

## Provider Inspection Summary

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

Washington

### Notes

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 84.00 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:** Serenity Villa V (0019888)

**Address:** 280 N Baumann St, Campbellsport, WI 53010

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/01/2025 12:00:00AM

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

#### Survey History

**Survey ID:** 0147997    **End Date:** 08/21/2024    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #Z2EK11    Served 11/01/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	1/13/25	Yes
83.47(2)(d)	FIRE DRILLS	1/13/25	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	1/13/25	Yes

**Survey ID:** 0145205    **End Date:** 01/04/2024    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE 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:** FAIRWAY KNOLL (0017410)

**Address:** N112W17500 MEQUON ROAD, GERMANTOWN, WI 53022

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2020 12:00:00AM

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

#### Survey History

**Survey ID:** 0148423    **End Date:** 11/13/2024    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #2W0F12    Served 01/03/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	2/17/25	

**Survey ID:** 0146278    **End Date:** 02/02/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #2W0F11    Served 05/01/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	11/11/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	11/11/24	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: 0144387    End Date: 09/19/2023    Type: OTHER    Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID: 0141532    End Date: 10/10/2022    Type: STANDARD    Purpose: SURVEY/COMPLAINT**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #P5OQ11    Served 12/08/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	1/22/23	
83.47(2)(e)	OTHER EVACUATION DRILLS	1/22/23	

**Enforcement History (FAIRWAY KNOLL--0017410)**

**Date: 05/01/2024    SOD #2W0F11    Appealed:**

Sanctions

ORDER TO COMPLY  
 FORFEITURE---83.35 3D

**Complaint History (FAIRWAY KNOLL--0017410)**

**Date Complaint Received: 11/07/2023**

**Date Investigation Completed: 02/02/2024**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	2W0F11
RESIDENT RIGHTS	SUBSTANTIATED	2W0F11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	2W0F11

**Date Complaint Received: 06/20/2023**

**Date Investigation Completed: 09/19/2023**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
PROGRAM SERVICES	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 GERMANTOWN (0018581)

**Address:** N109 W17525 Virginia Ave, Germantown, WI 53022

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0148030    **End Date:** 11/04/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146683    **End Date:** 06/12/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145994    **End Date:** 03/21/2024    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143947    **End Date:** 08/08/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142291    **End Date:** 01/26/2023    **Type:** OTHER    **Purpose:** COMPLAINT/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)

**Survey ID:** 0139800    **End Date:** 05/24/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #GF5011    Served 06/09/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	7/24/22	
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	7/24/22	

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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 GERMANTOWN--0018581)

**Date Complaint Received: 10/18/2024**

**Date Investigation Completed: 11/04/2024**

Subject Area(s)  
RESIDENT RIGHTS

Result SOD #  
NOT SUBSTANTIATED

**Date Complaint Received: 03/20/2024**

**Date Investigation Completed: 06/12/2024**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

Result SOD #  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 05/15/2023**

**Date Investigation Completed: 08/08/2023**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result SOD #  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 12/06/2022**

**Date Investigation Completed: 01/26/2023**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES

Result SOD #  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 07/28/2022**

**Date Investigation Completed: 01/26/2023**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

Result SOD #  
NOT SUBSTANTIATED  
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 CNA (NONAMBULATORY)

**Date Complaint Received: 04/12/2022**

**Date Investigation Completed: 05/24/2022**

Subject Area(s)  
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	GF5011

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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:** GERMANTOWN HOME (0012454)

**Address:** W164 N10502 TIMBERLINE CT, GERMANTOWN, WI 53022

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/2009 12:00:00AM

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

#### Survey History

**Survey ID:** 0144023    **End Date:** 06/20/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #0X8011    Served 08/24/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	10/8/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	10/8/23	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:** HIGH POINT RESIDENCE GERMANTOWN NORTH (0019662)

**Address:** N113 W16358 Sylvan Circle, Germantown, WI 53022

**License Status:** REGULAR

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

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

#### Survey History

**Survey ID:** 0146145    **End Date:** 03/01/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #EWEE11    Served 04/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	6/1/24	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	6/1/24	Yes

**Survey ID:** 0143789    **End Date:** 07/03/2023    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE 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)

#### Complaint History (HIGH POINT RESIDENCE GERMANTOWN NORTH--0019662)

**Date Complaint Received: 11/21/2023**

**Date Investigation Completed: 03/01/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

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:** HIGH POINT RESIDENCE GERMANTOWN SOUTH (0019672)

**Address:** W150 N11127 Fond Du Lac Ave, Germantown, WI 53022

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0148343    **End Date:** 10/08/2024    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #846E11    Served 12/18/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(l)	CARE		
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE		
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.35(3)(f)	STAFF ACCESS TO ASSESSMENT AND ISP		
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE		
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS		

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.37(2)(d) DOCUMENTATION OF MEDICATION  
ADMINISTRATION  
83.38(1)(h) MEDICATION ADMINISTRATION  
83.38(1)(i) BEHAVIOR MANAGEMENT

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**Survey ID: 0146847    End Date: 07/01/2024    Type: OTHER    Purpose: VERIFICATION VISIT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID: 0146350    End Date: 05/08/2024    Type: OTHER    Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID: 0146160    End Date: 03/14/2024    Type: STANDARD    Purpose: SURVEY/COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #OPUV11    Served 04/18/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.19	ORIENTATION	7/1/24	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	7/1/24	Yes
83.31(6)(a)	RETURN REFUNDS TO RESIDENT WITHIN 30 DAYS	7/1/24	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	7/1/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	7/1/24	Yes

