

Provider Inspection Summary

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

Sheboygan

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 6.00 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
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: Cedar Bay at Elkhart Lake (0019976)
Address: 101 Cedar Lane, Elkhart Lake, WI 53020
License Status: REGULAR
Licensed/Certified/Registered 04/01/2024 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0146247 **End Date:** 03/31/2024 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 2 of 6 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
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: SOUTHERN HORIZON ASSISTED LIVING (0017956)

Address: 930 E CLIFFORD ST, PLYMOUTH, WI 53073

License Status: REGULAR

Licensed/Certified/Registered 12/01/2019 12:00:00AM

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

Survey History

Survey ID: 0148680 **End Date:** 12/09/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZOT111 Served 02/04/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(3)(f)	SERVICES		
89.23(4)(a)2	SERVICES		
89.23(4)(d)1	SERVICES		

Survey ID: 0143035 **End Date:** 02/16/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #F3R311 Served 05/12/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(1)	SERVICES	6/26/23	Yes
89.23(3)(f)	SERVICES	6/26/23	Yes
89.23(4)(a)2	SERVICES	6/26/23	Yes
89.29(1)(b)	ADMISSION & RETENTION OF TENANTS	6/26/23	Yes

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025
Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0139204 End Date: 04/07/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (SOUTHERN HORIZON ASSISTED LIVING--0017956)

Date Complaint Received: 07/22/2024

Date Investigation Completed: 12/09/2024

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

ZOT111

Date Complaint Received: 05/11/2022

Date Investigation Completed: 02/16/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

F3R311

RESIDENT RIGHTS

SUBSTANTIATED

F3R311

Date Complaint Received: 04/29/2022

Date Investigation Completed: 02/16/2023

Subject Area(s)

Result

SOD #

OTHER

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: LakeHouse Sheboygan (0019859)
Address: 1231 Eisner Avenue, Sheboygan, WI 53083
License Status: REGULAR
Licensed/Certified/Registered 04/25/2024 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147827 **End Date:** 10/14/2024 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146254 **End Date:** 04/25/2024 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (LakeHouse Sheboygan--0019859)

Date Complaint Received: 08/26/2024	Date Investigation Completed: 10/14/2024
<u>Subject Area(s)</u> PHYSICAL ENVIRONMENT/SAFETY	<u>Result</u> NOT SUBSTANTIATED
	<u>SOD #</u>

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: PRAIRIE CROSSING - A PINE HAVEN COMMUNITY (0014970)

Address: 1280 PINE HAVEN LN, SHEBOYGAN FALLS, WI 53085

License Status: REGULAR

Licensed/Certified/Registered 03/04/2014 12:00:00AM

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

Survey History

Survey ID: 0142084 **End Date:** 02/07/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (PRAIRIE CROSSING - A PINE HAVEN COMMUNITY--0014970)

Date Complaint Received: 04/02/2022

Date Investigation Completed: 02/07/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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