

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 includes only facilities located within the City of SHEBOYGAN. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.

The report is a PDF (Adobe Acrobat) document and includes a total of 35.00 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 AA (AMBULATORY)

Facility Information

Facility Name: ABODE ON CLARA (THE) (0017723)

Address: 1117 CLARA AVE, SHEBOYGAN, WI 53081

License Status: REGULAR

Licensed/Certified/Registered 11/06/2019 12:00:00AM

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

Survey History

Survey ID: 0148636 **End Date:** 11/14/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GIXB14 Served 01/31/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS		

Survey ID: 0146547 **End Date:** 04/09/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #D0EB11 Served 05/29/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.07	PROHIBITED ACTS	11/14/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0144772 **End Date:** 08/03/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GIXB13 Served 11/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(f)	PRIVACY	11/6/24	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	11/6/24	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	11/6/24	Yes
83.35(2)	TEMPORARY SERVICE PLAN	11/6/24	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	11/6/24	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	11/6/24	Yes

Survey ID: 0142429 **End Date:** 11/30/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GIXB12 Served 03/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(f)	PRIVACY	8/3/23	No
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	8/3/23	No
83.19	ORIENTATION	8/2/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	8/2/23	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	8/3/23	No
83.35(2)	TEMPORARY SERVICE PLAN	8/3/23	No
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	8/3/23	No
83.42(1)	RESIDENT RECORD MAINTAINED	8/3/23	No

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0140177 End Date: 04/19/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GIXB11 Served 07/20/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	11/30/22	Yes
83.19	ORIENTATION	11/30/22	No
83.21(1)-(3)	ALL EMPLOYEE TRAINING	11/30/22	No
83.25	CONTINUING EDUCATION	11/30/22	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	11/30/22	No
83.35(2)	TEMPORARY SERVICE PLAN	11/30/22	No
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	11/30/22	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	11/30/22	No
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS	11/30/22	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	11/30/22	No

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (ABODE ON CLARA (THE)--0017723)

Date: 05/29/2024 **SOD #**D0EB11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---50.07

Date: 11/08/2023 **SOD #**GIXB13 **Appealed:** Yes **Decision:** DISMISSED

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---50.09 1f
FORFEITURE---83.14 2a
FORFEITURE---83.28 4a
FORFEITURE---83.35 2
FORFEITURE---83.35 5a
FORFEITURE---83.42 1

Date: 03/10/2023 **SOD #**GIXB12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.14 2a
FORFEITURE---83.19
FORFEITURE---83.25 2

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Date: 07/20/2022

SOD #GIXB11

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.19

FORFEITURE---83.21(1)-(3)

FORFEITURE---83.25

FORFEITURE---83.35(2)

FORFEITURE---83.35(3)(a)

Complaint History (ABODE ON CLARA (THE)--0017723)

Date Complaint Received: 07/11/2024

Date Investigation Completed: 11/14/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 06/21/2022

Date Investigation Completed: 11/30/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

GIXB12

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: ABODE ON ONTARIO (THE) (410480)

Address: 503 ONTARIO AVE, SHEBOYGAN, WI 53081

License Status: REGULAR

Licensed/Certified/Registered 12/01/1979 12:00:00AM

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

Survey History

Survey ID: 0148221 **End Date:** 12/04/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146544 **End Date:** 04/09/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L47211 Served 05/29/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.07	PROHIBITED ACTS	12/4/24	Yes

Survey ID: 0145166 **End Date:** 11/09/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WOPN11 Served 01/03/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(d)	REPORTING CATASTROPHE RESULTING IN DAMAGE	12/4/24	Yes
83.45(1)(b)	BUILDING INTEGRITY	12/4/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (ABODE ON ONTARIO (THE)--410480)

Date: 05/29/2024 **SOD #**L47211 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---50.07

Date: 01/03/2024 **SOD #**WOPN11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.12 4d
FORFEITURE---83.45 1b

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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 OF SHEBOYGAN 19 (0013433)

Address: 2629 INDIANA AVE, SHEBOYGAN, WI 53081

License Status: REGULAR

Licensed/Certified/Registered 09/01/2011 12:00:00AM

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

Survey History

Survey ID: 0147430 **End Date:** 08/22/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144022 **End Date:** 06/13/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #B4QB11 Served 08/24/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	10/8/23	Yes