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**Survey ID: 0143790    End Date: 07/03/2023    Type: STANDARD    Purpose: SURVEY**

**Results:** PROBATIONARY LICENSE 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 (HIGH POINT RESIDENCE GERMANTOWN SOUTH--0019672)

**Date:** 12/18/2024      **SOD #**846E11      **Appealed:**      **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

FORFEITURE---N0161 DHS 83.12(3)(a)  
FORFEITURE---N0214 DHS 83.15(3) (a)  
FORFEITURE---N0352 DHS 83.32(3)(h)  
FORFEITURE---N0389 DHS 83.35(3)(d)  
FORFEITURE---N0391 DHS 83.35 (3)(f)  
FORFEITURE---N0415 DHS 83.37 (2)(d)  
FORFEITURE---N0432 DHS 83.38(1)(h)  
FORFEITURE---N0433 DHS 83.38(1)(i)  
FORFEITURE---Y3244 Chapter 50.09(1)(l) Care

**Date:** 04/18/2024      **SOD #**OPUV11      **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)

**Complaint History (HIGH POINT RESIDENCE GERMANTOWN SOUTH--0019672)**

**Date Complaint Received: 09/25/2024**

**Date Investigation Completed: 10/08/2024**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	846E11
PROGRAM SERVICES	SUBSTANTIATED	846E11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	846E11

**Date Complaint Received: 08/13/2024**

**Date Investigation Completed: 10/08/2024**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	846E11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	846E11

**Date Complaint Received: 07/30/2024**

**Date Investigation Completed: 10/08/2024**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	846E11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	846E11

**Date Complaint Received: 05/02/2024**

**Date Investigation Completed: 05/08/2024**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	

**Date Complaint Received: 02/06/2024**

**Date Investigation Completed: 03/14/2024**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	OPUV11
PROGRAM SERVICES	SUBSTANTIATED	OPUV11
RESIDENT RIGHTS	SUBSTANTIATED	OPUV11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	OPUV11

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 11/21/2023**

**Date Investigation Completed: 03/14/2024**

Subject Area(s)

ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED

SOD #

OPUV11  
OPUV11  
OPUV11  
OPUV11

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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:** MATTERHAUS (0017235)

**Address:** N109 W17000 AVA CIR, GERMANTOWN, WI 53022

**License Status:** REGULAR

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

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

#### Survey History

**Survey ID:** 0146076    **End Date:** 04/05/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144948    **End Date:** 09/14/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #F5IE12    Served 12/04/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	4/5/24	Yes
83.12(2)(c)	REPORT TO LAW ENFORCEMENT AND CORONER	4/5/24	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	4/5/24	Yes
83.38(1)(g)	HEALTH MONITORING	4/5/24	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: 0143503**    **End Date: 04/25/2023**    **Type: STANDARD**    **Purpose: SURVEY/COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #F5IE11    Served 06/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19	ORIENTATION	9/14/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	9/14/23	Yes

**Survey ID: 0139184**    **End Date: 03/31/2022**    **Type: OTHER**    **Purpose: COMPLAINT/VV**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Enforcement History (MATTERHAUS--0017235)

**Date: 12/04/2023**    **SOD #F5IE12**    **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---N 348 83.32(3)(d)  
FORFEITURE---N 431 83.38(1)(g)

**Date: 06/28/2023**    **SOD #F5IE11**    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---N 230 83.19  
FORFEITURE---N 243 83.21(1)-(3)

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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 (MATTERHAUS--0017235)

**Date Complaint Received: 06/22/2023**

**Date Investigation Completed: 09/14/2023**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
F5IE12

**Date Complaint Received: 02/15/2023**

**Date Investigation Completed: 04/25/2023**

Subject Area(s)  
ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY  
STAFF TRAINING AND PROFICIENCY

Result  
SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
F5IE11  
F5IE11  
F5IE11

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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:** HARTFORD ESTATES I (0017805)

**Address:** 109 LONE OAK LN, HARTFORD, WI 53027

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/30/2019 12:00:00AM

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

#### Survey History

**Survey ID:** 0148517    **End Date:** 12/06/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #X0SV11    Served 01/16/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	3/2/25	

**Survey ID:** 0146014    **End Date:** 03/26/2024    **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: 0143057    End Date: 03/14/2023    Type: ABBREVIATED    Purpose: SURVEY/COMPLAINT**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #ZNM911    Served 05/15/2023**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	6/29/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	6/29/23	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	6/29/23	Yes

**Complaint History (HARTFORD ESTATES I--0017805)**

**Date Complaint Received: 10/03/2024**

**Date Investigation Completed: 12/06/2024**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
X0SV11

**Date Complaint Received: 01/10/2024**

**Date Investigation Completed: 03/26/2024**

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 01/06/2023**

**Date Investigation Completed: 03/14/2023**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** HARTFORD ESTATES II (0018123)  
**Address:** 111 LONE OAK LANE, HARTFORD, WI 53027  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/01/2021 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

#### Survey History

**Survey ID:** 0147562    **End Date:** 09/10/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146839    **End Date:** 06/13/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #BTDE11    Served 07/01/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	10/4/24	Withdrawn
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE		

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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: 0144965    End Date: 10/02/2023    Type: STANDARD    Purpose: SURVEY/COMPLAINT**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #G9JV11    Served 12/05/2023**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	1/19/24	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	1/19/24	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	1/19/24	Yes
83.45(3)	TOXIC SUBSTANCES	1/19/24	Yes

