

Provider Inspection Summary

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

Walworth

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 14.00 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: RIDGESTONE COURT RCAC LLC (0010357)
Address: 1025 S SECOND ST, DELAVAN, WI 53115
License Status: REGULAR
Licensed/Certified/Registered 07/11/2003 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143521 **End Date:** 06/19/2023 **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
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: BROLEN PARK (0011318)
Address: 2191 CHURCH ST, EAST TROY, WI 53120
License Status: REGULAR
Licensed/Certified/Registered 07/27/2006 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0146844 **End Date:** 06/20/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #BL8R11 Served 07/01/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	6/20/24	Yes
89.34(17)	TENANT RIGHTS	6/20/24	Yes

Survey ID: 0142363 **End Date:** 02/28/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139902 **End Date:** 06/08/2022 **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
Residential Care Apartment Complex (CERTIFIED)

Enforcement History (BROLEN PARK--0011318)

Date: 07/01/2024 **SOD #**BL8R11 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 03/02/2022 **SOD #**64O911 **Appealed:** No

Sanctions
ORDER TO COMPLY

Complaint History (BROLEN PARK--0011318)

Date Complaint Received: 01/27/2023 **Date Investigation Completed:** 02/28/2023

<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

Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: RIDGESTONE TERRACE LLC (0011665)
Address: 291 W EVERGREEN PKWY, ELKHORN, WI 53121
License Status: REGULAR
Licensed/Certified/Registered 06/01/2007 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145527 **End Date:** 01/22/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145018 **End Date:** 12/06/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144589 **End Date:** 08/11/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #O8DQ11 Served 10/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(4)(a)2	SERVICES	12/6/23	Yes

Enforcement History (RIDGESTONE TERRACE LLC--0011665)

Date: 10/19/2023 **SOD #**O8DQ11 **Appealed:** No

Sanctions

ORDER TO COMPLY
FORFEITURE---89.23 (4)(a)2

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Provider Inspection Summary

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

Complaint History (RIDGESTONE TERRACE LLC--0011665)

Date Complaint Received: 01/17/2024

Date Investigation Completed: 01/22/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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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: ARBOR VILLAGE OF GENEVA CROSSING (0010290)

Address: 201 TOWNLINE RD, LAKE GENEVA, WI 53147

License Status: REGULAR

Licensed/Certified/Registered 07/01/2003 12:00:00AM

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

Survey History

Survey ID: 0147335 **End Date:** 07/29/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140435 **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
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: GOLDEN YEARS RETIREMENT VILLAGE (0013414)

Address: 270 RIDGE RD, WALWORTH, WI 53184

License Status: REGULAR

Licensed/Certified/Registered 10/18/2010 12:00:00AM

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

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
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: INSPIRATION MINISTRIES RCAC (0010323)
Address: N2270 HWY 67, WALWORTH, WI 53184
License Status: REGULAR
Licensed/Certified/Registered 02/01/2003 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147449 **End Date:** 08/14/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #Q5LE11 Served 08/30/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
89.34(1)	TENANT RIGHTS	8/14/24	Yes

Survey ID: 0140651 **End Date:** 08/24/2022 **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

Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0139703 End Date: 02/08/2022 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HP0M11 Served 06/01/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.26(3)(a)	PARTICIPATION IN THE ASSESSMENT	8/24/22	Yes
89.26(4)	ANNUAL REVIEW	8/24/22	Yes
89.27(1)	SERVICE AGREEMENT	8/24/22	Yes
89.27(3)(d)	SERVICE AGREEMENT	8/24/22	Yes
89.28(1)	RISK AGREEMENT	8/24/22	Yes

Enforcement History (INSPIRATION MINISTRIES RCAC--0010323)

Date: 08/30/2024 SOD #Q5LE11 Appealed: Yes Decision: STIPULATION

Sanctions
 ORDER TO COMPLY

Date: 06/01/2022 SOD #HP0M11 Appealed:

Sanctions
 ORDER TO COMPLY
 FORFEITURE---89.26(4)
 FORFEITURE---89.28(1)

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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: MULBERRY GLEN (0017287)
Address: 1255 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: 0145412 **End Date:** 01/25/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143558 **End Date:** 06/28/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141432 **End Date:** 10/20/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1DJW11 Served 11/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.34(17)	TENANT RIGHTS	6/28/23	Yes

Survey ID: 0140589 **End Date:** 08/25/2022 **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
Residential Care Apartment Complex (CERTIFIED)

Enforcement History (MULBERRY GLEN--0017287)

Date: 11/28/2022 **SOD #**1DJW11 **Appealed:** No

Sanctions
ORDER TO COMPLY

Complaint History (MULBERRY GLEN--0017287)

Date Complaint Received: 10/13/2022

Date Investigation Completed: 10/20/2022

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Result
SUBSTANTIATED

SOD #
1DJW11

Date Complaint Received: 07/25/2022

Date Investigation Completed: 08/25/2022

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
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: SHERWOOD LODGE ASSISTED LIVING (0017957)

Address: 116 CHERRY ST, WILLIAMS BAY, WI 53191

License Status: REGULAR

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

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

Survey History

Survey ID: 0147937 **End Date:** 10/03/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KHG611 Served 10/25/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(4)(c)	SERVICES	10/3/24	Yes

Survey ID: 0139904 **End Date:** 06/08/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (SHERWOOD LODGE ASSISTED LIVING--0017957)

Date: 10/25/2024 **SOD #**KHG611 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Complaint History (SHERWOOD LODGE ASSISTED LIVING--0017957)

Date Complaint Received: 08/16/2024

Date Investigation Completed: 10/03/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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