

## Provider Inspection Summary

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

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 32.00 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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** ABODE (THE) (0017723)

**Address:** 1117 CLARA AVE, SHEBOYGAN, WI 53081

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/6/2019 12:00:00AM

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

### Survey History

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

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #GIXB12    Served 3/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(f)	PRIVACY		
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.19	ORIENTATION		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION		
83.35(2)	TEMPORARY SERVICE PLAN		
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS		
83.42(1)	RESIDENT RECORD MAINTAINED		

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0140177 End Date: 4/19/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GIXB11 Served 7/20/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Enforcement History (ABODE (THE)--0017723)

**Date:** 3/10/2023      **SOD #**GIXB12      **Appealed:**      **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.14 2a

FORFEITURE---83.19

FORFEITURE---83.25 2

**Date:** 7/20/2022      **SOD #**GIXB11      **Appealed:**      **Decision:** PENDING

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 (THE)--0017723)

**Date Complaint Received:** 6/21/2022

**Date Investigation Completed:** 11/30/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

GIXB12

**Date Complaint Received:** 10/11/2021

**Date Investigation Completed:** 4/19/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

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** 9/1/2011 12:00:00AM

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

### Survey History

**Survey ID:** 0138872      **End Date:** 3/3/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0135679      **End Date:** 2/25/2021      **Type:** OTHER      **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0135343      **End Date:** 12/1/2020      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3DKN11      Served 12/22/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	2/24/21	Yes
83.38(1)(g)	HEALTH MONITORING	2/24/21	Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (AZURA MEMORY CARE OF SHEBOYGAN 19--0013433)

**Date:** 12/22/2020      **SOD #**3DKN11      **Appealed:** No

#### Sanctions

ORDER TO COMPLY

FORFEITURE---83.38(1)(g)

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

**Date Complaint Received: 6/8/2021**

**Date Investigation Completed: 3/3/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES  
RESIDENT RIGHTS

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 3/15/2021**

**Date Investigation Completed: 3/3/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 2/22/2021**

**Date Investigation Completed: 2/25/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 2/1/2021**

**Date Investigation Completed: 2/25/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 1/13/2021**

**Date Investigation Completed: 2/25/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 11/5/2020**

**Date Investigation Completed: 12/1/2020**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

3DKN11

**Date Complaint Received: 9/16/2020**

**Date Investigation Completed: 12/1/2020**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

3DKN11

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 8/25/2020**

**Date Investigation Completed: 12/1/2020**

Subject Area(s)  
PROGRAM SERVICES  
PROGRAM SERVICES

Result  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
3DKN11  
3DKN11

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## Provider Inspection Summary

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

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** 9/1/2011 12:00:00AM

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

### Survey History

**Survey ID:** 0138805      **End Date:** 2/23/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

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

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

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## Provider Inspection Summary

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

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** 5/1/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0137491      **End Date:** 10/13/2021      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0136264      **End Date:** 4/30/2021      **Type:** INITIAL      **Purpose:** CHOW--DESK REVIEW

**Results:** LICENSE/CERT/REGISTRATION ISSUED

### Complaint History (COUNTRY SIDE MANOR EAST--0018352)

**Date Complaint Received:** 3/27/2023

**Date Investigation Completed:** 6/8/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

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** 3/1/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0137429      **End Date:** 10/6/2021      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0135805      **End Date:** 10/30/2020      **Type:** INITIAL      **Purpose:** CHOW--DESK REVIEW

**Results:** PROBATIONARY LICENSE ISSUED

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## Provider Inspection Summary

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

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** 9/1/2012 12:00:00AM

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

### Survey History

**Survey ID:** 0138689      **End Date:** 2/14/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0135714      **End Date:** 3/3/2021      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0135431      **End Date:** 12/21/2020      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #19PC11      Served 1/13/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	3/3/21	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	3/3/21	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	3/3/21	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	3/3/21	Yes
83.44(2)(b)	TOILET AND BATHING AREA	3/3/21	Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (GOLDEN HARBOR LLC--0013780)

**Date:** 1/13/2021

**SOD #**19PC11

**Appealed:**

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (GOLDEN HARBOR LLC--0013780)

**Date Complaint Received: 1/26/2022**

**Date Investigation Completed: 2/14/2022**

Subject Area(s)

Result

SOD #

OTHER

NOT SUBSTANTIATED

**Date Complaint Received: 8/23/2021**

**Date Investigation Completed: 2/14/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

**Date Complaint Received: 4/8/2021**

**Date Investigation Completed: 2/14/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 3/8/2021**

**Date Investigation Completed: 2/14/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 2/24/2021**

**Date Investigation Completed: 3/3/2021**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 11/25/2020**

**Date Investigation Completed: 12/21/2020**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

19PC11

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 11/11/2020**

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

**Date Investigation Completed: 12/21/2020**

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 10/7/2020**

Subject Area(s)

ADMINISTRATION

**Date Investigation Completed: 12/21/2020**

Result

SUBSTANTIATED

SOD #

19PC11

**Date Complaint Received: 9/28/2020**

Subject Area(s)