**Enforcement History (HARTFORD ESTATES II--0018123)**

**Date: 07/01/2024    SOD #BTDE11    Appealed: Yes    Decision: STIPULATION**

Sanctions

ORDER TO COMPLY

**Complaint History (HARTFORD ESTATES II--0018123)**

**Date Complaint Received: 07/05/2024    Date Investigation Completed: 09/10/2024**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY PROGRAM SERVICES	NOT SUBSTANTIATED	
	NOT SUBSTANTIATED	

**Date Complaint Received: 03/12/2024    Date Investigation Completed: 06/13/2024**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	BTDE11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	BTDE11

**Date Complaint Received: 06/16/2023    Date Investigation Completed: 10/02/2023**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	
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:** MAJESTIC HEIGHTS ASSISTED LIVING II (0016367)

**Address:** 63 SOUTH WACKER DRIVE, HARTFORD, WI 53027

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2017 12:00:00AM

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

#### Survey History

**Survey ID:** 0148623    **End Date:** 09/13/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #E5LS11    Served 01/30/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(i)	BEHAVIOR MANAGEMENT		

**Survey ID:** 0145418    **End Date:** 01/19/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Complaint History (MAJESTIC HEIGHTS ASSISTED LIVING II--0016367)

**Date Complaint Received:** 08/27/2024

**Date Investigation Completed:** 09/13/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	E5LS11
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	E5LS11
PROGRAM SERVICES	SUBSTANTIATED	E5LS11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	E5LS11

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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:** MAJESTIC HEIGHTS ASSISTED LIVING (0015124)

**Address:** 85 S WACKER DR, HARTFORD, WI 53027

**License Status:** REGULAR

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

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

#### Survey History

**Survey ID:** 0147505    **End Date:** 09/04/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146089    **End Date:** 01/22/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #CGHD11    Served 04/10/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(b)	NOTIFICATION: ABUSE AND NEGLECT ALLEGATIONS	6/8/24	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	6/8/24	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)

#### Complaint History (MAJESTIC HEIGHTS ASSISTED LIVING--0015124)

**Date Complaint Received: 08/27/2024**

**Date Investigation Completed: 09/04/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 11/21/2023**

**Date Investigation Completed: 01/22/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED  
SUBSTANTIATED  
CGHD11  
CGHD11

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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:** WATERFORD AT HARTFORD (THE) (0015651)

**Address:** 1025 BELL AVE, HARTFORD, WI 53027

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/01/2016 12:00:00AM

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

#### Survey History

**Survey ID:** 0142996    **End Date:** 04/28/2023    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140720    **End Date:** 08/17/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #TQ5O11    Served 09/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	10/27/22	
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS	10/27/22	

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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:** WELLINGTON PLACE AT HARTFORD (0017434)

**Address:** 615 HILLDALE DRIVE, HARTFORD, WI 53027

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/05/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0147561    **End Date:** 09/10/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146557    **End Date:** 04/12/2024    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143593    **End Date:** 07/03/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141515    **End Date:** 11/28/2022    **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)

### Complaint History (WELLINGTON PLACE AT HARTFORD--0017434)

**Date Complaint Received: 07/15/2024**

**Date Investigation Completed: 09/10/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 01/22/2024**

**Date Investigation Completed: 04/12/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 12/16/2022**

**Date Investigation Completed: 07/03/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 11/21/2022**

**Date Investigation Completed: 11/28/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 11/09/2022**

**Date Investigation Completed: 11/28/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

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:** CHARTER SENIOR LIVING OF HASMER LAKE (0015325)

**Address:** N168 W22022 MAIN ST, JACKSON, WI 53037

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2014 12:00:00AM

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

#### Survey History

**Survey ID:** 0146966    **End Date:** 06/11/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #RT4K12    Served 07/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	8/31/24	
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	8/31/24	
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	8/31/24	
83.42(1)	RESIDENT RECORD MAINTAINED	8/31/24	

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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: 0145401**    **End Date: 11/08/2023**    **Type: STANDARD**    **Purpose: SURVEY/COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #RT4K11    Served 01/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	6/11/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	6/11/24	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	6/11/24	No
83.39(5)	PETS VACCINATED	6/11/24	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	6/11/24	No
83.44(1)(b)	SEPARATE LAUNDRY STORAGE AREAS OR CONTAINERS	6/11/24	Yes

**Survey ID: 0141823**    **End Date: 11/10/2022**    **Type: OTHER**    **Purpose: COMPLAINT/VV**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #WZSJ12    Served 01/12/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	2/26/23	

**Survey ID: 0139967**    **End Date: 06/23/2022**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #MCSP11    Served 06/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(2)(b)	RESIDENT RECORDS RETAINED FOR 7 YEARS	8/11/22	

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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:** 0139652    **End Date:** 03/09/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #WZSJ11    Served 05/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	11/10/22	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	11/10/22	Yes
83.25	CONTINUING EDUCATION	11/10/22	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	11/10/22	Yes

#### Enforcement History (CHARTER SENIOR LIVING OF HASMER LAKE--0015325)

**Date:** 01/26/2024    **SOD #**RT4K11    **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
FORFEITURE---83.35 3d  
FORFEITURE---83.42 1

**Date:** 05/25/2022    **SOD #**WZSJ11    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.25

**Date:** 03/16/2022    **SOD #**2EH213    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.20(2)(a-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 (CHARTER SENIOR LIVING OF HASMER LAKE--0015325)**