Survey ID: 0138872 **End Date:** 03/03/2022 **Type:** OTHER **Purpose:** 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)

Complaint History (AZURA MEMORY CARE OF SHEBOYGAN 19--0013433)

Date Complaint Received: 05/20/2024

Date Investigation Completed: 08/22/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 04/29/2024

Date Investigation Completed: 08/22/2024

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: 02/12/2024

Date Investigation Completed: 08/22/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 10/03/2022

Date Investigation Completed: 06/13/2023

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: AZURA MEMORY CARE SHEBOYGAN 2 (0013434)

Address: 2611 INDIANA AVE, SHEBOYGAN, WI 53081

License Status: REGULAR

Licensed/Certified/Registered 09/01/2011 12:00:00AM

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

Survey History

Survey ID: 0138805 **End Date:** 02/23/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey History

No survey activity during the period 1/30/22 to 1/29/25

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: CALM HARBOR SHEBOYGAN (0017804)

Address: 1202 N 31ST ST, SHEBOYGAN, WI 53081

License Status: REGULAR

Licensed/Certified/Registered 10/30/2019 12:00:00AM

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

Survey History

Survey ID: 0144826 **End Date:** 11/13/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

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)

Facility Information

Facility Name: COUNTRY SIDE MANOR EAST (0018352)

Address: 4221 KADLEC DRIVE, SHEBOYGAN, WI 53083

License Status: REGULAR

Licensed/Certified/Registered 05/01/2022 12:00:00AM

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

Survey History

Survey ID: 0143330 **End Date:** 06/08/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (COUNTRY SIDE MANOR EAST--0018352)

Date Complaint Received: 03/27/2023

Date Investigation Completed: 06/08/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
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: COUNTRY SIDE MANOR WEST (0018351)
Address: 4228 KADLEC DRIVE, SHEBOYGAN, WI 53083
License Status: REGULAR
Licensed/Certified/Registered 03/01/2022 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148414 **End Date:** 10/09/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #SIO811 Served 01/02/2025

<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	2/16/25	

Survey ID: 0147004 **End Date:** 07/18/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145083 **End Date:** 12/18/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143310 **End Date:** 06/07/2023 **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)

Complaint History (COUNTRY SIDE MANOR WEST--0018351)

Date Complaint Received: 09/30/2024

Date Investigation Completed: 10/09/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

SIO811

PROGRAM SERVICES

SUBSTANTIATED

SIO811

RESIDENT RIGHTS

SUBSTANTIATED

SIO811

Date Complaint Received: 04/23/2024

Date Investigation Completed: 07/18/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 03/05/2024

Date Investigation Completed: 07/18/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 01/22/2024

Date Investigation Completed: 07/18/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 11/13/2023

Date Investigation Completed: 12/18/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

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)

Date Complaint Received: 08/07/2023

Date Investigation Completed: 12/18/2023

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 06/05/2023

Date Investigation Completed: 06/07/2023

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 06/01/2023

Date Investigation Completed: 06/07/2023

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

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: GOLDEN HARBOR LLC (0013780)

Address: 505 S WATER ST, SHEBOYGAN, WI 53081

License Status: REGULAR

Licensed/Certified/Registered 09/01/2012 12:00:00AM

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

Survey History

Survey ID: 0148134 **End Date:** 11/08/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146794 **End Date:** 04/30/2024 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7JQM11 Served 06/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	11/8/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	11/8/24	Yes
83.37(2)(a)	SELF-ADMINISTERED BY RESIDENT	11/8/24	Yes
83.41(3)(b)	FOOD SAFETY	11/8/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	11/8/24	Yes
83.55(4)(a)	BATH AND TOILET AREAS: PRIVACY	11/8/24	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: 0146359 **End Date: 02/14/2024** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VE6I11 Served 05/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	11/8/24	Yes

Survey ID: 0144753 **End Date: 11/07/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144468 **End Date: 10/04/2023** **Type: OTHER** **Purpose: COMPLAINT/VV**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143505 **End Date: 04/07/2023** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Z99X11 Served 06/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	10/4/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	10/4/23	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	10/4/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	10/4/23	Yes
83.42(2)	RESIDENT RECORDS SAFEGUARDED	10/4/23	Yes

