

Provider Inspection Summary

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

Walworth

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community-Based Residential Facilities in Walworth County.

The report is a PDF (Adobe Acrobat) document and includes a total of 43.00 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: Lake Delavan Center I (0019413)

Address: 311 Turtle Creek Drive, Delavan, WI 531151545

License Status: REGULAR

Licensed/Certified/Registered 05/29/2024 12:00:00AM

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

Survey History

Survey ID: 0146622 **End Date:** 05/29/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION 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: Lake Delavan Center II (0019414)

Address: 315 Turtle Creek Drive, Delavan, WI 53115

License Status: REGULAR

Licensed/Certified/Registered 05/29/2024 12:00:00AM

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

Survey History

Survey ID: 0146625 **End Date:** 05/29/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION 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: RIDGESTONE VILLAGE LTD (310698)
Address: 1025 S SECOND ST, DELAVAN, WI 53115
License Status: REGULAR
Licensed/Certified/Registered 02/01/1999 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0146569 **End Date:** 05/28/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146010 **End Date:** 03/26/2024 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144564 **End Date:** 10/05/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #200512 Served 01/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.62(1)(a)	WISCONSIN COMMERCIAL BUILDING CODE	3/26/24	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: 0143711 End Date: 05/24/2023 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CDEU11 Served 07/21/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(g)	HEALTH MONITORING	10/5/23	Yes

Survey ID: 0143018 End Date: 02/28/2023 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #20O511 Served 05/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	10/5/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/5/23	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	10/5/23	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	10/5/23	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	10/5/23	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	10/5/23	Yes
83.45(3)	TOXIC SUBSTANCES	10/5/23	Yes
83.62(1)(a)	WISCONSIN COMMERCIAL BUILDING CODE	10/5/23	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 (RIDGESTONE VILLAGE LTD--310698)

Date: 01/09/2024 **SOD #**200512 **Appealed:** No

Sanctions

NO NEW ADMISSIONS
ORDER TO COMPLY
ACCRUING FORFEITURE

Date: 07/21/2023 **SOD #**CDEU11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.38(1)(g)

Date: 05/11/2023 **SOD #**200511 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---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)

Complaint History (RIDGESTONE VILLAGE LTD--310698)

Date Complaint Received: 05/03/2024

Date Investigation Completed: 05/28/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/26/2023

Date Investigation Completed: 05/24/2023

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
CDEU11

Date Complaint Received: 02/23/2023

Date Investigation Completed: 02/24/2023

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Result
SUBSTANTIATED

SOD #
200511

Date Complaint Received: 02/09/2023

Date Investigation Completed: 02/24/2023

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
200511

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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: ROSEWOOD MANOR LLC (0009613)

Address: 2220 BORG RD, DELAVAN, WI 53115

License Status: REGULAR

Licensed/Certified/Registered 02/01/2003 12:00:00AM

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

Survey History

Survey ID: 0142926 **End Date:** 04/11/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DQWL11 Served 05/04/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.18(2)	EMPLOYEE RECORDS AVAILABLE UPON REQUEST	4/11/23	Yes
83.60(3)	HABITABLE ROOM WINDOW COVERINGS	4/11/23	Yes

Enforcement History (ROSEWOOD MANOR LLC--0009613)

Date: 05/04/2023 **SOD #**DQWL11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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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: VINTAGE ON THE PONDS (0018011)
Address: N4901 DAM ROAD, DELAVAN, WI 53115
License Status: REGULAR
Licensed/Certified/Registered 11/01/2021 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148326 **End Date:** 12/03/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #2SOO11 Served 12/16/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	1/30/24	Yes

Survey ID: 0146583 **End Date:** 05/28/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

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)

Survey ID: 0145931 **End Date:** 02/07/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #STJ011 Served 03/20/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	5/28/24	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	5/28/24	Yes
83.45(3)	TOXIC SUBSTANCES	5/28/24	Yes

Enforcement History (VINTAGE ON THE PONDS--0018011)

