

Provider Inspection Summary

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

Rock

Notes

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.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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 STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145394 **End Date:** 11/07/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R52111 Served 01/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	6/6/24	Yes
83.41(3)(b)	FOOD SAFETY	6/6/24	Yes

Enforcement History (AZURA MEMORY CARE BELOIT 12--0013403)

Date: 01/26/2024 **SOD #**R52111 **Appealed:**

Sanctions

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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 STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142711 **End Date:** 04/04/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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: ENFORCEMENT ACTION

Statement of Deficiency: #4V2G12 Served 02/19/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION		

Survey ID: 0148211 **End Date:** 10/02/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4V2G11 Served 12/04/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	1/29/25	No
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	1/29/25	Yes
83.48(1)(a)	SMOKE DETECTION SYSTEM	1/29/25	Yes

Survey ID: 0145237 **End Date:** 01/08/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144340 **End Date: 08/23/2023** **Type: OTHER** **Purpose: COMPLAINT/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7BFM12 Served 09/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	1/8/24	Yes

Survey ID: 0143603 **End Date: 05/10/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #X1V311 Served 07/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(j)	PROOF-OF-USE RECORD	1/8/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	1/8/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142547 **End Date:** 01/05/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7BFM11 Served 03/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	8/23/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/23/23	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	8/23/23	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	8/23/23	Yes
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 COMFORTABLE	8/23/23	Yes
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 STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Results: ENFORCEMENT ACTION

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

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	8/2/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (SUITES AT BELOIT (THE)--0017474)

Date: 12/04/2024 **SOD #**4V2G11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

Date: 09/27/2023 **SOD #**7BFM12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.44(2)(a)

Date: 07/11/2023 **SOD #**X1V311 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.37(2)(d)

Date: 03/23/2023 **SOD #**7BFM11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.35(3)(d)
FORFEITURE---83.37(1)(i)
FORFEITURE---83.38(1)(g)
FORFEITURE---83.41(3)(b)
FORFEITURE---83.43(1)

Date: 06/13/2022 **SOD #**1T9T13 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.37(2)(d)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SUITES AT BELOIT (THE)--0017474)

Date Complaint Received: 01/14/2025

Date Investigation Completed: 01/29/2025

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/14/2024

Date Investigation Completed: 10/01/2024

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/26/2023

Date Investigation Completed: 11/03/2023

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
2CKT11

Date Complaint Received: 09/22/2023

Date Investigation Completed: 11/03/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/25/2023

Date Investigation Completed: 08/23/2023

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
7BFM12

Date Complaint Received: 03/28/2023

Date Investigation Completed: 05/09/2023

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
X1V311

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 11/21/2022

Date Investigation Completed: 12/07/2022

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 10/20/2022

Date Investigation Completed: 12/07/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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 STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145571 **End Date:** 02/07/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145033 **End Date:** 10/20/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2B0J14 Served 12/12/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	5/1/24	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	5/1/24	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	5/1/24	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	5/1/24	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	5/1/24	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	5/1/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	5/1/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	5/1/24	Yes
83.37(2)(d)	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 MONITORING	5/1/24	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	5/1/24	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	5/1/24	Yes
83.41(2)(a)	NUTRITION: DIET	5/1/24	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

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2B0J13 Served 07/21/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
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 VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142285 End Date: 01/06/2023 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

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

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	6/7/23	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	6/7/23	Yes
83.29(2)	ADMISSION AGREEMENT	6/7/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	6/7/23	No
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	6/7/23	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	6/7/23	Yes
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 ADMINISTRATION	6/7/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	6/7/23	Yes
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES	6/7/23	Yes
83.41(3)(b)	FOOD SAFETY	6/7/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	6/7/23	Yes
83.44(1)(a)	ADEQUATE LAUNDRY APPLIANCES AVAILABLE	6/7/23	Yes
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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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QSS12 Served 12/07/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	2/28/23	Yes
83.14(2)(h)	POSTING: LICENSE, DEFICIENCIES, REVOCATIONS	2/28/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	2/28/23	Yes
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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For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140784 End Date: 07/27/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2B0J11 Served 09/16/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT	1/6/23	Yes
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	1/6/23	No
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	1/6/23	No
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	1/6/23	Yes
83.35(1)(d)	RETAIN WRITTEN REPORT OF ASSESSMENT	1/6/23	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	1/6/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	1/6/23	No
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES	1/6/23	Yes
83.38(1)(a)	PERSONAL CARE	1/6/23	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	1/6/23	Yes
83.41(2)(c)	NUTRITION: MENUS	1/6/23	Yes
83.41(3)(b)	FOOD SAFETY	1/6/23	No
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	1/6/23	No
83.45(3)	TOXIC SUBSTANCES	1/6/23	No

