				
FORFEITURE83.32	(3)(h)			
		Complaint History (SV SOUTH	H BELOIT WEST0017752)	
Date Complaint Recei	ived: 09/13/2023	Date Investigation Completed: 1	11/08/2023	
Subject Area(s)		<u>Result</u>	<u>SOD #</u>	
<b>RESIDENT RIGHTS</b>		SUBSTANTIATED	ZKXU11	
STAFF TRAINING AN	ND PROFICIENCY	SUBSTANTIATED	ZKXU11	
Date Complaint Recei	ived: 11/10/2022	Date Investigation Completed: 1	12/08/2022	
Subject Area(s)		<u>Result</u>	<u>SOD #</u>	
PROGRAM SERVICE	S	SUBSTANTIATED	00KH13	

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For the period 01/30/2022 to 01/29/2025

### Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

**Facility Information** 

Facility Name: WILLOWICK BELOIT (0016999)

Address: 1971 CRANSTON RD, BELOIT, WI 53511

License Status: REGULAR

Licensed/Certified/Registered 12/21/2017 12:00:00AM

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

			Survey History			
Survey ID: 0146128	End Date: 04/09/2024	Type: OTHER	Purpose: COMPLAINT			
<b>Results:</b> STATEMENT C	OF DEFICIENCY ISSUEI	)				
Statement of Deficiency: #VFWG11 Served 04/12/2024						
				<u>Compliance</u>		
	<b>Deficiencies</b> Cited	Subject Area		<u>Verified</u>	Corrected	
	83.44(2)(a)	ROOMS CLEAN AND	FREE FROM ODORS	5/27/24	Yes	
Survey ID: 0145353	End Date: 12/19/2023	Type: OTHER	Purpose: VERIFICATION VISIT			
Results: NO STATEMENT OF DEFICIENCY ISSUED						

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### For the period 01/30/2022 to 01/29/2025

#### STATE OF WISCONSIN Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

### Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143078	End Date: 03/01/2023	Type: STANDARD	Purpose: SURVEY/COM	PLAINT/VV		
Results: ENFORCEME	NT ACTION					
Statement of Deficiency	: #5I5112 Served 05	/17/2023				
				Compliance		
	Deficiencies Cited	Subject Area		Verified	Corrected	
	83.12(4)(c)	REPORTING INCIDEN	TS WITH SERIOUS	12/19/23	Yes	
		INJURY				
	83.12(5)(a)	NOTIFICATION: INCIE	DENT, INJURY, CHANGES	12/19/23	Yes	
	83.44(1)(c)	CLOTHES DRYERS EN	ICLOSED AND VENTED	12/19/23	Yes	
	83.47(2)(d)	FIRE DRILLS		12/19/23	Yes	
Survey ID: 0140557	End Date: 08/02/2022	Type: OTHER	Purpose: COMPLAINT			
Results: NO STATEME	ENT OF DEFICIENCY ISS	SUED				
Survey ID: 0140441	End Date: 05/16/2022	Type: OTHER	Purpose: COMPLAINT			
Results: ENFORCEME	NT ACTION					
Statement of Deficiency	: #5I5111 Served 08	/15/2022				
•				Compliance		

		<u>Compliance</u>	
<b>Deficiencies</b> Cited	Subject Area	Verified	Corrected
50.09(1)(a)	COMMUNICATION	3/1/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE	3/1/23	Yes
	MEDICATION		
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	3/1/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION	3/1/23	Yes
	ADMINISTRATION		

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For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

