

Provider Inspection Summary

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

Washington

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 17.00 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: ENGEL HAUS (0017236)

Address: N109 W17110 AVA CIRCLE, 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: 0147436 **End Date:** 08/27/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Facility Information

Facility Name: FAIRWAY KNOLL (0018192)
Address: N112 W17500 MEQUON ROAD, GERMANTOWN, WI 53022
License Status: REGULAR
Licensed/Certified/Registered 07/01/2020 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0143866 **End Date:** 08/03/2023 **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: Spero Gardens of Hartford (0020070)

Address: 112 Peace Lutheran Pkwy, Hartford, WI 53027

License Status: REGULAR

Licensed/Certified/Registered 03/22/2024 12:00:00AM

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

Survey History

Survey ID: 0145962 **End Date:** 03/22/2024 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION 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: WATERFORD AT HARTFORD (THE) (0015654)
Address: 1025 BELL AVE, HARTFORD, WI 53027
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: 0148511 **End Date:** 01/07/2025 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143860 **End Date:** 08/01/2023 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (WATERFORD AT HARTFORD (THE)--0015654)

Date Complaint Received: 11/06/2024 **Date Investigation Completed:** 01/07/2025

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
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
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: CHARTER SENIOR LIVING OF HASMER LAKE (0015326)

Address: N168 W22026 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: 0147209 **End Date:** 06/14/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #562W11 Served 08/05/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(c)	SERVICES		

Survey ID: 0145855 **End Date:** 03/08/2024 **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: 0144911 **End Date:** 09/08/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0H1N13 Served 11/29/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	3/8/24	Yes
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	3/8/24	Yes
89.28(1)	RISK AGREEMENT	3/8/24	Yes

Survey ID: 0143086 **End Date:** 02/27/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0H1N12 Served 05/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	9/8/23	No
89.23(2)(a)2.b	SERVICES	9/8/23	Yes
89.23(2)(a)2.c	SERVICES	9/8/23	Yes
89.23(2)(b)1	SERVICES	9/8/23	Yes
89.26(2)(b)	COMPREHENSIVE ASSESSMENT	9/8/23	Yes
89.28(2)(a)1	RISK AGREEMENT	9/8/23	Yes

Survey ID: 0139437 **End Date:** 04/12/2022 **Type:** OTHER **Purpose:** DESK REVIEW

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: 0139989 End Date: 03/17/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0H1N11 Served 06/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(a)2.b	SERVICES	2/27/23	No

Enforcement History (CHARTER SENIOR LIVING OF HASMER LAKE--0015326)

Date: 08/05/2024 SOD #562W11 Appealed: Decision: PENDING

Sanctions
 ORDER TO COMPLY
 FORFEITURE---89.23 2C

Date: 11/29/2023 SOD #0H1N13 Appealed: No

Sanctions
 ORDER TO COMPLY
 FORFEITURE---50.065 2b
 FORFEITURE---50.065 2bb
 FORFEITURE---89.28 1

Date: 05/17/2023 SOD #0H1N12 Appealed:

Sanctions
 ORDER TO COMPLY
 FORFEITURE---89.23 2B1
 FORFEITURE---89.28 2A1

Date: 06/29/2022 SOD #0H1N11 Appealed:

Sanctions
 ORDER TO COMPLY
 FORFEITURE---89.23(2)(a)2.b

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Provider Inspection Summary

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

Complaint History (CHARTER SENIOR LIVING OF HASMER LAKE--0015326)

Date Complaint Received: 03/28/2024	Date Investigation Completed: 06/14/2024	
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> SUBSTANTIATED	<u>SOD #</u> 562W11
Date Complaint Received: 07/26/2023	Date Investigation Completed: 09/08/2023	
<u>Subject Area(s)</u> PHYSICAL ENVIRONMENT/SAFETY	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>
Date Complaint Received: 05/22/2023	Date Investigation Completed: 09/08/2023	
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> SUBSTANTIATED	<u>SOD #</u> 0H1N13
Date Complaint Received: 07/07/2022	Date Investigation Completed: 02/27/2023	
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> SUBSTANTIATED	<u>SOD #</u> 0H1N12
Date Complaint Received: 02/28/2022	Date Investigation Completed: 03/17/2022	
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>
Date Complaint Received: 02/21/2022	Date Investigation Completed: 03/17/2022	
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> SUBSTANTIATED	<u>SOD #</u> 0H1N11
<u>Subject Area(s)</u> RESIDENT RIGHTS	<u>Result</u> SUBSTANTIATED	<u>SOD #</u> 0H1N11