<b>Date Complaint Received: 03/15/2024</b>	<b>Date Investigation Completed: 06/11/2024</b>	
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> SUBSTANTIATED	<u>SOD #</u> RT4K12
<b>Date Complaint Received: 03/04/2024</b>	<b>Date Investigation Completed: 06/11/2024</b>	
<u>Subject Area(s)</u> ADMINISTRATION	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>
<b>Date Complaint Received: 07/26/2023</b>	<b>Date Investigation Completed: 11/08/2023</b>	
<u>Subject Area(s)</u> PHYSICAL ENVIRONMENT/SAFETY	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>
<b>Date Complaint Received: 10/19/2022</b>	<b>Date Investigation Completed: 11/10/2022</b>	
<u>Subject Area(s)</u> RESIDENT RIGHTS STAFF TRAINING AND PROFICIENCY	<u>Result</u> NOT SUBSTANTIATED NOT SUBSTANTIATED	<u>SOD #</u>
<b>Date Complaint Received: 10/11/2022</b>	<b>Date Investigation Completed: 11/10/2022</b>	
<u>Subject Area(s)</u> ADMINISTRATION PROGRAM SERVICES STAFF TRAINING AND PROFICIENCY	<u>Result</u> NOT SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED	<u>SOD #</u>
<b>Date Complaint Received: 09/07/2022</b>	<b>Date Investigation Completed: 11/10/2022</b>	
<u>Subject Area(s)</u> ADMINISTRATION PROGRAM SERVICES	<u>Result</u> SUBSTANTIATED SUBSTANTIATED	<u>SOD #</u> WZSJ12 WZSJ12

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 03/28/2022**

**Date Investigation Completed: 11/10/2022**

Subject Area(s)

ADMINISTRATION  
PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED

SOD #

WZSJ12  
WZSJ12  
WZSJ12  
WZSJ12

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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:** FOREST VIEW MANOR (0017400)

**Address:** W194 N16744 EAGLE DRIVE, JACKSON, WI 53037

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/15/2019 12:00:00AM

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

#### Survey History

**Survey ID:** 0147257    **End Date:** 08/07/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145177    **End Date:** 01/04/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143599    **End Date:** 04/03/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #L5KJ11    Served 07/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	1/4/24	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	1/4/24	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	1/4/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/4/24	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)

83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	1/4/24	Yes
83.45(3)	TOXIC SUBSTANCES	1/4/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	1/4/24	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	1/4/24	Yes

**Enforcement History (FOREST VIEW MANOR--0017400)**

**Date:** 07/10/2023      **SOD #**L5KJ11      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
 COMPLY WITH REQUIREMENT  
 ORDER TO COMPLY  
 FORFEITURE---83.15 3A  
 FORFEITURE---83.32 3D  
 FORFEITURE---83.32 3i  
 FORFEITURE---83.35 3D

**Complaint History (FOREST VIEW MANOR--0017400)**

**Date Complaint Received:** 04/30/2024

**Date Investigation Completed:** 08/07/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION  
 PROGRAM SERVICES  
 STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
 NOT SUBSTANTIATED  
 NOT SUBSTANTIATED

**Date Complaint Received:** 09/01/2023

**Date Investigation Completed:** 01/04/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

**Date Complaint Received:** 03/29/2023

**Date Investigation Completed:** 04/03/2023

Subject Area(s)

Result

SOD #

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 AS (SEMIAMBULATORY)

#### Facility Information

**Facility Name:** EXODUS TRANSITIONAL CARE FACILITY (310376)

**Address:** 1421 FOND DU LAC AVE, KEWASKUM, WI 53040

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/01/1980 12:00:00AM

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

#### Survey History

**Survey ID:** 0142682    **End Date:** 02/01/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #K4XX11    Served 04/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	5/20/23	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:** KETTLE MORaine GARDENS (0019014)

**Address:** 1802 EDGEWOOD ROAD, KEWASKUM, WI 53040

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/31/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0140676    **End Date:** 08/31/2022    **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:** Autumn Oaks (0019946)

**Address:** 227 E Washington St, Slinger, WI 53086

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/26/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0148602    **End Date:** 01/16/2025    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146846    **End Date:** 06/28/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146180    **End Date:** 03/25/2024    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE 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)

#### Complaint History (Autumn Oaks--0019946)

**Date Complaint Received: 07/15/2024**

**Date Investigation Completed: 01/16/2025**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 04/09/2024**

**Date Investigation Completed: 06/28/2024**

Subject Area(s)

Result

SOD #

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:** Serenity Villa Assisted Living IV (0019887)

**Address:** 1727 American Eagle Dr, Slinger, WI 53086

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/05/2024 12:00:00AM

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

#### Survey History

**Survey ID:** 0147872    **End Date:** 08/07/2024    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #1XI111    Served 10/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(g)	DISPOSITION OF MEDICATIONS	12/1/24	Yes

**Survey ID:** 0145208    **End Date:** 01/04/2024    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE 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:** Serenity Villa Assisted Living (0019886)  
**Address:** 1707 American Eagle Dr, Slinger, WI 53086  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/05/2024 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

#### Survey History

**Survey ID:** 0147347    **End Date:** 08/06/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145207    **End Date:** 01/04/2024    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

#### Complaint History (Serenity Villa Assisted Living--0019886)

**Date Complaint Received:** 05/08/2024

**Date Investigation Completed:** 08/06/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

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:** Serenity Villa II (0019879)

**Address:** 1600 American Eagle Dr, Slinger, WI 53086

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/12/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0147416    **End Date:** 08/19/2024    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0147232    **End Date:** 03/12/2024    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE 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:** Serenity Villa (0019885)