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

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

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
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 CHANGES	1/6/23	No
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 COMFORTABLE	1/6/23	No
83.48(3)(b)	SENSITIVITY TESTING PERFORMED	1/6/23	No

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

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QSS11 Served 07/01/2022

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

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (SV SOUTH BELOIT EAST II--0017753)

Date: 12/12/2023 **SOD #**2B0J14 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

REVOKE LICENSE
NO NEW ADMISSIONS
NNAO EXTENDED
ORDER TO COMPLY
FORFEITURE---83.12(5)(a)
FORFEITURE---83.17(1)
FORFEITURE---83.22(1-4)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.37(2)(d)
FORFEITURE---83.37(2)(e)
FORFEITURE---83.38(1)(a)
FORFEITURE---83.38(1)(g)
FORFEITURE---83.38(1)(i)
FORFEITURE---83.41(2)(c)
FORFEITURE---83.41(3)(b)
FORFEITURE---83.43(1)
FORFEITURE---83.45(3)

Date: 07/21/2023 **SOD #**2B0J13 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(h)

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Provider Inspection Summary

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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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 10/27/2022 **SOD #**V9SL13 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---83.35 (1)(a)

FORFEITURE---83.35 (3)(c)

FORFEITURE---83.35(4)

FORFEITURE---83.48(3)(b)

Date: 09/16/2022 **SOD #**2B0J11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.35(1)(a)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.36(1)(b)

FORFEITURE---83.38(1)(a)

FORFEITURE---83.38(1)(c)

FORFEITURE---83.41(2)(c)

FORFEITURE---83.43(1)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 07/01/2022 **SOD #**QQSS11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---83.32(3)(f)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.37(1)(j)
FORFEITURE---83.37(2)(d)
FORFEITURE---83.38(1)(a)
FORFEITURE---83.38(1)(b)

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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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SV SOUTH BELOIT EAST II--0017753)

Date Complaint Received: 12/27/2023

Date Investigation Completed: 02/07/2024

Subject Area(s)
 RESIDENT RIGHTS

Result
 NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/17/2023

Date Investigation Completed: 10/04/2023

Subject Area(s)
 RESIDENT RIGHTS

Result
 SUBSTANTIATED

SOD #
 2B0J14

Date Complaint Received: 05/25/2023

Date Investigation Completed: 06/07/2023

Subject Area(s)
 RESIDENT RIGHTS

Result
 NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/26/2022

Date Investigation Completed: 07/27/2022

Subject Area(s)
 RESIDENT RIGHTS

Result
 SUBSTANTIATED

SOD #
 2B0J11

Date Complaint Received: 07/19/2022

Date Investigation Completed: 07/27/2022

Subject Area(s)
 ADMINISTRATION
 PROGRAM SERVICES
 RESIDENT RIGHTS

Result
 SUBSTANTIATED
 SUBSTANTIATED
 SUBSTANTIATED

SOD #
 2B0J11
 2B0J11
 2B0J11

Date Complaint Received: 02/01/2022

Date Investigation Completed: 03/11/2022

Subject Area(s)
 PROGRAM SERVICES
 RESIDENT RIGHTS
 STAFF TRAINING AND PROFICIENCY

Result
 SUBSTANTIATED
 SUBSTANTIATED
 SUBSTANTIATED

SOD #
 QQSS11
 QQSS11
 QQSS11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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 STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144631 **End Date:** 10/18/2023 **Type:** OTHER **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S66114 Served 10/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	1/22/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	1/22/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	1/22/24	Yes
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION	1/22/24	Yes
83.38(1)(g)	HEALTH MONITORING	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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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.55(6)(b) BATH AND TOILET AREAS: WATER TEMPERATURE 1/22/24 Yes

Survey ID: 0143697 End Date: 05/18/2023 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S66113 Served 07/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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 TEMPERATURE	10/18/23	No