Survey ID: 0138689 **End Date: 02/14/2022** **Type: OTHER** **Purpose: 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 (GOLDEN HARBOR LLC--0013780)

Date: 06/26/2024 **SOD #**7JQM11 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 05/09/2024 **SOD #**VE6I11 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 06/28/2023 **SOD #**Z99X11 **Appealed:**

Sanctions
ORDER TO COMPLY
FORFEITURE---83.32 3h

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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 (GOLDEN HARBOR LLC--0013780)

Date Complaint Received: 08/01/2024

Date Investigation Completed: 11/08/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

Date Complaint Received: 02/19/2024

Date Investigation Completed: 04/30/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	7JQM11
PROGRAM SERVICES	SUBSTANTIATED	7JQM11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	7JQM11
ADMINISTRATION	SUBSTANTIATED	7JQM11
PROGRAM SERVICES	SUBSTANTIATED	7JQM11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	7JQM11

Date Complaint Received: 02/07/2024

Date Investigation Completed: 02/14/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	VE6I11
PROGRAM SERVICES	SUBSTANTIATED	VE6I11
RESIDENT RIGHTS	SUBSTANTIATED	VE6I11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	VE6I11
ADMINISTRATION	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

Date Complaint Received: 01/30/2024

Date Investigation Completed: 02/14/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	VE6I11

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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: 11/22/2023

Date Investigation Completed: 02/14/2024

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 11/01/2023

Date Investigation Completed: 11/07/2023

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

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 09/14/2023

Date Investigation Completed: 10/04/2023

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 04/05/2023

Date Investigation Completed: 04/07/2023

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 03/08/2023

Date Investigation Completed: 04/07/2023

Subject Area(s)
PROGRAM SERVICES

Result SOD #
SUBSTANTIATED Z99X11

Date Complaint Received: 02/27/2023

Date Investigation Completed: 04/07/2023

Subject Area(s)
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

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)

Date Complaint Received: 02/15/2023

Date Investigation Completed: 04/07/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 02/02/2023

Date Investigation Completed: 04/07/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

Z99X11

RESIDENT RIGHTS

SUBSTANTIATED

Z99X11

Date Complaint Received: 12/02/2022

Date Investigation Completed: 04/07/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 11/15/2022

Date Investigation Completed: 04/07/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

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: HIL KAUFMANN HOME (0009736)

Address: 2307 N 30TH ST, SHEBOYGAN, WI 53083

License Status: REGULAR

Licensed/Certified/Registered 01/01/2002 12:00:00AM

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

Survey History

Survey ID: 0139152 **End Date:** 02/24/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #N77811 Served 04/04/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.13(2)(b)	RESIDENT RECORDS RETAINED FOR 7 YEARS	5/19/22	
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	5/19/22	
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	5/19/22	
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	5/19/22	
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	5/19/22	
83.60(1)	TOTAL/OPENABLE WINDOW AREA	5/19/22	

Survey History

No survey activity during the period 1/30/22 to 1/29/25

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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: HIL NEW HORIZONS (0010603)

Address: 1411 N 26TH ST, SHEBOYGAN, WI 53081

License Status: REGULAR

Licensed/Certified/Registered 06/14/2004 12:00:00AM

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

Survey History

Survey ID: 0140608 **End Date:** 08/30/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (HIL NEW HORIZONS--0010603)

Date Complaint Received: 08/23/2022

Date Investigation Completed: 08/30/2022

Subject Area(s)
PROGRAM SERVICES

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 AA (AMBULATORY)

Facility Information

Facility Name: ROGERS BEHAVIORAL HEALTH SHEBOYGAN LLC (0018630)

Address: 1108 SOUTH WILDWOOD AVENUE, SHEBOYGAN, WI 53081

License Status: REGULAR

Licensed/Certified/Registered 10/21/2021 12:00:00AM

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

Survey History

Survey ID: 0148107 **End Date:** 11/14/2024 **Type:** STANDARD **Purpose:** SURVEY

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)

Facility Information

Facility Name: SHEBOYGAN SENIOR COMMUNITY INC (0015786)

Address: 3505 CTY RD Y, SHEBOYGAN, WI 53083

License Status: REGULAR

Licensed/Certified/Registered 09/30/2015 12:00:00AM

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

Survey History

Survey ID: 0142151 **End Date:** 02/13/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