Date: 12/16/2024 **SOD #**2SOO11 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 03/20/2024 **SOD #**STJ011 **Appealed:**

Sanctions
ORDER TO COMPLY
FORFEITURE---83.35(3)(a)

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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 (VINTAGE ON THE PONDS--0018011)

Date Complaint Received: 10/23/2024

Date Investigation Completed: 12/03/2024

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 10/02/2024

Date Investigation Completed: 12/03/2024

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 04/15/2024

Date Investigation Completed: 05/28/2024

Subject Area(s)
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 01/09/2024

Date Investigation Completed: 02/07/2024

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Result SOD #
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: FRONTIDA OF ELKHORN (0015732)
Address: 1550 COUNTRY CLUB PARKWAY, ELKHORN, WI 53121
License Status: REGULAR
Licensed/Certified/Registered 08/01/2016 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148432 **End Date:** 10/14/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NLJO13 Served 01/07/2025

<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		

Survey ID: 0147230 **End Date:** 06/06/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NLJO12 Served 08/06/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	10/21/24	Yes
83.44(1)(b)	SEPARATE LAUNDRY STORAGE AREAS OR CONTAINERS	10/21/24	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: 0145958 **End Date: 02/01/2024** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NLJO11 Served 03/22/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	5/30/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	5/30/24	No
83.39(3)	HAND WASHING	5/30/24	Yes
83.41(1)(b)	EQUIPMENT	5/30/24	Yes

Survey ID: 0143524 **End Date: 06/22/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142539 **End Date: 03/16/2023** **Type: OTHER** **Purpose: COMPLAINT/VV**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141718 **End Date: 09/20/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OXRJ11 Served 01/03/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(b)	SUPERVISION	3/16/23	Yes

Survey ID: 0140062 **End Date: 06/30/2022** **Type: OTHER** **Purpose: VERIFICATION VISIT**

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 (FRONTIDA OF ELKHORN--0015732)

Date: 01/07/2025 **SOD #**NLJO13 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.35(3)(d)

Date: 08/06/2024 **SOD #**NLJO12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(i)

Date: 03/22/2024 **SOD #**NLJO11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.17(1)
FORFEITURE---83.32(3)(h)

Date: 01/03/2023 **SOD #**OXRJ11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.38(1)(b)

Date: 04/07/2022 **SOD #**W48K11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(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 (FRONTIDA OF ELKHORN--0015732)

Date Complaint Received: 06/29/2024

Date Investigation Completed: 10/10/2024

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
NLJO13

Date Complaint Received: 04/03/2024

Date Investigation Completed: 05/30/2024

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/23/2023

Date Investigation Completed: 06/21/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/14/2022

Date Investigation Completed: 03/16/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/18/2022

Date Investigation Completed: 09/20/2022

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
OXRJ11

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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: GARDENS AT RIDGESTONE LLC (THE) (0015097)

Address: 233 W EVERGREEN PKWY, ELKHORN, WI 53121

License Status: REGULAR

Licensed/Certified/Registered 07/01/2015 12:00:00AM

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

Survey History

Survey ID: 0140756 **End Date:** 09/08/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139785 **End Date:** 04/19/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VFJD11 Served 06/08/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(g)	DISPOSITION OF MEDICATIONS	9/8/22	Yes

Enforcement History (GARDENS AT RIDGESTONE LLC (THE)--0015097)

Date: 06/08/2022 **SOD #**VFJD11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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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: JUST LIKE HOME IV (0010103)
Address: W5140 HWY A, ELKHORN, WI 53121
License Status: REGULAR
Licensed/Certified/Registered 04/01/2004 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0144287 **End Date:** 09/12/2023 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143931 **End Date:** 08/09/2023 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (JUST LIKE HOME IV--0010103)

Date Complaint Received: 08/21/2023	Date Investigation Completed: 09/14/2023
<u>Subject Area(s)</u> PROGRAM SERVICES	<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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: JUST LIKE HOME V (0015073)