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142107 **End Date:** 12/28/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S66112 Served 02/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	5/18/23	No
83.14(2)(h)	POSTING: LICENSE, DEFICIENCIES, REVOCATIONS	5/18/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	5/18/23	No
83.34(2)(c)	WRITTEN REPORT OF RESIDENT ACCOUNT	5/18/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	5/18/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	5/18/23	Yes
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 TEMPERATURE	5/18/23	No

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S66111 Served 08/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT	12/28/22	Yes
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	12/28/22	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	12/28/22	No
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 MISTREATMENT	12/28/22	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	12/28/22	No
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	12/28/22	Yes
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 REVIEW	12/28/22	Yes
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 ADMINISTRATION	12/28/22	No
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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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (SV SOUTH BELOIT EAST--0017754)

Date: 10/26/2023 **SOD #**S66I14 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NNAO EXTENDED
ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.37(2)(d)
FORFEITURE---83.37(3)(h)
FORFEITURE---83.38(1)(g)
FORFEITURE---83.55(6)(b)

Date: 07/20/2023 **SOD #**S66I13 **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---83.37(2)(c)
FORFEITURE---83.37(2)(d)
FORFEITURE---83.38(1)(g)
FORFEITURE---83.55(6)(b)

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Provider Inspection Summary

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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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SV SOUTH BELOIT EAST--0017754)

Date Complaint Received: 11/11/2022

Date Investigation Completed: 12/28/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

S66I12

PROGRAM SERVICES

SUBSTANTIATED

S66I12

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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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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 VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147216 **End Date:** 06/11/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GU6119 Served 08/05/2024

<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	10/24/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/24/24	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	10/24/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	10/24/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0145596 **End Date: 11/13/2023** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GU6118 Served 02/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	6/11/24	No
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	6/11/24	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	6/11/24	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	6/11/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	6/11/24	No
83.38(1)(g)	HEALTH MONITORING	6/11/24	Yes

Survey ID: 0144301 **End Date: 07/17/2023** **Type: OTHER** **Purpose: COMPLAINT/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GU6117 Served 09/21/2023

<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	11/13/23	Yes
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	11/13/23	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	11/13/23	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	11/13/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	11/13/23	Yes
83.45(3)	TOXIC SUBSTANCES	11/13/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143071 **End Date: 03/01/2023** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GU6116 Served 05/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.14(2)(h)	POSTING: LICENSE, DEFICIENCIES, REVOCATIONS	7/17/23	Yes
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**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GU6115 Served 12/07/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.14(2)(h)	POSTING: LICENSE, DEFICIENCIES, REVOCATIONS	3/1/23	No
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	3/1/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	3/1/23	Yes
83.39(1)	INFECTION CONTROL PROGRAM	3/1/23	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	3/1/23	No
83.45(3)	TOXIC SUBSTANCES	3/1/23	No

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Results: STATEMENT OF DEFICIENCY ISSUED

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

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (SV SOUTH BELOIT NORTH--0017756)

Date: 08/05/2024 **SOD #**GU6119 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37 (3)(d)

Date: 09/21/2023 **SOD #**GU6117 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.12(2)(a)

FORFEITURE---83.35(1)(C)

FORFEITURE---83.35(3)(c)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.45 (3)

Date: 05/16/2023 **SOD #**GU6116 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.14(2)(h)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.37(1)(k)

FORFEITURE---83.38(1)(g)

FORFEITURE---83.44(2)(a)

FORFEITURE---83.45 (3)

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Provider Inspection Summary

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

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.35(1)(C)
FORFEITURE---83.37 (2)(d)
FORFEITURE---83.39(1)
FORFEITURE---83.45 (3)

Date: 07/12/2022 **SOD #**ORJ411 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 06/13/2022 **SOD #**GU6114 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.37(3)(g)
FORFEITURE---83.45 (3)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SV SOUTH BELOIT NORTH--0017756)

Date Complaint Received: 05/10/2024

Date Investigation Completed: 06/11/2024

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/10/2023

Date Investigation Completed: 11/13/2023

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

Result
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #
GU6118
GU6118
GU6118

Date Complaint Received: 07/05/2023

Date Investigation Completed: 07/17/2023

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
GU6117

Date Complaint Received: 04/19/2022

Date Investigation Completed: 06/06/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