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)

Facility Information

Facility Name: SHORES OF SHEBOYGAN ASSISTED LIVING I (0015629)

Address: 3315 SUPERIOR AVE, SHEBOYGAN, WI 53081

License Status: REGULAR

Licensed/Certified/Registered 08/01/2016 12:00:00AM

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

Survey History

Survey ID: 0145935 **End Date:** 03/19/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144743 **End Date:** 09/07/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LSZ211 Served 11/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	3/19/24	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	3/19/24	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	3/19/24	Yes

Enforcement History (SHORES OF SHEBOYGAN ASSISTED LIVING I--0015629)

Date: 11/07/2023 **SOD #**LSZ211 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---N 408 83.37(1)(i)

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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 (SHORES OF SHEBOYGAN ASSISTED LIVING I--0015629)

Date Complaint Received: 08/21/2023

Date Investigation Completed: 08/30/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

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: SHORES OF SHEBOYGAN ASSISTED LIVING II THE (0015627)

Address: 3319 SUPERIOR AVE, SHEBOYGAN, WI 53081

License Status: REGULAR

Licensed/Certified/Registered 08/01/2016 12:00:00AM

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

Survey History

Survey ID: 0145939 **End Date:** 03/19/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144716 **End Date:** 09/07/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8GKJ11 Served 11/03/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	3/19/24	Yes
83.47(2)(d)	FIRE DRILLS	3/19/24	Yes

Survey ID: 0143754 **End Date:** 04/19/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139926 **End Date:** 06/14/2022 **Type:** OTHER **Purpose:** 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 (SHORES OF SHEBOYGAN ASSISTED LIVING II THE--0015627)

Date: 11/03/2023 **SOD #**8GKJ11 **Appealed:**

Sanctions

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

Complaint History (SHORES OF SHEBOYGAN ASSISTED LIVING II THE--0015627)

Date Complaint Received: 01/02/2024 **Date Investigation Completed:** 03/19/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 08/08/2023 **Date Investigation Completed:** 09/07/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 02/17/2023 **Date Investigation Completed:** 04/19/2023

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

Date Complaint Received: 11/22/2022 **Date Investigation Completed:** 04/19/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
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: VISTA CARE HELLER AVENUE (0018167)
Address: 1528 NORTH 17TH STREET, SHEBOYGAN, WI 53081
License Status: REGULAR
Licensed/Certified/Registered 12/07/2020 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148461 **End Date:** 11/07/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #BI6G12 Served 01/08/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(g)	DISPOSITION OF MEDICATIONS	2/22/25	Yes

Survey ID: 0147172 **End Date:** 05/23/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BI6G11 Served 08/01/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(b)	POST RESIDENT RIGHTS, GRIEVANCE PROCEDURE	11/7/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	11/7/24	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	11/7/24	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	11/7/24	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 (VISTA CARE HELLER AVENUE--0018167)

Date: 08/01/2024 SOD #BI6G11 Appealed: Decision: PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---N 389 83.35(3)(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: VISTA CARE MEHRTENS AVENUE (0018329)

Address: 1522 N 17TH STREET, SHEBOYGAN, WI 53081

License Status: REGULAR

Licensed/Certified/Registered 12/07/2020 12:00:00AM

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

Survey History

Survey ID: 0148078 **End Date:** 11/08/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147220 **End Date:** 05/23/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YYYH11 Served 08/05/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(b)	POST RESIDENT RIGHTS, GRIEVANCE PROCEDURE	11/8/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	11/8/24	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	11/8/24	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	11/8/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	11/8/24	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)

Enforcement History (VISTA CARE MEHRTENS AVENUE--0018329)

Date: 08/05/2024 **SOD #**YYYH11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---N 389 83.35(3)(d)

FORFEITURE---N 481 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)

Facility Information

Facility Name: VISTA CARE NORTH 33RD PLACE (0009340)
Address: 1536 N 33RD PLACE, SHEBOYGAN, WI 53081
License Status: REGULAR
Licensed/Certified/Registered 12/01/2001 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0140078 **End Date:** 07/07/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (VISTA CARE NORTH 33RD PLACE--0009340)

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
Date Complaint Received: 03/09/2022	Date Investigation Completed: 07/07/2022	
PROGRAM SERVICES	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

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