

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 includes only facilities located within the City of WHITEWATER. 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 13.00 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: Fairhaven Corporation (0020570)

Address: 435 W Starin Rd, Whitewater, WI 53190

License Status: REGULAR

Licensed/Certified/Registered 12/17/2024 12:00:00AM

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

Survey History

Survey ID: 0148607 **End Date:** 01/14/2025 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0148351 **End Date:** 12/17/2024 **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 ANA (NONAMBULATORY)

Facility Information

Facility Name: FAIRHAVEN (310378)

Address: 435 W STARIN RD, WHITEWATER, WI 531901125

License Status: REGULAR

Licensed/Certified/Registered 09/01/1980 12:00:00AM

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

Survey History

Survey ID: 0145367 **End Date:** 01/05/2024 **Type:** OTHER **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #X4HD11 Served 01/24/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.28(3)	PROVIDE ADMISSION AGREEMENT AS REQUIRED	3/8/24	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	3/8/24	Yes

Survey ID: 0139229 **End Date:** 04/07/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (FAIRHAVEN--310378)

Date: 01/24/2024 **SOD #**X4HD11 **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: GLENWOOD AT MULBERRY (0017288)

Address: 1281 W MAIN ST, WHITEWATER, WI 53190

License Status: REGULAR

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

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

Survey History

Survey ID: 0147539 **End Date:** 07/30/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YOGC12 Served 09/10/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		

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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: 0145619 **End Date:** 01/02/2024 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YOGC11 Served 02/15/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	7/30/24	No

Survey ID: 0143968 **End Date:** 08/16/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (GLENWOOD AT MULBERRY--0017288)

Date: 09/10/2024 **SOD #**YOGC12 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)
FORFEITURE---83.35(3)(d)

Date: 02/15/2024 **SOD #**YOGC11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(h)

Complaint History (GLENWOOD AT MULBERRY--0017288)

Date Complaint Received: 08/03/2023 **Date Investigation Completed:** 08/16/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
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: HEARTHSTONE (310689)

Address: 426 W NORTH ST, WHITEWATER, WI 53190

License Status: REGULAR

Licensed/Certified/Registered 09/01/1998 12:00:00AM

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

Survey History

Survey ID: 0147131 **End Date:** 07/17/2024 **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 AA (AMBULATORY)

Facility Information

Facility Name: JADE HOUSE (310430)

Address: 1541 W WALWORTH AVE, WHITEWATER, WI 53190

License Status: REGULAR

Licensed/Certified/Registered 10/01/1989 12:00:00AM

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

Survey History

Survey ID: 0147617 **End Date:** 08/29/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142213 **End Date:** 02/02/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141462 **End Date:** 08/25/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8DIZ12 Served 12/07/2022

Deficiencies Cited
83.43(1)

Subject Area
ENVIRONMENT SAFE, CLEAN, AND
COMFORTABLE

Compliance
Verified
2/2/23

Corrected
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: 0139959 **End Date:** 03/23/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8DIZ11 Served 06/27/2022

<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	8/25/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	8/25/22	No

Enforcement History (JADE HOUSE--310430)

Date: 12/07/2022 **SOD #**8DIZ12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.43(1)

Date: 06/27/2022 **SOD #**8DIZ11 **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: OUR HOUSE WHITEWATER MEMORY CARE (0013384)

Address: 945 E CHICAGO ST, WHITEWATER, WI 53190

License Status: REGULAR

Licensed/Certified/Registered 10/01/2011 12:00:00AM

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

Survey History

Survey ID: 0147477 **End Date:** 08/27/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146546 **End Date:** 05/10/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0PZM11 Served 05/30/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	8/27/24	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	8/27/24	Yes
83.47(2)(b)	EXIT DIAGRAM	8/27/24	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	8/27/24	Yes

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140788 **End Date:** 08/22/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #51E911 Served 09/19/2022

Deficiencies Cited

83.44(2)(a)

Subject Area

ROOMS CLEAN AND FREE FROM ODORS

Compliance

Verified

8/22/22

Corrected

Yes

Survey ID: 0139593 **End Date:** 04/27/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (OUR HOUSE WHITEWATER MEMORY CARE--0013384)

Date: 05/30/2024 **SOD #**0PZM11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 09/19/2022 **SOD #**51E911 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 02/22/2022 **SOD #**MNGH11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.25

FORFEITURE---83.35(1)(a)

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 (OUR HOUSE WHITEWATER MEMORY CARE--0013384)

Date Complaint Received: 08/09/2022

Date Investigation Completed: 08/22/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

51E911

RESIDENT RIGHTS

NOT SUBSTANTIATED

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: Pinnacle Assisted Living Services Kettle View (0018875)

Address: N8603 Duffin Rd, Whitewater, WI 53190

License Status: REGULAR

Licensed/Certified/Registered 09/01/2022 12:00:00AM

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

Survey History

Survey ID: 0142817 **End Date:** 04/12/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141151 **End Date:** 10/26/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

Complaint History (Pinnacle Assisted Living Services Kettle View--0018875)

Date Complaint Received: 03/07/2023

Date Investigation Completed: 04/12/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
STAFF TRAINING AND PROFICIENCY

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: SAPPHIRE HOUSE (0011610)

Address: W7332 US HWY 12, WHITEWATER, WI 53190

License Status: REGULAR

Licensed/Certified/Registered 04/01/2007 12:00:00AM

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

Survey History

Survey ID: 0148658 **End Date:** 01/27/2025 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143120 **End Date:** 04/24/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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