		Enforcement History (WILI	LOWICK BELOIT0016999)		
Date: 04/12/2024 Sanctions ORDER TO COMPLY	SOD #VFWG11	Appealed: No			
Date: 05/17/2023 Sanctions ORDER TO COMPLY FORFEITURE83.12(	<b>SOD #515112</b> 5)(a)	Appealed:			
Date: 08/15/2022 Sanctions ORDER TO COMPLY FORFEITURE83.32(	<b>SOD #515111</b> 3)(h)	Appealed:			
		Complaint History (WILL	LOWICK BELOIT0016999)		
Date Complaint Receiv	ved: 03/01/2024	Date Investigation Completed:	Date Investigation Completed: 04/09/2024		
<u>Subject Area(s)</u> RESIDENT RIGHTS		<u>Result</u> SUBSTANTIATED	<u>SOD #</u> VFWG11		
Date Complaint Receiv	ved: 12/28/2022	Date Investigation Completed:	: 02/21/2023		
<u>Subject Area(s)</u> PROGRAM SERVICES		<u>Result</u> SUBSTANTIATED	<u>SOD #</u> 515112		
Date Complaint Receiv	ved: 05/09/2022	Date Investigation Completed:	: 05/16/2022		
<u>Subject Area(s)</u> PROGRAM SERVICES RESIDENT RIGHTS	3	<u>Result</u> SUBSTANTIATED SUBSTANTIATED	<u>SOD #</u> 515111 515111		

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For the period 01/30/2022 to 01/29/2025

### Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

**Facility Information** 

Facility Name: WILLOWICK MOMENTS (0018180)

Address: 3024 SOUTH BARTELLS DRIVE, BELOIT, WI 53511

License Status: REGULAR

Licensed/Certified/Registered 09/02/2020 12:00:00AM

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

	Survey History						
Survey ID: 0147893	End Date: 10/03/2024	Type: OTHER	Purpose: COMPLAINT				
Results: STATEMENT	OF DEFICIENCY ISSUEI	)					
Statement of Deficiency:	#X1G211 Served 10.	/18/2024		Compliance_			
	Deficiencies Cited 83.12(6)	<u>Subject Area</u> DOCUMENTATION RH WRITTEN REPORT	EQUIREMENTS FOR	<u>Verified</u> 12/2/24	Corrected Yes		
Survey ID: 0147769	End Date: 09/24/2024	Type: OTHER	Purpose: COMPLAINT				
<b>Results:</b> NO STATEME	NT OF DEFICIENCY ISS	UED					
Survey ID: 0147420	End Date: 08/20/2024	Type: OTHER	Purpose: VERIFICATION VISIT				
Results: NO STATEME	NT OF DEFICIENCY ISS	UED					

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### For the period 01/30/2022 to 01/29/2025

#### STATE OF WISCONSIN Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

### Community Based Residential Facility -- CLASS CNA (NONAMBULATORY)

Survey ID: 0146158	End Date: 03/17/2024	Type: STANDARD	Purpose: SURVEY/COMPLA	INT		
Results: ENFORCEME	NT ACTION					
Statement of Deficiency	: #LO6W11 Served 04/	17/2024				
				Compliance_		
	Deficiencies Cited	Subject Area		Verified	Corrected	
	83.32(3)(h)	RIGHTS OF RESIDENTS	S: TO RECEIVE	8/20/24	Yes	
		MEDICATION				
	83.33(1)(d)	GRIEVANCE PROCEDU	JRE: WRITTEN	8/20/24	Yes	
	92.29(1)(-)	SUMMARY	<b>N</b>	9/20/24	V	
	83.38(1)(g)	HEALTH MONITORING	J	8/20/24	Yes	
Survey ID: 0143979	End Date: 08/14/2023	Type: OTHER	Purpose: COMPLAINT			
<b>Results:</b> NO STATEME	NT OF DEFICIENCY ISS	UED				
Survey ID: 0141373	End Date: 11/02/2022	Type: OTHER	Purpose: COMPLAINT			
<b>Results:</b> NO STATEME	NT OF DEFICIENCY ISS	UED				
Survey ID: 0140573	End Date: 08/15/2022	Type: OTHER	Purpose: COMPLAINT			
<b>Results:</b> NO STATEME	NT OF DEFICIENCY ISS	UED				
Survey ID: 0139257	End Date: 03/31/2022	Type: STANDARD	Purpose: SURVEY/COMPLA	INT		
<b>Results:</b> NO STATEME	NT OF DEFICIENCY ISS	UED				

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For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

	Enforcement History (WILLOWICK MOMENTS0018180)			
Date: 10/18/2024 Sanctions ORDER TO COMPLY	SOD #X1G211	Appealed: No		
Date: 04/17/2024 Sanctions ORDER TO COMPLY FORFEITURE83.32( FORFEITURE83.38(		Appealed: No		