ORJ411

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146290 **End Date:** 05/01/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144123 **End Date:** 08/03/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #705415 Served 09/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	5/1/24	Yes
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	5/1/24	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	5/1/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	5/1/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142760 End Date: 02/16/2023 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

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

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	7/19/23	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	7/19/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	7/19/23	No
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	7/19/23	No
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	7/19/23	Yes
83.38(1)(a)	PERSONAL CARE	7/19/23	No
83.38(1)(c)	LEISURE TIME ACTIVITIES	7/19/23	Yes
83.38(1)(g)	HEALTH MONITORING	7/19/23	No
83.39(3)	HAND WASHING	7/19/23	No
83.41(1)(c)	DISHWASHING	7/19/23	No
83.41(3)(b)	FOOD SAFETY	7/19/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	7/19/23	No
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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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141453 **End Date:** 08/26/2022 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #705413 Served 12/01/2022

<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	2/16/23	No
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	2/16/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	2/16/23	No
83.41(1)(c)	DISHWASHING	2/16/23	No
83.42(1)	RESIDENT RECORD MAINTAINED	2/16/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	2/16/23	No
83.48(1)(a)	SMOKE DETECTION SYSTEM	2/16/23	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS 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

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
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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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (SV SOUTH BELOIT TERRACE--0017749)

Date: 09/07/2023 **SOD #**705415 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

REVOKE LICENSE
NNAO EXTENDED
FORFEITURE---83.14(2)(i)
FORFEITURE---83.17(2)(a)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(3)(c)
FORFEITURE---83.37(2)(d)
FORFEITURE---83.38(1)(a)
FORFEITURE---83.38(1)(g)
FORFEITURE---83.39(3)
FORFEITURE---83.41(1)(c)
FORFEITURE---83.43(1)

Date: 04/14/2023 **SOD #**705414 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(3)(c)
FORFEITURE---83.37(2)(e)
FORFEITURE---83.38(1)(a)
FORFEITURE---83.38(1)(c)
FORFEITURE---83.38(1)(g)
FORFEITURE---83.41(1)(c)
FORFEITURE---83.41(3)(b)
FORFEITURE---83.43(1)
FORFEITURE---83.48(1)(a)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 12/01/2022 **SOD #**705413 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(h)
FORFEITURE---83.42(1)

Date: 05/31/2022 **SOD #**705412 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.37(3)(c)
FORFEITURE---83.46(1)(f)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SV SOUTH BELOIT TERRACE--0017749)

Date Complaint Received: 10/30/2024

Date Investigation Completed: 12/11/2024

Subject Area(s)
 PROGRAM SERVICES

Result SOD #
 NOT SUBSTANTIATED

Date Complaint Received: 07/12/2023

Date Investigation Completed: 07/19/2023

Subject Area(s)
 PROGRAM SERVICES
 PROGRAM SERVICES
 RESIDENT RIGHTS

Result SOD #
 SUBSTANTIATED 705415
 NOT SUBSTANTIATED
 NOT SUBSTANTIATED

Date Complaint Received: 07/03/2023

Date Investigation Completed: 07/19/2023

Subject Area(s)
 ADMINISTRATION
 PHYSICAL ENVIRONMENT/SAFETY
 PROGRAM SERVICES
 STAFF TRAINING AND PROFICIENCY

Result SOD #
 SUBSTANTIATED 705415
 NOT SUBSTANTIATED
 SUBSTANTIATED 705415
 SUBSTANTIATED 705415

Date Complaint Received: 05/15/2023

Date Investigation Completed: 07/19/2023

Subject Area(s)
 PROGRAM SERVICES

Result SOD #
 SUBSTANTIATED 705415

Date Complaint Received: 01/19/2023

Date Investigation Completed: 01/26/2023

Subject Area(s)
 ADMINISTRATION
 PROGRAM SERVICES
 HCBS

Result SOD #
 SUBSTANTIATED 705414
 SUBSTANTIATED 705414
 SUBSTANTIATED 705414

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 01/10/2023

Date Investigation Completed: 01/26/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

705414

Date Complaint Received: 01/05/2023

Date Investigation Completed: 01/26/2023

Subject Area(s)

Result

SOD #

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)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