**Address:** 1650 American Eagle Dr, Slinger, WI 53086

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/05/2024 12:00:00AM

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

#### Survey History

**Survey ID:** 0147414    **End Date:** 08/19/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145202    **End Date:** 01/04/2024    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

#### Complaint History (Serenity Villa--0019885)

**Date Complaint Received:** 06/24/2024

**Date Investigation Completed:** 08/19/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

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:** ARBOR POINT CBRF (0014764)

**Address:** 230 232 ARBOR POINT AVE, WEST BEND, WI 53095

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/07/2013 12:00:00AM

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

#### Survey History

**Survey ID:** 0141874    **End Date:** 01/17/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Complaint History (ARBOR POINT CBRF--0014764)

**Date Complaint Received:** 01/03/2023

**Date Investigation Completed:** 01/17/2023

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
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 AA (AMBULATORY)

### Facility Information

**Facility Name:** CALM HARBOR (0014975)

**Address:** 141 S 8TH AVE, WEST BEND, WI 53095

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/31/2014 12:00:00AM

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

### Survey History

**Survey ID:** 0144076    **End Date:** 08/30/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143223    **End Date:** 03/17/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #QKFN11    Served 05/31/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.22(1)-(4)	TASK SPECIFIC TRAINING	8/30/23	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	8/30/23	Yes
83.28(6)	RESIDENT RIGHTS, GRIEVANCE PROCEDURE, RULES	8/30/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	8/30/23	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	8/30/23	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)

### Enforcement History (CALM HARBOR--0014975)

**Date:** 05/31/2023      **SOD #**QKFN11      **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:** CARRIE LANE HOUSE (0013172)

**Address:** 1707 CARRIE LN, WEST BEND, WI 53095

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2011 12:00:00AM

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

#### Survey History

**Survey ID:** 0148553    **End Date:** 01/22/2025    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0147870    **End Date:** 07/30/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #HVMV11 Served 10/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	1/22/25	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	1/22/25	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	1/22/25	Yes

**Survey ID:** 0144059    **End Date:** 08/29/2023    **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: 0143245**    **End Date: 03/24/2023**    **Type: OTHER**    **Purpose: SELF REPORT/VV**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #QUIZ12    Served 06/02/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	8/29/23	Yes

**Survey ID: 0141219**    **End Date: 08/01/2022**    **Type: STANDARD**    **Purpose: SURVEY/COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #QUIZ11    Served 11/02/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	3/24/23	Yes
83.25	CONTINUING EDUCATION	3/24/23	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	3/24/23	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	3/24/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	3/24/23	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	3/24/23	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 (CARRIE LANE HOUSE--0013172)

**Date:** 10/17/2024      **SOD #**HVMV11      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---N0158 83.12(2)(a)  
FORFEITURE---N0239 83.20(2)(a-d)  
FORFEITURE---N0352 83.32(3)(h)

**Date:** 06/02/2023      **SOD #**QUIZ12      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 11/02/2022      **SOD #**QUIZ11      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.25  
FORFEITURE---83.43(1)

#### Complaint History (CARRIE LANE HOUSE--0013172)

**Date Complaint Received:** 05/29/2024

**Date Investigation Completed:** 07/30/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	HVMV11
RESIDENT RIGHTS	SUBSTANTIATED	HVMV11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	HVMV11

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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:** COMPASSIONATE HEIGHTS (0017719)  
**Address:** 1937 NORTH MAIN STREET, WEST BEND, WI 53090  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/01/2020 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

#### Survey History

**Survey ID:** 0148536    **End Date:** 01/17/2025    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0148018    **End Date:** 08/21/2024    **Type:** OTHER    **Purpose:** SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #67N311    Served 11/06/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.27(1)(a)	LIMITATION OF CAPACITY AS SHOWN ON LICENSE	1/17/25	Yes
83.64(8)	RAMP SLOPE	1/17/25	Yes

**Survey ID:** 0143602    **End Date:** 06/30/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141937    **End Date:** 01/23/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY/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)

#### Enforcement History (COMPASSIONATE HEIGHTS--0017719)

**Date:** 11/06/2024      **SOD #**67N311      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS  
ORDER TO COMPLY  
FORFEITURE---N0285 83.27(1)(a)

#### Complaint History (COMPASSIONATE HEIGHTS--0017719)

**Date Complaint Received:** 11/18/2024      **Date Investigation Completed:** 01/17/2025

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	

**Date Complaint Received:** 05/03/2023      **Date Investigation Completed:** 06/30/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	

**Date Complaint Received:** 04/21/2022      **Date Investigation Completed:** 01/23/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
STAFF TRAINING AND PROFICIENCY	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:** CORNERSTONE (THE) (0016530)

**Address:** 330 ARBOR POINT AVE, WEST BEND, WI 53095

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2018 12:00:00AM

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

#### Survey History

**Survey ID:** 0147164    **End Date:** 07/30/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146095    **End Date:** 04/09/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145494    **End Date:** 01/03/2024    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #IMEC11    Served 02/06/2024

<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	4/9/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/9/24	Yes

**Survey ID:** 0143756    **End Date:** 07/25/2023    **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: 0143036    End Date: 05/10/2023    Type: OTHER    Purpose: COMPLAINT/SELF REPORT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID: 0143284    End Date: 03/22/2023    Type: ABBREVIATED    Purpose: SURVEY/COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #Q66L11    Served 06/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	7/25/23	Yes

**Survey ID: 0142216    End Date: 11/16/2022    Type: OTHER    Purpose: COMPLAINT**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #6YR411    Served 02/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY	4/3/23	
83.41(2)(a)	NUTRITION: DIET	4/3/23	
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	4/3/23	