Address: W5140 COUNTY ROAD A UNIT 1, ELKHORN, WI 53121

License Status: REGULAR

Licensed/Certified/Registered 07/01/2015 12:00:00AM

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

Survey History

Survey ID: 0140487 **End Date:** 07/09/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

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: KINDREDHEARTS OF ELKHORN (0010415)
Address: 450 E GENEVA ST, ELKHORN, WI 53121
License Status: REGULAR
Licensed/Certified/Registered 05/01/2004 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147406 **End Date:** 07/12/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FTUV13 Served 08/23/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.29(2)	ADMISSION AGREEMENT		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		
83.38(1)(a)	PERSONAL CARE		
83.41(3)(b)	FOOD SAFETY		
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS		

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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: 0145926 **End Date: 02/02/2024** **Type: STANDARD** **Purpose: SURVEY/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FTUV12 Served 03/19/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	7/12/24	No
83.29(2)	ADMISSION AGREEMENT	7/12/24	No
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	7/12/24	No
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	7/12/24	Yes

Survey ID: 0144662 **End Date: 08/25/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FTUV11 Served 10/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(g)	HEALTH MONITORING	2/2/24	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	2/2/24	Yes

Survey ID: 0143570 **End Date: 06/28/2023** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142509 **End Date: 01/20/2023** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BBRN12 Served 03/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	6/28/23	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: 0140897 **End Date:** 07/21/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BBRN11 Served 10/06/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	1/20/23	Yes
83.25	CONTINUING EDUCATION	1/20/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	1/20/23	Yes
83.45(3)	TOXIC SUBSTANCES	1/20/23	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	1/20/23	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 (KINDREDHEARTS OF ELKHORN--0010415)

Date: 08/23/2024 **SOD #**FTUV13 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.20(2)(a)-(d)

FORFEITURE---83.29(2)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37(1)(i)

FORFEITURE---83.38(1)(a)

Date: 03/19/2024 **SOD #**FTUV12 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.20(2)(a)-(d)

Date: 10/30/2023 **SOD #**FTUV11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.38(1)(g)

Date: 03/20/2023 **SOD #**BBRN12 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.48(8)(b)

Date: 10/06/2022 **SOD #**BBRN11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.25

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (KINDREDHEARTS OF ELKHORN--0010415)

Date Complaint Received: 07/10/2023

Date Investigation Completed: 08/01/2023

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
FTUV11

Date Complaint Received: 06/03/2022

Date Investigation Completed: 07/21/2022

Subject Area(s)
ADMINISTRATION

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 AS (SEMIAMBULATORY)

Facility Information

Facility Name: SUNNYSIDE HOME (310561)
Address: 1 EASTOWN MANOR, ELKHORN, WI 53121
License Status: REGULAR
Licensed/Certified/Registered 06/01/1985 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145020 **End Date:** 12/06/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144448 **End Date:** 08/23/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XTYZ11 Served 10/05/2023

<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	12/6/23	Yes

Enforcement History (SUNNYSIDE HOME--310561)

Date: 10/05/2023 **SOD #**XTYZ11 **Appealed:** No

Sanctions

ORDER TO COMPLY
FORFEITURE---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 ANA (NONAMBULATORY)

Facility Information

Facility Name: WHISPERING WILLOWS (310585)

Address: W4517 WILLOW BEND RD, ELKHORN, WI 53121

License Status: REGULAR

Licensed/Certified/Registered 07/01/1993 12:00:00AM

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

Survey History

Survey ID: 0148486 **End Date:** 07/22/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #K0IJ12 Served 01/10/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Survey ID: 0146191 End Date: 03/11/2024 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #K0IJ11 Served 04/22/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	7/22/24	Yes
83.19	ORIENTATION	7/22/24	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	7/22/24	Yes
83.25	CONTINUING EDUCATION	7/22/24	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	7/22/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	7/22/24	No
83.35(4)	RESIDENT SATISFACTION EVALUATION	7/22/24	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	7/22/24	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	7/22/24	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	7/22/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	7/22/24	Yes
83.41(3)(b)	FOOD SAFETY	7/22/24	Yes
83.45(3)	TOXIC SUBSTANCES	7/22/24	Yes
83.46(3)	PUBLIC WATER SUPPLY OR WELL WATER TEST	7/22/24	Yes
83.47(2)(d)	FIRE DRILLS	7/22/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	7/22/24	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	7/22/24	Yes
83.48(3)(b)	SENSITIVITY TESTING PERFORMED	7/22/24	Yes