705413

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

705413

Date Complaint Received: 02/15/2022

Date Investigation Completed: 03/01/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

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: ENFORCEMENT ACTION

Statement of Deficiency: #ZKXU12 Served 10/01/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.38(1)(g)	HEALTH MONITORING		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0145512 End Date: 11/10/2023 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZKXU11 Served 02/07/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	7/22/24	No
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	7/22/24	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	7/22/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	7/22/24	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	7/22/24	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	7/22/24	Yes
83.38(1)(g)	HEALTH MONITORING	7/22/24	No
83.55(3)	BATH AND TOILET AREAS: HAND DRYING	7/22/24	Yes

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

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142407 **End Date:** 12/08/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #00KH13 Served 03/09/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	6/29/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	6/29/23	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	6/29/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	6/29/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	6/29/23	Yes
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

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	12/8/22	No
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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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (SV SOUTH BELOIT WEST--0017752)

Date: 10/01/2024 **SOD #**ZKXU12 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(g)

Date: 02/07/2024 **SOD #**ZKXU11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(3)(c)
FORFEITURE---83.36(1)(b)
FORFEITURE---83.38(1)(g)

Date: 03/09/2023 **SOD #**00KH13 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.32(3)(n)
FORFEITURE---83.35(3)(a)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.39(3)
FORFEITURE---83.41(1)(c)
FORFEITURE---83.45(5)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 07/29/2022

SOD #00KH12

Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(h)

Complaint History (SV SOUTH BELOIT WEST--0017752)

Date Complaint Received: 09/13/2023

Date Investigation Completed: 11/08/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

ZKXU11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

ZKXU11

Date Complaint Received: 11/10/2022

Date Investigation Completed: 12/08/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

00KH13

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #VFWG11 Served 04/12/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143078 **End Date: 03/01/2023** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #515112 Served 05/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	12/19/23	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	12/19/23	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED 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 STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140441 **End Date: 05/16/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #515111 Served 08/15/2022

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (WILLOWICK BELOIT--0016999)

Date: 04/12/2024 **SOD #**VFWG11 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 05/17/2023 **SOD #**5I5112 **Appealed:**

Sanctions
ORDER TO COMPLY
FORFEITURE---83.12(5)(a)

Date: 08/15/2022 **SOD #**5I5111 **Appealed:**

Sanctions
ORDER TO COMPLY
FORFEITURE---83.32(3)(h)

Complaint History (WILLOWICK BELOIT--0016999)

Date Complaint Received: 03/01/2024 **Date Investigation Completed:** 04/09/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	VFWG11

Date Complaint Received: 12/28/2022 **Date Investigation Completed:** 02/21/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	5I5112

Date Complaint Received: 05/09/2022 **Date Investigation Completed:** 05/16/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	5I5111
RESIDENT RIGHTS	SUBSTANTIATED	5I5111

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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 ISSUED

Statement of Deficiency: #X1G211 Served 10/18/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(6)	DOCUMENTATION REQUIREMENTS FOR WRITTEN REPORT	12/2/24	Yes

Survey ID: 0147769 **End Date:** 09/24/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147420 **End Date:** 08/20/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0146158 **End Date: 03/17/2024** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LO6W11 Served 04/17/2024

<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	8/20/24	Yes
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY	8/20/24	Yes
83.38(1)(g)	HEALTH MONITORING	8/20/24	Yes

Survey ID: 0143979 **End Date: 08/14/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141373 **End Date: 11/02/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140573 **End Date: 08/15/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139257 **End Date: 03/31/2022** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (WILLOWICK MOMENTS--0018180)

Date: 10/18/2024 **SOD #**X1G211 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 04/17/2024 **SOD #**LO6W11 **Appealed:** No

Sanctions
ORDER TO COMPLY
FORFEITURE---83.32(3)(h)
FORFEITURE---83.38(1)(g)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (WILLOWICK MOMENTS--0018180)

Date Complaint Received: 09/23/2024	Date Investigation Completed: 10/02/2024
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED
	<u>SOD #</u>
Date Complaint Received: 08/14/2024	Date Investigation Completed: 09/25/2024
<u>Subject Area(s)</u> RESIDENT RIGHTS	<u>Result</u> NOT SUBSTANTIATED
	<u>SOD #</u>
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
	<u>SOD #</u>

