

Provider Inspection Summary

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

Sheboygan

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community-Based Residential Facilities in Sheboygan 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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CEDAR GROVE GARDENS I (0012460)

Address: 606 VAN ALTENA AVE, CEDAR GROVE, WI 53013

License Status: REGULAR

Licensed/Certified/Registered 08/01/2009 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147544 **End Date:** 09/05/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CEDAR GROVE GARDENS I--0012460)

Date Complaint Received: 12/02/2024

Date Investigation Completed: 02/19/2025

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CEDAR GROVE GARDENS II (0012461)

Address: 626 VAN ALTENA AVE, CEDAR GROVE, WI 53013

License Status: REGULAR

Licensed/Certified/Registered 08/01/2009 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147788 **End Date:** 07/22/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DKWV11 Served 10/09/2024

<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	11/23/24	
83.39(3)	HAND WASHING	11/23/24	
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	11/23/24	

Survey ID: 0144025 **End Date:** 06/15/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TN5B11 Served 08/24/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	10/8/23	Yes

Survey ID: 0140745 **End Date:** 09/13/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CEDAR GROVE GARDENS II--0012461)

Date Complaint Received: 03/22/2024

Date Investigation Completed: 07/22/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 09/21/2022

Date Investigation Completed: 06/15/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 01/31/2022

Date Investigation Completed: 09/13/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BANCROFT HAUS OF HARVEST HOME SR LIVING SERV (0014219)

Address: 2005 APPLETREE RD, HOWARDS GROVE, WI 53083

License Status: REGULAR

Licensed/Certified/Registered 08/01/2013 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147111 **End Date:** 07/25/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BRAEBURN HAUS OF HARVEST HOME SR LIVING SERVIC (0014220)

Address: 2003 APPLETREE RD, HOWARDS GROVE, WI 53083

License Status: REGULAR

Licensed/Certified/Registered 08/01/2013 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148295 **End Date:** 09/19/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #86PU11 Served 12/12/2024

<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	2/17/25	Yes

Survey ID: 0145953 **End Date:** 03/20/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (BRAEBURN HAUS OF HARVEST HOME SR LIVING SERVIC--0014220)

Date: 12/12/2024 **SOD #**86PU11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---N352 83.32(3)(h)

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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (BRAEBURN HAUS OF HARVEST HOME SR LIVING SERVIC--0014220)

Date Complaint Received: 07/30/2024

Date Investigation Completed: 09/19/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

86PU11

Date Complaint Received: 09/14/2023

Date Investigation Completed: 03/20/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CAMEO HOUSE OF HARVEST HOME SENIOR LVG SERVICES (0016494)

Address: 2002 APPLETREE RD, HOWARDS GROVE, WI 53083

License Status: REGULAR

Licensed/Certified/Registered 01/26/2017 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147112 **End Date:** 07/25/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141471 **End Date:** 11/30/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CAMEO HOUSE OF HARVEST HOME SENIOR LVG SERVICES--0016494)

Date Complaint Received: 06/01/2022

Date Investigation Completed: 11/30/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CORTLAND HOUSE OF HARVEST HOME SENIOR LVG SERVICES (0016493)

Address: 2004 APPLETREE RD, HOWARDS GROVE, WI 53083

License Status: REGULAR

Licensed/Certified/Registered 01/26/2017 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0144770 **End Date:** 11/08/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Compassionate Heights (0019055)

Address: N1495 COUNTY ROAD A, KEWASKUM, WI 53040

License Status: PROBATIONARY

Licensed/Certified/Registered 11/26/2025 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148182 **End Date:** 11/26/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PINE HAVEN CHRISTIAN COMMUNITIES - OOSTBURG (0013004)

Address: 701 PINE DR, OOSTBURG, WI 53070

License Status: REGULAR

Licensed/Certified/Registered 12/31/2009 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0139966 **End Date:** 06/27/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: KINDREDHEARTS PLYMOUTH (0009719)

Address: 112 S RIVER BLVD, PLYMOUTH, WI 53073

License Status: REGULAR

Licensed/Certified/Registered 05/01/2003 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0143902 **End Date:** 08/10/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SONGBIRD POND ASSISTED LIVING (0017490)

Address: 1900 ARBOR VIEW DR, PLYMOUTH, WI 53073

License Status: REGULAR

Licensed/Certified/Registered 02/28/2019 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0143973 **End Date:** 08/09/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #GVLJ11 Served 08/22/2023

<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	10/21/23	Yes

Survey ID: 0139407 **End Date:** 04/27/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (SONGBIRD POND ASSISTED LIVING--0017490)

Date Complaint Received: 05/03/2023

Date Investigation Completed: 08/09/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WATERFORD AT PLYMOUTH I (THE) (0015201)

Address: 2581 VALLEY RD, PLYMOUTH, WI 53073

License Status: REGULAR

Licensed/Certified/Registered 08/19/2014 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148500 **End Date:** 09/30/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y51W11 Served 01/15/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(f)	PRIVACY		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.19	ORIENTATION		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS		
83.37(1)(g)	DISPOSITION OF MEDICATIONS		
83.47(2)(d)	FIRE DRILLS		
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS		