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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 (CORNERSTONE (THE)--0016530)

**Date:** 02/06/2024      **SOD #**IMEC11      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.32 3i  
FORFEITURE---83.35 3d

**Date:** 06/07/2023      **SOD #**Q66L11      **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 (CORNERSTONE (THE)--0016530)**

**Date Complaint Received: 06/17/2024**

**Date Investigation Completed: 07/31/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 08/28/2023**

**Date Investigation Completed: 01/03/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

IMEC11

RESIDENT RIGHTS

SUBSTANTIATED

IMEC11

**Date Complaint Received: 07/10/2023**

**Date Investigation Completed: 07/25/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 05/04/2023**

**Date Investigation Completed: 05/10/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 04/19/2023**

**Date Investigation Completed: 05/10/2023**

Subject Area(s)

Result

SOD #

OTHER

NOT SUBSTANTIATED

**Date Complaint Received: 03/08/2023**

**Date Investigation Completed: 03/22/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

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)

**Date Complaint Received: 07/12/2022**

**Date Investigation Completed: 11/16/2022**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

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

**Date Complaint Received: 04/18/2022**

**Date Investigation Completed: 11/16/2022**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	6YR411
SUBSTANTIATED	6YR411
SUBSTANTIATED	6YR411

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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:** CORNERSTONE II (THE) (0016989)

**Address:** 330 ARBORPOINT AVE, WEST BEND, WI 53095

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2019 12:00:00AM

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

#### Survey History

**Survey ID:** 0143755    **End Date:** 07/25/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143293    **End Date:** 03/21/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #FRN811    Served 06/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	7/25/23	Yes

#### Enforcement History (CORNERSTONE II (THE)--0016989)

**Date:** 06/07/2023    **SOD #**FRN811    **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)

#### Facility Information

**Facility Name:** COTTAGES AT CEDAR RUN THE (0015048)  
**Address:** 6090 SCENIC DR, WEST BEND, WI 53095  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/15/2014 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

#### Survey History

**Survey ID:** 0146843    **End Date:** 06/25/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146219    **End Date:** 02/02/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #O4S911    Served 04/24/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	6/8/24	
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	6/8/24	

**Survey ID:** 0142503    **End Date:** 03/16/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140834    **End Date:** 09/21/2022    **Type:** OTHER    **Purpose:** COMPLAINT/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)

### Complaint History (COTTAGES AT CEDAR RUN THE--0015048)

**Date Complaint Received: 03/14/2024**

**Date Investigation Completed: 06/25/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 09/19/2023**

**Date Investigation Completed: 02/02/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 01/04/2023**

**Date Investigation Completed: 03/16/2023**

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 09/08/2022**

**Date Investigation Completed: 09/21/2022**

Subject Area(s)

Result

SOD #

OTHER

NOT SUBSTANTIATED

PROGRAM SERVICES

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:** FIELDS OF WASHINGTON COUNTY THE (0012737)

**Address:** 531 E WASHINGTON ST, WEST BEND, WI 53095

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/2010 12:00:00AM

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

#### Survey History

**Survey ID:** 0148075    **End Date:** 09/12/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #94QC11    Served 11/12/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.39(1)	INFECTION CONTROL PROGRAM		
83.60(1)	TOTAL/OPENABLE WINDOW AREA		

#### Enforcement History (FIELDS OF WASHINGTON COUNTY THE--0012737)

**Date:** 11/12/2024    **SOD #**94QC11    **Appealed:**    **Decision:** PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---N439 83.39(1)

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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 (FIELDS OF WASHINGTON COUNTY THE--0012737)

**Date Complaint Received: 09/10/2024**

**Date Investigation Completed: 09/12/2024**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 08/20/2024**

**Date Investigation Completed: 09/12/2024**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
94QC11  
94QC11

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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:** Gatewood CBRF (0020017)

**Address:** 1430 Gatewood Drive, West Bend, WI 53095

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/27/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0145776    **End Date:** 02/27/2024    **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 AS (SEMIAMBULATORY)

#### Facility Information

**Facility Name:** HAWTHORN MANOR INC (310413)

**Address:** 321 HAWTHORN DR, WEST BEND, WI 53095

**License Status:** REGULAR

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

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

#### Survey History

**Survey ID:** 0146308    **End Date:** 05/02/2024    **Type:** OTHER    **Purpose:** SELF REPORT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145672    **End Date:** 11/09/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #UHQS13    Served 02/20/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	5/2/24	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	5/1/24	Yes
83.19	ORIENTATION	5/2/24	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	5/1/24	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	5/1/24	Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Survey ID: 0144004 End Date: 05/30/2023 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UHQS12 Served 08/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(2)(c)	EMPLOYEE RECORDS RETAINED FOR 3 YEARS	11/9/23	Yes
83.13(3)(a)	POSTING LICENSE, DEFICIENCIES, REVOCATIONS	11/9/23	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	11/9/23	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	11/9/23	No
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	11/9/23	Yes
83.19	ORIENTATION	11/9/23	No
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	11/9/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	11/9/23	No
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	11/9/23	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	11/9/23	No
83.47(2)(e)	OTHER EVACUATION DRILLS	11/9/23	Yes

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**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