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WILLOWICK (0017877)
Address: 2240 CRANSTON RD, BELOIT, WI 53511
License Status: REGULAR
Licensed/Certified/Registered: 12/12/2019 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0146166 **End Date:** 04/09/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145100 **End Date:** 12/20/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143135 **End Date:** 05/04/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #8V5811 Served 05/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(g)	DISPOSITION OF MEDICATIONS	7/6/23	Yes

Enforcement History (WILLOWICK--0017877)

Date: 05/22/2023 **SOD #**8V5811 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (WILLOWICK--0017877)

Date Complaint Received: 02/05/2024

Date Investigation Completed: 04/09/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/30/2023

Date Investigation Completed: 12/20/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/17/2023

Date Investigation Completed: 05/04/2023

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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 STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139974 **End Date:** 03/31/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1CL912 Served 06/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	3/23/23	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	3/23/23	Yes
83.35(1)(b)	SOURCES USED FOR ASSESSMENT INFORMATION	3/23/23	Yes
83.35(2)	TEMPORARY SERVICE 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 AREAS: WATER TEMPERATURE	3/23/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (AZURA MEMORY CARE CLINTON--0013406)

Date: 06/28/2022 SOD #1CL912 Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.32(3)(d)
FORFEITURE---83.35(2)
FORFEITURE---83.37(1)(i)
FORFEITURE---83.38(1)(b)
FORFEITURE---83.55(6)(b)

Complaint History (AZURA MEMORY CARE CLINTON--0013406)

Date Complaint Received: 03/14/2022 Date Investigation Completed: 03/14/2022

Subject Area(s)	Result	SOD #
RESIDENT RIGHTS	SUBSTANTIATED	1CL912

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WILLOWICK CLINTON (0015942)
Address: 306 OGDEN AVE, CLINTON, WI 53525
License Status: REGULAR
Licensed/Certified/Registered 01/09/2017 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147046 **End Date:** 07/02/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144416 **End Date:** 09/26/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #2LOG11 Served 10/04/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.39(3)	HAND WASHING	11/18/23	Yes

Survey ID: 0140559 **End Date:** 08/12/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139597 End Date: 03/14/2022 Type: OTHER Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I7ZB11 Served 05/19/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 08/16/2023

Date Investigation Completed: 09/26/2023

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 02/04/2022

Date Investigation Completed: 03/14/2022

Subject Area(s)
ADMINISTRATION
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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 VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144470 **End Date:** 09/14/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Survey ID: 0142047 **End Date:** 01/17/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6W5N11 Served 02/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
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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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.47(2)(d)

FIRE DRILLS

9/26/23

Yes

Enforcement History (WILLOWICK MOMENTS CLINTON--0017456)

Date: 02/06/2023

SOD #6W5N11

Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (WILLOWICK MOMENTS CLINTON--0017456)

Date Complaint Received: 11/22/2022

Date Investigation Completed: 01/04/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

6W5N11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: KELLY HOUSE (110260)

Address: 121 S 5TH ST, EVANSVILLE, WI 53536

License Status: REGULAR

Licensed/Certified/Registered 08/02/1990 12:00:00AM

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

Survey History

Survey ID: 0140869 End Date: 09/22/2022 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139682 End Date: 04/21/2022 Type: ABBREVIATED Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LRP811 Served 05/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	9/22/22	Yes
83.47(2)(d)	FIRE DRILLS	9/22/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	9/22/22	Yes

Enforcement History (KELLY HOUSE--110260)

Date: 05/31/2022 SOD #LRP811 Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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 STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147770 **End Date:** 09/26/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146537 **End Date:** 05/23/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145632 **End Date:** 01/27/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (Prairie View Manor--0020088)

Date Complaint Received: 10/11/2024

Date Investigation Completed: 11/14/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 09/25/2024

Date Investigation Completed: 09/26/2024

Subject Area(s)
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 05/22/2024

Date Investigation Completed: 05/23/2024

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Result SOD #
NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: NEXT INNING (THE) (0016500)

Address: 506 NORTH MAIN ST, ORFORDVILLE, WI 53576

License Status: REGULAR

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 STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140207 **End Date:** 06/09/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (NEXT INNING (THE)--0016500)

Date: 03/07/2022 **SOD #**7VG411 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.12(2)(a)

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)

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