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For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

Complaint History (WILLOWICK MOMENTS0018180)				
Date Complaint Received: 09/23/2024	Date Investigation Completed:	10/02/2024		
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED	SOD #		
Date Complaint Received: 08/14/2024	Date Investigation Completed:	09/25/2024		
<u>Subject Area(s)</u> RESIDENT RIGHTS	<u>Result</u> NOT SUBSTANTIATED	SOD #		
Date Complaint Received: 02/13/2024	Date Investigation Completed:	03/07/2024		
<u>Subject Area(s)</u> RESIDENT RIGHTS	<u>Result</u> SUBSTANTIATED	<u>SOD #</u> LO6W11		
Date Complaint Received: 06/23/2023	Date Investigation Completed:	08/14/2023		
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>		
Date Complaint Received: 09/22/2022	Date Investigation Completed:	11/02/2022		
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>		
Date Complaint Received: 06/03/2022	Date Investigation Completed:	08/15/2022		
<u>Subject Area(s)</u> ADMINISTRATION	<u>Result</u> NOT SUBSTANTIATED	SOD #		

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For the period 01/30/2022 to 01/29/2025

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### Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

			Facility Information			
License Status: REGU Licensed/Certified/Reg	TON RD, BELOIT, WI	:00AM				
			Survey History			
Survey ID: 0146166 Results: NO STATEME	End Date: 04/09/2024 NT OF DEFICIENCY ISS	Type: OTHER UED	Purpose: COMPLAINT			
Survey ID: 0145100 Results: NO STATEME	End Date: 12/20/2023 NT OF DEFICIENCY ISS	Type: OTHER UED	Purpose: COMPLAINT			
Survey ID: 0143135 Results: STATEMENT ( Statement of Deficiency:	End Date: 05/04/2023 DF DEFICIENCY ISSUED #8V5811 Served 05/		Purpose: SURVEY/COMPL	AINT		
~	Deficiencies Cited 83.37(1)(g)	<u>Subject Area</u> DISPOSITION OF MEDI	CATIONS	Compliance Verified 7/6/23	Corrected Yes	
		Enforcemen	t History (WILLOWICK0017877)			
<b>Date: 05/22/2023</b> <u>Sanctions</u> ORDER TO COMPLY	SOD #8V5811	Appealed: No				

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For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

	Complaint History (WILLOW	ICK0017877)	
Date Complaint Received: 02/05/2024	Date Investigation Completed: 04/09/2	024	
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>	
Date Complaint Received: 10/30/2023	Date Investigation Completed: 12/20/2023		
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>	
Date Complaint Received: 04/17/2023	Date Investigation Completed: 05/04/2	023	
<u>Subject Area(s)</u> RESIDENT RIGHTS	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>	

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For the period 01/30/2022 to 01/29/2025

### Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

**Facility Information** 

Facility Name: AZURA MEMORY CARE CLINTON (0013406)

Address: 805 SUE LANE, CLINTON, WI 53525

License Status: REGULAR

Licensed/Certified/Registered 08/01/2011 12:00:00AM

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

Survey History						
Survey ID: 0142575	End Date: 03/23/2023	Type: OTHER	Purpose: SURVEY/VV			
Results: NO STATEMEN	NT OF DEFICIENCY ISS	UED				
Survey ID: 0139974	End Date: 03/31/2022	Type: OTHER	Purpose: COMPLAINT/VV			
Results: ENFORCEMEN	NT ACTION					
Statement of Deficiency:	#1CL912 Served 06	/28/2022				
				Compliance		
	Deficiencies Cited	Subject Area		Verified	Corrected	
	83.32(3)(d)	RIGHTS OF RESIDEN	TS: FREE OF	3/23/23	Yes	
		MISTREATMENT				
	83.32(3)(i)	RIGHTS OF RESIDEN	TS: PROMPT AND	3/23/23	Yes	
		ADEQUATE TREATM	ENT			
	83.35(1)(b)	SOURCES USED FOR		3/23/23	Yes	
		INFORMATION				
	83.35(2)	TEMPORARY SERVIC	E PLAN	3/23/23	Yes	
	83.37(1)(i)	PRN PSYCHOTROPIC	MEDICATION	3/23/23	Yes	
	83.38(1)(b)	SUPERVISION		3/23/23	Yes	
	83.44(2)(a)	ROOMS CLEAN AND	FREE FROM ODORS	3/23/23	Yes	
	83.55(6)(b)	BATH AND TOILET A	REAS: WATER	3/23/23	Yes	
		TEMPERATURE				

