

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Notes

Rock

This report includes Provider Inspection Summaries (Facility Profiles) for Residential Care Apartment Complexes in Rock County.

The report is a PDF (Adobe Acrobat) document and includes a total of 24.00 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 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: BELOIT SENIOR LIVING (0016888)
Address: 2250 W HART RD, BELOIT, WI 53511
License Status: REGULAR
Licensed/Certified/Registered 11/10/2017 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0136911 **End Date:** 8/4/2021 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: RIVERSIDE TERRACE (0010295)
Address: 3055 S RIVERSIDE DRIVE, BELOIT, WI 53511
License Status: REGULAR
Licensed/Certified/Registered 6/1/2001 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

No survey activity during the period 5/15/20 to 5/15/23

This is Page 3 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: WILLOWICK SENIOR LIVING BELOIT (0018181)
Address: 3024 SOUTH BARTELLS DRIVE, BELOIT, WI 53511
License Status: REGULAR
Licensed/Certified/Registered 9/2/2020 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142553 **End Date:** 3/16/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136461 **End Date:** 6/7/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135894 **End Date:** 3/12/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PNCD11 Served 3/31/2021

Deficiencies Cited
89.35(1)

Subject Area
GRIEVANCES

Compliance
Verified
6/7/21

Corrected
Yes

Survey ID: 0134827 **End Date:** 9/2/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 4 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

Enforcement History (WILLOWICK SENIOR LIVING BELOIT--0018181)

Date: 3/31/2021 SOD #PNCD11 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (WILLOWICK SENIOR LIVING BELOIT--0018181)

Date Complaint Received: 3/1/2021 Date Investigation Completed: 3/12/2021

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
PNCD11

This is Page 5 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: SWIFTHAVEN COMMUNITY (0013881)

Address: 124 HENRY ST, EDGERTON, WI 53534

License Status: REGULAR

Licensed/Certified/Registered 10/1/2011 12:00:00AM

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

Survey History

Survey ID: 0142928 **End Date:** 2/8/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #O9EV12 Served 5/4/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.28(2)(a)1	RISK AGREEMENT		
89.28(2)(a)5	RISK AGREEMENT		

Survey ID: 0141487 **End Date:** 9/22/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #O9EV11 Served 12/7/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(3)(f)	SERVICES	2/8/23	Yes
89.26(3)(b)	PARTICIPATION IN THE ASSESSMENT	2/8/23	Yes

Survey ID: 0135418 **End Date:** 1/6/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 6 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0135050 End Date: 10/7/2020 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (SWIFTHAVEN COMMUNITY--0013881)

Date: 5/4/2023	SOD #O9EV12	Appealed:	Decision: PENDING
----------------	-------------	-----------	-------------------

Sanctions

ORDER TO COMPLY
FORFEITURE---89.28 (2)(a)5

Date: 12/7/2022	SOD #O9EV11	Appealed: No
-----------------	-------------	--------------

Sanctions

ORDER TO COMPLY

This is Page 7 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

Complaint History (SWIFTHAVEN COMMUNITY--0013881)

Date Complaint Received: 1/30/2023

Date Investigation Completed: 2/8/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 12/8/2022

Date Investigation Completed: 2/1/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 12/8/2020

Date Investigation Completed: 1/6/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 9/30/2020

Date Investigation Completed: 10/7/2020

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

This is Page 8 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: HEIGHTS OF EVANSVILLE (0017660)
Address: 201 N 4TH ST, EVANSVILLE, WI 53536
License Status: REGULAR
Licensed/Certified/Registered 7/12/2019 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142677 **End Date:** 1/11/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #B6QC11 Served 4/5/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.26(4)	ANNUAL REVIEW		

Survey ID: 0141239 **End Date:** 10/20/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140424 **End Date:** 5/2/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3T6511 Served 8/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(a)2.c	SERVICES	10/20/22	Yes
89.34(16)	TENANT RIGHTS	10/20/22	Yes
89.54	REPORTING OF CHANGES	10/20/22	Yes

This is Page 9 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0138667 **End Date:** 1/5/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OLGP11 Served 2/10/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.25(1)(c)	SCHEDULE OF FEES FOR SERVICES.	4/18/22	Yes

Survey ID: 0136883 **End Date:** 7/30/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134977 **End Date:** 10/15/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134825 **End Date:** 9/3/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #F9FD11 Served 9/21/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.26(4)	ANNUAL REVIEW	10/15/20	