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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139666 End Date: 05/17/2022 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #BM6111 Served 05/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	7/11/22	
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	7/11/22	

Enforcement History (WATERFORD AT PLYMOUTH I (THE)--0015201)

Date: 01/15/2025 SOD #Y51W11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---N 230 83.19
FORFEITURE---N 243 83.21(1)-(3)
FORFEITURE---N 389 83.35(3)(d)
FORFEITURE---N 406 83.37(1)(g)
FORFEITURE---N 631 83.59(1)(a)

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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (WATERFORD AT PLYMOUTH I (THE)--0015201)

Date Complaint Received: 08/21/2024

Date Investigation Completed: 09/30/2025

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 04/15/2022

Date Investigation Completed: 05/17/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

BM6111

RESIDENT RIGHTS

SUBSTANTIATED

BM6111

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

BM6111

PROGRAM SERVICES

SUBSTANTIATED

BM6111

RESIDENT RIGHTS

SUBSTANTIATED

BM6111

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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WATERFORD AT PLYMOUTH III (THE) (0015204)

Address: 2586 VALLEY RD, PLYMOUTH, WI 53073

License Status: REGULAR

Licensed/Certified/Registered 08/19/2014 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148358 **End Date:** 09/24/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q10E11 Served 12/19/2024

Deficiencies Cited
50.09(1)(f)

Subject Area
PRIVACY

Compliance
Verified

Corrected

Survey ID: 0146868 **End Date:** 05/08/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #4SIZ11 Served 07/08/2024

Deficiencies Cited
83.12(4)(a)

Subject Area
REPORTING WHEN RESIDENT'S
WHEREABOUTS UNKNOWN

Compliance
Verified
8/22/24

Corrected
Yes

Survey ID: 0139670 **End Date:** 05/18/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (WATERFORD AT PLYMOUTH III (THE)--0015204)

Date: 12/19/2024 SOD #Q10E11 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (WATERFORD AT PLYMOUTH III (THE)--0015204)

Date Complaint Received: 08/21/2024

Date Investigation Completed: 09/24/2024

Subject Area(s)

Result

SOD

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 05/20/2024

Date Investigation Completed: 09/24/2024

Subject Area(s)

Result

SOD

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 02/26/2024

Date Investigation Completed: 05/08/2024

Subject Area(s)

Result

SOD

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

4SIZ11

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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: GABLES ON THE POND LLC I (0016833)

Address: 305 S SPRING STREET, RANDOM LAKE, WI 53075

License Status: REGULAR

Licensed/Certified/Registered 11/01/2018 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0145266 **End Date:** 01/11/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140123 **End Date:** 07/13/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (GABLES ON THE POND LLC I--0016833)

Date Complaint Received: 08/16/2023

Date Investigation Completed: 01/11/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: GABLES ON THE POND LLC II (0016834)

Address: 305A S SPRING STREET, RANDOM LAKE, WI 53075

License Status: REGULAR

Licensed/Certified/Registered 11/01/2018 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0140124 **End Date:** 07/13/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HAVEN DRIVE ASSISTED LIVING (0015582)

Address: 220 HAVEN DR, SHEBOYGAN FALLS, WI 53085

License Status: REGULAR

Licensed/Certified/Registered 08/03/2015 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0139209 **End Date:** 03/07/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #JHZ811 Served 04/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	5/27/22	
83.41(3)(b)	FOOD SAFETY	5/27/22	
83.47(2)(d)	FIRE DRILLS	5/27/22	
83.47(2)(e)	OTHER EVACUATION DRILLS	5/27/22	

Complaint History (HAVEN DRIVE ASSISTED LIVING--0015582)

Date Complaint Received: 11/11/2024

Date Investigation Completed: 02/11/2025

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PINE HAVEN CHRISTIAN HOME (410472)

Address: 531 GIDDINGS AVE, SHEBOYGAN FALLS, WI 53085

License Status: REGULAR

Licensed/Certified/Registered 01/01/1987 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0145902 **End Date:** 02/12/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143852 **End Date:** 07/28/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138634 **End Date:** 02/04/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (PINE HAVEN CHRISTIAN HOME--410472)

Date Complaint Received: 10/30/2023

Date Investigation Completed: 02/12/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 09/25/2023

Date Investigation Completed: 02/12/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 01/24/2023

Date Investigation Completed: 07/28/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: PATHWAYS TO A BETTER LIFE LLC - WALDO CAMPUS (0016384)

Address: 1102 W 1ST ST, WALDO, WI 53093

License Status: REGULAR

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

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0145216 **End Date:** 01/04/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142162 **End Date:** 02/10/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (PATHWAYS TO A BETTER LIFE LLC - WALDO CAMPUS--0016384)

Date Complaint Received: 12/04/2023

Date Investigation Completed: 01/04/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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.