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STATE OF WISCONSIN

For the period 01/30/2022 to 01/29/2025

### Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Survey ID: 0139020 End Date: 03/14/2022 Type: OTHER Purpose: VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

	Enforcement History (AZURA MEMORY CARE CLINTON0013406)						
Date: 06/28/2022	SOD #1CL912	Appealed: Yes	Decision: STIPULATION				
Sanctions							
COMPLY WITH REQUORDER TO COMPLY FORFEITURE83.32 FORFEITURE83.35 FORFEITURE83.37	COMPLY WITH DEPARTMENT PLAN OF CORRECTION COMPLY WITH REQUIREMENT ORDER TO COMPLY FORFEITURE83.32(3)(d) FORFEITURE83.35(2) FORFEITURE83.37(1)(i) FORFEITURE83.38(1)(b)						
	Complaint History (AZURA MEMORY CARE CLINTON0013406)						
Date Complaint Recei	ived: 03/14/2022	Date Investigation Co	ompleted: 03/14/2022				
<u>Subject Area(s)</u> RESIDENT RIGHTS		<u>Result</u> SUBSTANTIATED	<u>SOD #</u> 1CL912				

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For the period 01/30/2022 to 01/29/2025

### Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Facility Information** 

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

			racinty information			
Facility Name: WILLO	WICK CLINTON (001	5942)				
Address: 306 OGDEN	AVE, CLINTON, WI 53	525				
License Status: REGUI	LAR					
Licensed/Certified/Regi	stered 01/09/2017 12:00	:00AM				
<b>Regional Office: SOUT</b>	HERN REGION (MAD	ISON), (608) 264-9888				
			Survey History			
Survey ID: 0147046	End Date: 07/02/2024	Type: OTHER	Purpose: COMPLAINT			
Results: NO STATEMEN	T OF DEFICIENCY ISS	UED				
Survey ID: 0144416	End Date: 09/26/2023	Type: STANDARD	Purpose: SURVEY/COMPLA	AINT		
Results: STATEMENT C	F DEFICIENCY ISSUEI	)				
Statement of Deficiency:	#2LOG11 Served 10.	/04/2023				
	Deficiencies Cited 83.39(3)	<u>Subject Area</u> HAND WASHING		Compliance Verified 11/18/23	Corrected Yes	
Survey ID: 0140559	End Date: 08/12/2022	Type: OTHER	Purpose: VERIFICATION VISIT	[		
Results: NO STATEMEN	T OF DEFICIENCY ISS	UED				

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STATE OF WISCONSIN Bureau of Assisted Living

Madison WI 53707-7940

P.O. Box 7940

For the period 01/30/2022 to 01/29/2025

### Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### **Type: OTHER** Survey ID: 0139597 End Date: 03/14/2022 **Purpose: SURVEY/COMPLAINT Results:** ENFORCEMENT ACTION Statement of Deficiency: #I7ZB11 Served 05/19/2022 Compliance Verified **Deficiencies** Cited Corrected Subject Area 83.37(2)(a) SELF-ADMINISTERED BY RESIDENT 8/12/22 Yes 83.41(1)(c)DISHWASHING 8/12/22 Yes **Enforcement History (WILLOWICK CLINTON--0015942)** Date: 10/04/2023 SOD #2LOG11 Appealed: No Sanctions ORDER TO COMPLY Complaint History (WILLOWICK CLINTON--0015942) Date Complaint Received: 05/15/2024 Date Investigation Completed: 07/02/2024 Subject Area(s) Result SOD # PROGRAM SERVICES NOT SUBSTANTIATED Date Complaint Received: 08/16/2023 Date Investigation Completed: 09/26/2023 Subject Area(s) Result SOD # PHYSICAL ENVIRONMENT/SAFETY NOT SUBSTANTIATED PROGRAM SERVICES NOT SUBSTANTIATED Date Complaint Received: 02/04/2022 Date Investigation Completed: 03/14/2022 Subject Area(s) Result SOD # ADMINISTRATION NOT SUBSTANTIATED **RESIDENT RIGHTS** NOT SUBSTANTIATED