Survey ID: 0141682 End Date: 12/13/2022 Type: OTHER Purpose: VERIFICATION VISIT

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 ANA (NONAMBULATORY)

Survey ID: 0140432 End Date: 06/28/2022 Type: ABBREVIATED Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6KJH11 Served 09/26/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	12/13/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	12/13/22	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	12/13/22	Yes

Enforcement History (WHISPERING WILLOWS--310585)

Date: 01/10/2025 SOD #K0IJ12 Appealed: No

Sanctions

ORDER TO COMPLY
 FORFEITURE---83.35(1)(a)
 FORFEITURE---83.35(3)(d)

Date: 04/22/2024 SOD #K0IJ11 Appealed:

Sanctions

ORDER TO COMPLY
 FORFEITURE---83.19
 FORFEITURE---83.20(2)(a)-(d)
 FORFEITURE---83.25
 FORFEITURE---83.32(3)(h)
 FORFEITURE---83.35(3)(d)

Date: 08/15/2022 SOD #6KJH11 Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Complaint History (WHISPERING WILLOWS--310585)

Date Complaint Received: 02/07/2024

Date Investigation Completed: 03/04/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

K0IJ11

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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: BURR OAK MANOR INC (310321)
Address: 264 WALWORTH ST, GENOA CITY, WI 53128
License Status: REGULAR
Licensed/Certified/Registered 07/01/1996 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143744 **End Date:** 07/11/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142795 **End Date:** 04/04/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140904 **End Date:** 08/09/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2H5011 Served 10/03/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	4/4/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	4/4/23	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	4/4/23	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 (BURR OAK MANOR INC--310321)

Date: 10/03/2022 **SOD #**2H5011 **Appealed:**

Sanctions

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

Complaint History (BURR OAK MANOR INC--310321)

Date Complaint Received: 07/10/2023

Date Investigation Completed: 07/11/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS
OTHER

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

Date Complaint Received: 07/26/2022

Date Investigation Completed: 08/01/2022

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
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 AA (AMBULATORY)

Facility Information

Facility Name: CASA MIA CARE CENTER (310324)
Address: W1043 ROSEWOOD RD, GENOA CITY, WI 53128
License Status: REGULAR
Licensed/Certified/Registered 11/01/1982 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142780 **End Date:** 03/24/2023 **Type:** INITIAL **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141853 **End Date:** 10/07/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VUV212 Served 01/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	3/24/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/24/23	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: 0140236 End Date: 04/26/2022 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VUV211 Served 07/26/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	10/7/22	Yes
83.33(1)(a)	GRIEVANCE PROCEDURE: INFORMATION REQUIRED	10/7/22	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	10/7/22	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/7/22	No
83.45(3)	TOXIC SUBSTANCES	10/7/22	Yes

Enforcement History (CASA MIA CARE CENTER--310324)

Date: 01/13/2023 SOD #VUV212 Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35(3)(b)
FORFEITURE---83.35(3)(d)

Date: 07/26/2022 SOD #VUV211 Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---

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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: LAURAS HOME (310450)

Address: 945 LAKE GENEVA BLVD, LAKE GENEVA, WI 53147

License Status: REGULAR

Licensed/Certified/Registered 07/01/1991 12:00:00AM

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

Survey History

Survey ID: 0144817 **End Date:** 11/07/2023 **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: PINECREST (0013737)