This is Page 10 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

Enforcement History (HEIGHTS OF EVANSVILLE--0017660)

Date: 4/5/2023 **SOD #**B6QC11 **Appealed:** No

Sanctions
ORDER TO COMPLY
FORFEITURE---89.26(4)

Date: 8/12/2022 **SOD #**3T6511 **Appealed:**

Sanctions
ORDER TO COMPLY
FORFEITURE---83.23(2)(a)2.c

Date: 2/10/2022 **SOD #**OLGP11 **Appealed:** No

Sanctions
ORDER TO COMPLY

This is Page 11 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

Complaint History (HEIGHTS OF EVANSVILLE--0017660)

Date Complaint Received: 10/13/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 10/20/2022

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 4/14/2022

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 5/2/2022

Result

SUBSTANTIATED

SOD #

3T6511

Date Complaint Received: 12/21/2021

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 1/5/2022

Result

SUBSTANTIATED

SOD #

OLGP11

Date Complaint Received: 7/6/2021

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 7/30/2021

Result

NOT SUBSTANTIATED

SOD #

This is Page 12 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: KELLY HOUSE ASSISTED LIVING APARTMENTS (0010246)

Address: 121 SOUTH FIFTH ST, EVANSVILLE, WI 53536

License Status: REGULAR

Licensed/Certified/Registered 7/1/1997 12:00:00AM

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

Survey History

Survey ID: 0140891 **End Date:** 9/22/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138888 **End Date:** 1/18/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KG2T11 Served 3/7/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	9/22/22	Yes
89.34(17)	TENANT RIGHTS	9/22/22	Yes

Enforcement History (KELLY HOUSE ASSISTED LIVING APARTMENTS--0010246)

Date: 3/7/2022 **SOD #**KG2T11 **Appealed:** No

Sanctions

ORDER TO COMPLY

This is Page 13 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: CEDAR CREST WATERFORD PLACE APARTMENTS (0010302)

Address: 1700 SOUTH RIVER RD, JANESVILLE, WI 53546

License Status: REGULAR

Licensed/Certified/Registered 7/1/2002 12:00:00AM

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

Survey History

Survey ID: 0135363 **End Date:** 12/15/2020 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CEDAR CREST WATERFORD PLACE APARTMENTS--0010302)

Date Complaint Received: 11/24/2020

Date Investigation Completed: 12/15/2020

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

This is Page 14 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: HUNTINGTON (THE) (0014099)
Address: 3801 N WRIGHT RD, JANESVILLE, WI 53546
License Status: REGULAR
Licensed/Certified/Registered 4/13/2012 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0141513	End Date: 11/16/2022	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0139550	End Date: 4/14/2022	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0138202	End Date: 12/22/2021	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0135309	End Date: 12/10/2020	Type: STANDARD	Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			

Complaint History (HUNTINGTON (THE)--0014099)

Date Complaint Received: 3/29/2022	Date Investigation Completed: 4/14/2022
<u>Subject Area(s)</u> RESIDENT RIGHTS	<u>Result</u> NOT SUBSTANTIATED
	<u>SOD #</u>

This is Page 15 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: OAK PARK PLACE OF JANESVILLE RCAC (0017018)

Address: 700 MYRTLE WAY, JANESVILLE, WI 53545

License Status: REGULAR

Licensed/Certified/Registered 6/15/2018 12:00:00AM

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

Survey History

Survey ID: 0143003 **End Date:** 3/21/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZTTI11 Served 5/9/2023

Deficiencies Cited
89.34(16)

Subject Area
TENANT RIGHTS

Compliance
Verified

Corrected

Survey ID: 0136240 **End Date:** 4/29/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135508 **End Date:** 1/26/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IBC311 Served 2/1/2021

Deficiencies Cited
89.24(3)(a)

Subject Area
HOURS OF SERVICE

Compliance
Verified
4/29/21

Corrected
Yes

This is Page 16 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0135399 **End Date:** 12/17/2020 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134975 **End Date:** 10/1/2020 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J55R11 Served 10/16/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.28(1)	RISK AGREEMENT	12/17/20	Yes

Enforcement History (OAK PARK PLACE OF JANESVILLE RCAC--0017018)

Date: 5/9/2023 **SOD #**ZTTI11 **Appealed:** **Decision:** PENDING

Sanctions
ORDER TO COMPLY
FORFEITURE---89.34(16)