**Survey ID: 0142336    End Date: 11/14/2022    Type: ABBREVIATED    Purpose: SURVEY/COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #UHQS11    Served 03/01/2023**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	5/19/23	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	5/30/23	No
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	5/30/23	No
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	5/30/23	No
83.19	ORIENTATION	5/30/23	No
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	5/30/23	No
83.21(1)-(3)	ALL EMPLOYEE TRAINING	5/30/23	No
83.25	CONTINUING EDUCATION	5/19/23	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	5/19/23	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	5/19/23	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	5/19/23	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	5/19/23	Yes
83.41(3)(b)	FOOD SAFETY	5/19/23	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	5/30/23	No
83.45(3)	TOXIC SUBSTANCES	5/19/23	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	5/30/23	No
83.46(1)(f)	COMBUSTIBLES	5/19/23	Yes
83.47(2)(d)	FIRE DRILLS	5/19/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	5/30/23	No

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

#### Enforcement History (HAWTHORN MANOR INC--310413)

**Date:** 02/20/2024      **SOD #**UHQS13      **Appealed:** No

Sanctions

NO NEW ADMISSIONS  
ORDER TO COMPLY  
FORFEITURE---83.14 2a  
FORFEITURE---83.17 1  
FORFEITURE---83.19  
FORFEITURE---83.21 1-3  
FORFEITURE---83.46 1c

**Date:** 08/23/2023      **SOD #**UHQS12      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY  
FORFEITURE---8.44 1c  
FORFEITURE---83.15 3a  
FORFEITURE---83.17 1  
FORFEITURE---83.17 2a  
FORFEITURE---83.19  
FORFEITURE---83.20 2 a-d  
FORFEITURE---83.21 1-3  
FORFEITURE---83.46 1c  
FORFEITURE---83.47 2e

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

**Date:** 03/01/2023      **SOD #** UHQS11      **Appealed:**      **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY  
FORFEITURE---83.12 2A  
FORFEITURE---83.17 1  
FORFEITURE---83.19  
FORFEITURE---83.20 2A-D  
FORFEITURE---83.21 1-3  
FORFEITURE---83.25  
FORFEITURE---83.32 3D  
FORFEITURE---83.37 1E  
FORFEITURE---83.47 2D  
FORFEITURE---83.47 2F

**Complaint History (HAWTHORN MANOR INC--310413)**

**Date Complaint Received:** 11/11/2022

**Date Investigation Completed:** 05/30/2023

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
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 CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** IVY MANOR OF WEST BEND BLDG 2 (0014319)

**Address:** 350 S FOREST, WEST BEND, WI 53095

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/24/2012 12:00:00AM

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

### Survey History

**Survey ID:** 0145426    **End Date:** 01/29/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144728    **End Date:** 09/18/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3NI311    Served 11/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	1/29/24	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	1/29/24	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	1/29/24	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	1/29/24	Yes

**Survey ID:** 0139878    **End Date:** 06/10/2022    **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)

#### Enforcement History (IVY MANOR OF WEST BEND BLDG 2--0014319)

**Date:** 11/06/2023      **SOD #**3NI311      **Appealed:** No

Sanctions

ORDER TO COMPLY

#### Complaint History (IVY MANOR OF WEST BEND BLDG 2--0014319)

**Date Complaint Received:** 06/08/2023

**Date Investigation Completed:** 09/18/2023

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** IVY MANOR OF WEST BEND BUILDING 3 (0015803)

**Address:** 365 S FOREST AVE, WEST BEND, WI 53095

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2015 12:00:00AM

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

#### Survey History

**Survey ID:** 0145429    **End Date:** 01/29/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144725    **End Date:** 09/18/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #336U11    Served 11/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	1/29/24	Yes
83.43(2)(b)	CLEAN, COMFORTABLE MATTRESS AND PAD	1/29/24	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	1/29/24	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	1/29/24	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	1/29/24	Yes

**Survey ID:** 0143027    **End Date:** 04/27/2023    **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)

#### Enforcement History (IVY MANOR OF WEST BEND BUILDING 3--0015803)

**Date:** 11/06/2023      **SOD #** 336U11      **Appealed:** No

Sanctions  
ORDER TO COMPLY

#### Complaint History (IVY MANOR OF WEST BEND BUILDING 3--0015803)

**Date Complaint Received:** 06/08/2023      **Date Investigation Completed:** 09/18/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	

**Date Complaint Received:** 04/14/2023      **Date Investigation Completed:** 04/27/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	
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:** IVY MANOR OF WEST BEND (0013787)

**Address:** 370 S FOREST AVE, WEST BEND, WI 53095

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2012 12:00:00AM

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

### Survey History

**Survey ID:** 0145430    **End Date:** 01/29/2024    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144731    **End Date:** 09/18/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #MJE711    Served 11/07/2023

<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	1/29/24	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	1/29/24	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	1/29/24	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	1/29/24	Yes

### Enforcement History (IVY MANOR OF WEST BEND--0013787)

**Date:** 11/07/2023    **SOD #**MJE711    **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)

#### Complaint History (IVY MANOR OF WEST BEND--0013787)

**Date Complaint Received: 01/18/2024**

**Date Investigation Completed: 01/29/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 06/08/2023**

**Date Investigation Completed: 09/18/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

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:** NEW PERSPECTIVE-WEST BEND (0013625)

**Address:** 2130 CONTINENTAL DR, WEST BEND, WI 53095

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/20/2011 12:00:00AM

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

#### Survey History

**Survey ID:** 0147401    **End Date:** 08/14/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0147077    **End Date:** 05/09/2024    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #IC9Q11    Served 07/24/2024

<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		
83.42(1)	RESIDENT RECORD MAINTAINED		

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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: 0146355**    **End Date: 02/09/2024**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #FIW911    Served 05/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	8/14/24	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	8/14/24	Yes