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For the period 01/30/2022 to 01/29/2025

### Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

**Facility Information** 

Facility Name: WILLOWICK MOMENTS CLINTON (0017456)

Address: 304 OGDEN AVE, CLINTON, WI 53525

License Status: REGULAR

Licensed/Certified/Registered 02/01/2019 12:00:00AM

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

	Survey History						
Survey ID: 0144471	End Date: 09/26/2023	Type: OTHER Purpose: VERIFICATION V	VISIT				
<b>Results:</b> NO STATEME	NT OF DEFICIENCY ISS	UED					
Survey ID: 0144470	End Date: 09/14/2023	Type: OTHER Purpose: COMPLAINT/VV					
<b>Results:</b> ENFORCEME	NT ACTION						
Survey ID: 0142047	End Date: 01/17/2023	Type: ABBREVIATED Purpose: SURVEY/	COMPLAINT				
<b>Results:</b> ENFORCEME	NT ACTION						
Statement of Deficiency	: #6W5N11 Served 02/	06/2023					
			<u>Compliance</u>				
	Deficiencies Cited	Subject Area	Verified	Corrected			
	83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	9/26/23	Yes			
	83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	9/26/23	Yes			
	83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/26/23	Yes			
	83.37(1)(g)	DISPOSITION OF MEDICATIONS	9/26/23	Yes			
	83.37(1)(j)	PROOF-OF-USE RECORD	9/26/23	Yes			
	83.41(3)(b)	FOOD SAFETY	9/26/23	Yes			

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DEPARTMENT OF HEALTH SERVICES Division of Quality Assurance Printed 02/28/2025		Provider Inspection Summary For the period 01/30/2022 to 01/29/2025 Community Based Residential FacilityCLASS CNA (NONAMBULATORY)			STATE OF WISCONSIN Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940
	83.47(2)(d)	FIRE DRILLS	9/26/23	Yes	
		Enforcement History (WILLOW	VICK MOMENTS CLINTON0017456)		
Date: 02/06/2023	SOD #6W5N11	Appealed: No			
Sanctions ORDER TO COMPLY	7				
		Complaint History (WILLOW	ICK MOMENTS CLINTON0017456)		
Date Complaint Received: 11/22/2022		Date Investigation Complet	ed: 01/04/2023		
<u>Subject Area(s)</u> PROGRAM SERVICE	ES	<u>Result</u> SUBSTANTIATED	<u>SOD #</u> 6W5N11		

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For the period 01/30/2022 to 01/29/2025

### Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

**Facility Information** 

Facility Name: KELI Address: 121 S 5TH S	ST, EVANSVILLE, WI 5	3536				
License Status: REG						
		0.00437				
Licensed/Certified/Re	gistered 08/02/1990 12:0	00:00AM				
<b>Regional Office: SOU</b>	THERN REGION (MAI	DISON), (608) 264-9888				
			Survey History			
Survey ID: 0140869	End Date: 09/22/202	2 Type: OTHER	Purpose: VERIFICATION VIS	IT		
Results: NO STATEMI	ENT OF DEFICIENCY IS	SSUED	-			
Survey ID: 0139682	End Date: 04/21/202	2 Type: ABBREVIA	ATED Purpose: SURVEY			
Results: ENFORCEMI						
Statement of Deficiency	y: #LRP811 Served 0	5/31/2022		Comuliance		
	Deficiencies Cited	Subject Area		Compliance Verified	Corrected	
	83.17(1)	LICENSEE CONDUCT BACKGROUND CHE		9/22/22	Yes	
	83.47(2)(d)	FIRE DRILLS		9/22/22	Yes	
	83.47(2)(e)	OTHER EVACUATIO	N DRILLS	9/22/22	Yes	
		Enforcem	ent History (KELLY HOUSE110260)			
Date: 05/31/2022	SOD #LRP811	Appealed: No				
Sanctions						
ORDER TO COMPLY						