PROGRAM SERVICES

**Date Investigation Completed: 12/21/2020**

Result

SUBSTANTIATED

SOD #

19PC11

**Date Complaint Received: 9/11/2020**

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

**Date Investigation Completed: 12/21/2020**

Result

NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

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

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** 1/1/2002 12:00:00AM

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

### Survey History

**Survey ID:** 0139152    **End Date:** 2/24/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #N77811    Served 4/4/2022

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

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (HIL KAUFMANN HOME--0009736)

**Date Complaint Received: 8/24/2021**

**Date Investigation Completed: 2/24/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 3/19/2021**

**Date Investigation Completed: 2/24/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 2/26/2021**

**Date Investigation Completed: 2/24/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

N77811

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## Provider Inspection Summary

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

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** 6/14/2004 12:00:00AM

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

### Survey History

**Survey ID:** 0140608      **End Date:** 8/30/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (HIL NEW HORIZONS--0010603)

**Date Complaint Received:** 8/23/2022

**Date Investigation Completed:** 8/30/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

### Facility Information

**Facility Name:** HIL PRAIRIE VIEW (0009737)

**Address:** 4545 PRAIRIE VIEW RD, SHEBOYGAN, WI 53081

**License Status:** REGULAR

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

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

### Survey History

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

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## Provider Inspection Summary

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

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:** 0137927      **End Date:** 10/21/2021      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** SHEBOYGAN CO HALFWAY HOUSE (410480)  
**Address:** 503 ONTARIO AVE, SHEBOYGAN, WI 53081  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/1/1979 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0134948      **End Date:** 9/30/2020      **Type:** OTHER      **Purpose:** VERIFICATION VISIT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

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** 9/30/2015 12:00:00AM

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

### Survey History

**Survey ID:** 0142151      **End Date:** 2/13/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

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** 8/1/2016 12:00:00AM

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

### Survey History

**Survey ID:** 0137618      **End Date:** 10/27/2021      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0136153      **End Date:** 4/22/2021      **Type:** OTHER      **Purpose:** COMPLAINT/SELF REPORT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #25LX13      Served 5/4/2021

Deficiencies Cited  
83.15(3)(a)

Subject Area  
ADMINISTRATOR SHALL SUPERVISE DAILY  
OPERATION

Compliance  
Verified  
10/27/21

Corrected  
Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0135439    **End Date:** 10/19/2020    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #25LX12    Served 1/14/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.26(2)	ORIENTATION, CONTINUING EDUCATION DOCUMENTED	4/20/21	Yes
83.31(4)(c)	INVOLUNTARY DISCHARGE NOTICE REQUIREMENTS	4/20/21	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	4/21/21	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	4/21/21	Yes
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY	4/21/21	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	4/21/21	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	4/21/21	Yes
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE	4/20/21	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	4/20/21	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	4/21/21	Yes
83.38(1)(b)	SUPERVISION	4/21/21	Yes
83.38(1)(g)	HEALTH MONITORING	4/21/21	Yes
83.39(1)	INFECTION CONTROL PROGRAM	4/21/21	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	4/21/21	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	4/20/21	Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

**Date: 5/3/2021**      **SOD #25LX13**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

**Date: 1/14/2021**      **SOD #25LX12**      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

FORFEITURE---83.32(3)(h) 3rd cite  
FORFEITURE---83.32(3)(n)  
FORFEITURE---83.33(1)(d)  
FORFEITURE---83.35(3)(c)  
FORFEITURE---83.38(1)(b)  
FORFEITURE---83.38(1)(g)  
FORFEITURE---83.39(1)

**Date: 6/17/2020**      **SOD #25LX11**      **Appealed:**

Sanctions

FORFEITURE---83.32(3)(h)

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (SHORES OF SHEBOYGAN ASSISTED LIVING I--0015629)

**Date Complaint Received: 3/17/2021**

**Date Investigation Completed: 4/22/2021**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

25LX13

**Date Complaint Received: 11/30/2020**

**Date Investigation Completed: 4/22/2021**

Subject Area(s)

Result

SOD #

OTHER

NOT SUBSTANTIATED

**Date Complaint Received: 11/16/2020**

**Date Investigation Completed: 4/22/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 6/22/2020**

**Date Investigation Completed: 10/19/2020**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

25LX12

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## Provider Inspection Summary

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

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** 8/1/2016 12:00:00AM

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

### Survey History

**Survey ID:** 0139926      **End Date:** 6/14/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137738      **End Date:** 11/3/2021      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

**Date Complaint Received: 1/12/2022**

**Date Investigation Completed: 6/14/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 1/26/2021**

**Date Investigation Completed: 11/3/2021**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

**Date Complaint Received: 12/3/2020**

**Date Investigation Completed: 11/3/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

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** 12/7/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0135316      **End Date:** 12/7/2020      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

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

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** 12/7/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0135317      **End Date:** 12/7/2020      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

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

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** 12/1/2001 12:00:00AM

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

### Survey History

**Survey ID:** 0140078      **End Date:** 7/7/2022      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Date Complaint Received:** 3/9/2022

**Date Investigation Completed:** 7/7/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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