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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: KETTLE MORaine GARDENS RCAC (0018988)
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: 0145883 **End Date:** 03/14/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145107 **End Date:** 10/25/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3ODV11 Served 12/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(4)(d)1	SERVICES	3/14/24	Yes
89.26(4)	ANNUAL REVIEW	3/14/24	Yes
89.28(2)(a)1	RISK AGREEMENT	3/14/24	Yes

Enforcement History (KETTLE MORaine GARDENS RCAC--0018988)

Date: 12/27/2023 **SOD #**3ODV11 **Appealed:** No

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 (KETTLE MORaine GARDENS RCAC--0018988)

Date Complaint Received: 08/04/2023

Date Investigation Completed: 10/25/2023

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: CEDAR BAY WEST (0010312)
Address: 5555 CEDAR BAY DR, WEST BEND, WI 53095
License Status: REGULAR
Licensed/Certified/Registered 10/01/2002 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147024 **End Date:** 07/17/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145898 **End Date:** 03/15/2024 **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

Residential Care Apartment Complex (CERTIFIED)

Complaint History (CEDAR BAY WEST--0010312)

Date Complaint Received: 04/01/2024

Date Investigation Completed: 07/17/2024

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: 01/02/2024

Date Investigation Completed: 03/15/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
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: FIELDS OF WASHINGTON COUNTY THE (0011418)
Address: 675 E WASHINGTON ST, WEST BEND, WI 53095
License Status: REGULAR
Licensed/Certified/Registered 06/19/2006 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147569 **End Date:** 09/12/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140091 **End Date:** 07/08/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (FIELDS OF WASHINGTON COUNTY THE--0011418)

Date Complaint Received: 09/10/2024 **Date Investigation Completed:** 09/12/2024

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

Date Complaint Received: 08/22/2024 **Date Investigation Completed:** 09/12/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	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: NEW PERSPECTIVE-WEST BEND (0013626)
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: 0146391 **End Date:** 05/09/2024 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145406 **End Date:** 01/16/2024 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144212 **End Date:** 09/06/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143224 **End Date:** 03/16/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION

Statement of Deficiency: #TYJR11 Served 05/31/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(3)(d)	SERVICES	9/6/23	Yes
89.23(3)(f)	SERVICES	9/6/23	Yes

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Provider Inspection Summary

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

Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0141819 End Date: 10/25/2022 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (NEW PERSPECTIVE-WEST BEND--0013626)

Date: 05/31/2023 SOD #TYJR11 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (NEW PERSPECTIVE-WEST BEND--0013626)

Date Complaint Received: 04/04/2024 Date Investigation Completed: 05/09/2024

Subject Area(s) Result SOD #
RESIDENT RIGHTS NOT SUBSTANTIATED

Date Complaint Received: 12/04/2023 Date Investigation Completed: 01/16/2024

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

Date Complaint Received: 11/25/2022 Date Investigation Completed: 03/16/2023

Subject Area(s) Result SOD #
PROGRAM SERVICES NOT SUBSTANTIATED

Date Complaint Received: 05/05/2022 Date Investigation Completed: 10/25/2022

Subject Area(s) Result SOD #
PHYSICAL ENVIRONMENT/SAFETY NOT SUBSTANTIATED
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

Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: WILLOWS AT CEDAR LAKE (THE) (0017033)
Address: 5577 HOME DRIVE, WEST BEND, WI 53095
License Status: REGULAR
Licensed/Certified/Registered 05/14/2018 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0141767 **End Date:** 10/21/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #NKC611 Served 01/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
89.26(3)(b)	PARTICIPATION IN THE ASSESSMENT	2/20/23	
89.26(4)	ANNUAL REVIEW	2/20/22	

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