**Survey ID: 0146852**    **End Date: 01/16/2024**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #2FY311    Served 07/03/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(a)	PERSONAL CARE		
83.38(1)(g)	HEALTH MONITORING		
83.39(3)	HAND WASHING		

**Survey ID: 0144202**    **End Date: 09/06/2023**    **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:** 0143229    **End Date:** 03/15/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #HUGG11    Served 05/31/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	9/6/23	Yes
83.25	CONTINUING EDUCATION	9/6/23	Yes
83.38(1)(a)	PERSONAL CARE	9/6/23	Yes
83.41(3)(b)	FOOD SAFETY	9/6/23	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	9/6/23	Yes
83.47(2)(f)	HORIZONTAL EVACUATION	9/6/23	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 (NEW PERSPECTIVE-WEST BEND--0013625)

**Date:** 07/24/2024      **SOD #**IC9Q11      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 07/03/2024      **SOD #**2FY311      **Appealed:**      **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---N 425 83.38(1)(a)

**Date:** 05/09/2024      **SOD #**FIW911      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---N 158 83.12(2)(a)  
FORFEITURE---N 396 83.36(1)(a)

**Date:** 05/31/2023      **SOD #**HUGG11      **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)

**Complaint History (NEW PERSPECTIVE-WEST BEND--0013625)**

**Date Complaint Received: 05/31/2024**

**Date Investigation Completed: 08/14/2024**

Subject Area(s)  
 PROGRAM SERVICES  
 STAFF TRAINING AND PROFICIENCY

Result  
 NOT SUBSTANTIATED  
 NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 05/01/2024**

**Date Investigation Completed: 08/14/2024**

Subject Area(s)  
 PROGRAM SERVICES  
 RESIDENT RIGHTS

Result  
 NOT SUBSTANTIATED  
 NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 04/04/2024**

**Date Investigation Completed: 05/09/2024**

Subject Area(s)  
 ADMINISTRATION  
 PHYSICAL ENVIRONMENT/SAFETY  
 PROGRAM SERVICES  
 RESIDENT RIGHTS  
 STAFF TRAINING AND PROFICIENCY

Result  
 NOT SUBSTANTIATED  
 NOT SUBSTANTIATED  
 NOT SUBSTANTIATED  
 NOT SUBSTANTIATED  
 NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 02/27/2024**

**Date Investigation Completed: 05/09/2024**

Subject Area(s)  
 RESIDENT RIGHTS

Result  
 SUBSTANTIATED

SOD #  
 IC9Q11

**Date Complaint Received: 01/17/2024**

**Date Investigation Completed: 02/09/2024**

Subject Area(s)  
 ADMINISTRATION  
 PHYSICAL ENVIRONMENT/SAFETY  
 PROGRAM SERVICES  
 RESIDENT RIGHTS  
 STAFF TRAINING AND PROFICIENCY

Result  
 SUBSTANTIATED  
 SUBSTANTIATED  
 SUBSTANTIATED  
 SUBSTANTIATED  
 SUBSTANTIATED

SOD #  
 FIW911  
 FIW911  
 FIW911  
 FIW911  
 FIW911

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 10/16/2023**

**Date Investigation Completed: 01/16/2024**

Subject Area(s)

PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED

SOD #

2FY311  
2FY311  
2FY311

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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:** WATERFORD AT WEST BEND (THE) (0015650)

**Address:** 831 E WASHINGTON ST, WEST BEND, WI 53095

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/21/2015 12:00:00AM

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

#### Survey History

**Survey ID:** 0147346    **End Date:** 08/07/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146423    **End Date:** 03/28/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #BHS711    Served 05/15/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(f)	PRIVACY	8/7/24	Yes

**Survey ID:** 0145219    **End Date:** 01/03/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #9UWT11    Served 01/09/2024

<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	2/23/24	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: 0143611**    **End Date: 06/29/2023**    **Type: STANDARD**    **Purpose: SURVEY/COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID: 0142320**    **End Date: 02/27/2023**    **Type: OTHER**    **Purpose: COMPLAINT/SELF REPORT/VV**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID: 0140611**    **End Date: 08/02/2022**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #I46J11    Served 08/31/2022

Deficiencies Cited

83.55(6)(b)

Subject Area

BATH AND TOILET AREAS: WATER  
TEMPERATURE

Compliance

Verified

2/27/23

Corrected

Yes

**Survey ID: 0139879**    **End Date: 06/10/2022**    **Type: OTHER**    **Purpose: VERIFICATION VISIT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Enforcement History (WATERFORD AT WEST BEND (THE)--0015650)

**Date: 05/15/2024**    **SOD #BHS711**    **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

**Date: 08/31/2022**    **SOD #I46J11**    **Appealed: Yes**    **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY  
FORFEITURE---83.55(6)(b)

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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 (WATERFORD AT WEST BEND (THE)--0015650)

**Date Complaint Received: 10/24/2024**

**Date Investigation Completed: 01/30/2025**

Subject Area(s)

Result

SOD #

OTHER

NOT SUBSTANTIATED

**Date Complaint Received: 01/18/2024**

**Date Investigation Completed: 03/28/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

BHS711

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 09/22/2023**

**Date Investigation Completed: 01/03/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 08/29/2023**

**Date Investigation Completed: 01/03/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 03/19/2023**

**Date Investigation Completed: 06/29/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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***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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 02/07/2023**

Subject Area(s)

ADMINISTRATION  
PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 02/27/2023**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/18/2022**

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

**Date Investigation Completed: 08/02/2022**

Result

SUBSTANTIATED  
SUBSTANTIATED

SOD #

I46J11  
I46J11

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