#### ORDER TO COMPLY

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For the period 01/30/2022 to 01/29/2025

### Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

**Facility Information** 

Facility Name: Prairie View Manor (0020088)

Address: 111 Commercial Dr, Footville, WI 53537

License Status: REGULAR

Licensed/Certified/Registered 11/19/2024 12:00:00AM

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

			Survey History
Survey ID: 0148145	End Date: 11/14/2024	Type: OTHER	Purpose: SURVEY/COMPLAINT
Results: NO STATEME	ENT OF DEFICIENCY ISSU	ED	
Survey ID: 0147770	End Date: 09/26/2024	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEME	ENT OF DEFICIENCY ISSU	ED	
Survey ID: 0146537	End Date: 05/23/2024	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEME	ENT OF DEFICIENCY ISSU	ED	
Survey ID: 0145632	End Date: 01/27/2024	Type: INITIAL	Purpose: SURVEY
Results: PROBATIONA	ARY LICENSE ISSUED		

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For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

	Complaint History (Prairie View Manor0020088)
Date Complaint Received: 10/11/2024	Date Investigation Completed: 11/14/2024
<u>Subject Area(s)</u> PROGRAM SERVICES RESIDENT RIGHTS	ResultSOD #NOT SUBSTANTIATEDNOT SUBSTANTIATED
Date Complaint Received: 09/25/2024	Date Investigation Completed: 09/26/2024
<u>Subject Area(s)</u> RESIDENT RIGHTS	ResultSOD #NOT SUBSTANTIATED
Date Complaint Received: 05/22/2024	Date Investigation Completed: 05/23/2024
<u>Subject Area(s)</u> PHYSICAL ENVIRONMENT/SAFETY	ResultSOD #NOT SUBSTANTIATED

This is Page 68 of 69 total pages. If printing this report ensure that your printer is set to print only the desired pages.

For the period 01/30/2022 to 01/29/2025

### Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

**Facility Information** 

Facility Name: NEXT INNING (THE) (0016500)

Address: 506 NORTH MAIN ST, ORFORDVILLE, WI 53576

License Status: REGULAR

FORFEITURE---83.14(2)(j) FORFEITURE---83.32(3)(h) FORFEITURE---83.32(3)(i) FORFEITURE---83.32(3)(k) FORFEITURE---83.33(1)(c) FORFEITURE---83.35(3)(d) FORFEITURE---83.38(3)(a)

Licensed/Certified/Registered 04/01/2018 12:00:00AM

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

Survey History					
Survey ID: 0147823	End Date: 10/11/2024	Type: STANDARD	Purpose: SURVEY/COMPLAINT		
Results: NO STATEM	ENT OF DEFICIENCY ISSU	ED			
Survey ID: 0140207	End Date: 06/09/2022	Type: OTHER	Purpose: VERIFICATION VISIT		
<b>Results:</b> NO STATEM	ENT OF DEFICIENCY ISSU	ED			
Results: NO STATEM	ENT OF DEFICIENCY ISSU		istory (NEXT INNING (THE)0016500)		
Results: NO STATEM Date: 03/07/2022	ENT OF DEFICIENCY ISSU SOD #7VG411		istory (NEXT INNING (THE)0016500)		
		Enforcement H	istory (NEXT INNING (THE)0016500)		
Date: 03/07/2022 Sanctions		Enforcement H Appealed:	istory (NEXT INNING (THE)0016500)		
Date: 03/07/2022 Sanctions	SOD #7VG411 RTMENT PLAN OF CORRE	Enforcement H Appealed:	istory (NEXT INNING (THE)0016500)		
Date: 03/07/2022 Sanctions COMPLY WITH DEPAI	<b>SOD #7VG411</b> RTMENT PLAN OF CORRE S	Enforcement H Appealed:	istory (NEXT INNING (THE)0016500)		

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