Address: N3367 CTY RD NN, LAKE GENEVA, WI 53147

License Status: REGULAR

Licensed/Certified/Registered 08/01/2012 12:00:00AM

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

Survey History

Survey ID: 0146070 End Date: 04/01/2024 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145454 End Date: 10/27/2023 Type: ABBREVIATED Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #50Q611 Served 02/02/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	4/1/24	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	4/1/24	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	4/1/24	Yes
83.26(1)	DOCUMENTATION OF REQUIRED EMPLOYEE TRAINING	4/1/24	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	4/1/24	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 (PINECREST--0013737)

Date: 02/02/2024 **SOD #**50Q611 **Appealed:**

Sanctions

ORDER TO COMPLY

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

FORFEITURE---83.22 (1)-(4)

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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: Sage Meadows Lake Geneva (0019837)

Address: 6722 Hwy 50 East, Lake Geneva, WI 531473647

License Status: REGULAR

Licensed/Certified/Registered 08/01/2024 12:00:00AM

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

Survey History

Survey ID: 0147481 **End Date:** 08/01/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION 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: VILLAGE GLEN OF GENEVA CROSSING (0009329)

Address: 723 S CURTIS ST, LAKE GENEVA, WI 53147

License Status: REGULAR

Licensed/Certified/Registered 11/16/2003 12:00:00AM

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

Survey History

Survey ID: 0147337 **End Date:** 07/29/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139590 **End Date:** 04/26/2022 **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: GOLDEN YEARS ASSISTED LIVING RESIDENCE (310402)

Address: 270 RIDGE RD, WALWORTH, WI 53184

License Status: REGULAR

Licensed/Certified/Registered 04/19/1994 12:00:00AM

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

Survey History

Survey ID: 0144585 **End Date:** 10/11/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143176 **End Date:** 05/04/2023 **Type:** INITIAL **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142360 **End Date:** 02/15/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141221 **End Date:** 07/21/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #D01Y12 Served 11/03/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	2/15/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	2/15/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	2/15/23	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)

Facility Information

Facility Name: INSPIRATION MINISTRIES (310343)
Address: N2270 HWY 67, WALWORTH, WI 53184
License Status: REGULAR
Licensed/Certified/Registered 09/01/1987 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147613 **End Date:** 08/14/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4UPE11 Served 09/19/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.25	CONTINUING EDUCATION		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		

Survey ID: 0142424 **End Date:** 03/06/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

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)

Survey ID: 0141539 **End Date:** 09/12/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IJ6J12 Served 12/08/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	3/6/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	3/6/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	3/6/23	Yes

Survey ID: 0140022 **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)

Survey ID: 0139579 End Date: 02/08/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IJ6J11 Served 05/17/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	9/12/22	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	9/12/22	No
83.21(1)-(3)	ALL EMPLOYEE TRAINING	9/12/22	No
83.25	CONTINUING EDUCATION	9/12/22	Yes
83.29(2)	ADMISSION AGREEMENT	9/12/22	Yes
83.35(2)	TEMPORARY SERVICE PLAN	9/12/22	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	9/12/22	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	9/12/22	Yes
83.37(2)(a)	SELF-ADMINISTERED BY RESIDENT	9/12/22	Yes
83.45(3)	TOXIC SUBSTANCES	9/12/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	9/12/22	Yes
83.47(3)	FIRE INSPECTION	9/12/22	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	9/12/22	Yes
83.48(3)(b)	SENSITIVITY TESTING PERFORMED	9/12/22	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 (INSPIRATION MINISTRIES--310343)

Date: 09/19/2024 **SOD #**4UPE11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

Date: 12/09/2022 **SOD #**IJ6J12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a)-(d)
FORFEITURE---83.21(1)-(3)

Date: 05/17/2022 **SOD #**IJ6J11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a)-(d)
FORFEITURE---83.21 (1)-(3)
FORFEITURE---83.25

Complaint History (INSPIRATION MINISTRIES--310343)

Date Complaint Received: 07/05/2022

Date Investigation Completed: 09/12/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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