Date: 2/1/2021 **SOD #**IBC311 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 10/15/2020 **SOD #**J55R11 **Appealed:**

Sanctions
ORDER TO COMPLY
FORFEITURE---89.28(1)

This is Page 17 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

Complaint History (OAK PARK PLACE OF JANESVILLE RCAC--0017018)

Date Complaint Received: 1/5/2021

Date Investigation Completed: 1/26/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

IBC311

Date Complaint Received: 9/22/2020

Date Investigation Completed: 10/1/2020

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

This is Page 18 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: WILLOWICK (0016711)
Address: 2860 LIBERTY LANE, JANESVILLE, WI 53545
License Status: REGULAR
Licensed/Certified/Registered 8/31/2017 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142206 **End Date:** 1/31/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141621 **End Date:** 8/20/2022 **Type:** OTHER **Purpose:** COMPLAINT
Results: ENFORCEMENT ACTION

Statement of Deficiency: #2K7211 Served 12/15/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(a)2.b	SERVICES		
89.24(3)(a)	HOURS OF SERVICE		
89.29(3)(b)	ADMISSION & RETENTION OF TENANTS		

This is Page 19 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0140908 **End Date:** 5/29/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BXVC11 Served 10/3/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(1)	SERVICES		
89.23(2)(a)2.a	SERVICES		
89.23(2)(a)2.b	SERVICES		
89.23(2)(a)2.c	SERVICES		
89.26(1)	COMPREHENSIVE ASSESSMENT		
89.34(1)	TENANT RIGHTS		
89.34(18)	TENANT RIGHTS		

Survey ID: 0139566 **End Date:** 4/29/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137954 **End Date:** 11/29/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138625 **End Date:** 10/12/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WSF511 Served 2/7/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.034(1)	RESIDENTIAL CARE APARTMENT COMPLEXES	4/29/22	Yes

This is Page 20 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0137387 **End Date:** 7/26/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #50Y313 Served 10/4/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.27(2)(a)1	SERVICE AGREEMENT	11/29/21	Yes

Survey ID: 0136261 **End Date:** 4/20/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #50Y312 Served 5/20/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(b)1	SERVICES	10/4/21	Yes
89.26(2)(a)	COMPREHENSIVE ASSESSMENT	10/4/21	Yes

Survey ID: 0135509 **End Date:** 1/21/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #50Y311 Served 2/1/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.28(1)	RISK AGREEMENT	4/19/21	No

This is Page 21 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

Enforcement History (WILLOWICK--0016711)

Date: 12/15/2022 **SOD #2K7211** **Appealed: Yes** **Decision: PENDING**

Sanctions

ORDER TO COMPLY

FORFEITURE---89.23(2)(a)2.b.

FORFEITURE---89.24 (3)(a)

FORFEITURE---89.29(3)(b)

Date: 10/3/2022 **SOD #BXVC11** **Appealed: Yes** **Decision: PENDING**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---89.23(1)

FORFEITURE---89.23(2)(a)2.a

FORFEITURE---89.23(2)(a)2.c

FORFEITURE---89.26(1)

FORFEITURE---89.34(18)

Date: 2/7/2022 **SOD #WSF511** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

Date: 10/4/2021 **SOD #50Y313** **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---89.27(2)(a)1

This is Page 22 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

Date: 5/19/2021 **SOD #**50Y312 **Appealed:**

Sanctions
ORDER TO COMPLY
FORFEITURE---89.23(2)(b)1

Date: 2/1/2021 **SOD #**50Y311 **Appealed:** No

Sanctions
ORDER TO COMPLY

Complaint History (WILLOWICK--0016711)

Date Complaint Received: 12/28/2022

Date Investigation Completed: 2/1/2023

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 6/24/2022

Date Investigation Completed: 8/20/2022

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
2K7211

Date Complaint Received: 4/6/2022

Date Investigation Completed: 5/27/2022

Subject Area(s)
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
BXVC11
BXVC11

Date Complaint Received: 2/8/2021

Date Investigation Completed: 4/19/2021

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
50Y312

Date Complaint Received: 12/14/2020

Date Investigation Completed: 1/21/2021

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

This is Page 23 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: MILTON SENIOR LIVING LLC (0013981)
Address: 600 W SUNSET DR, MILTON, WI 53563
License Status: REGULAR
Licensed/Certified/Registered 2/1/2012 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0140493 **End Date:** 7/21/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136302 **End Date:** 5/6/2021 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 24 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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.