

Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Waukesha

Notes

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

The report includes only facilities located within the City of Oconomowoc. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.

The report is a PDF (Adobe Acrobat) document and includes a total of 32.00 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 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: ADULT MENTAL HEALTH RESIDENTIAL CARE (0017617)

Address: 34700 VALLEY RD, OCONOMOWOC, WI 53066

License Status: REGULAR

Licensed/Certified/Registered 07/03/2019 12:00:00AM

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

Survey History

Survey ID: 0144174 **End Date:** 07/12/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140826 **End Date:** 08/18/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #SXL312 Served 09/23/2022

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--------------------------------------|--------------------------------|------------------|
| 83.32(3)(b) | RIGHTS OF RESIDENTS: CONFIDENTIALITY | 8/18/22 | Yes |

Survey ID: 0136915 **End Date:** 07/28/2021 **Type:** INITIAL **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (ADULT MENTAL HEALTH RESIDENTIAL CARE--0017617)

Date: 09/23/2022 **SOD #SXL312** **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Complaint History (ADULT MENTAL HEALTH RESIDENTIAL CARE--0017617)

Date Complaint Received: 06/14/2023

Date Investigation Completed: 07/12/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: ADULT RESIDENTIAL CARE (0017618)

Address: 34700 VALLEY RD, OCONOMOWOC, WI 53066

License Status: REGULAR

Licensed/Certified/Registered 06/26/2019 12:00:00AM

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

Survey History

Survey ID: 0143767 **End Date:** 07/13/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140545 **End Date:** 08/17/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (ADULT RESIDENTIAL CARE--0017618)

Date Complaint Received: 06/14/2023

Date Investigation Completed: 07/13/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: AUSTIN HALL (0009717)

Address: 36100 GENESEE LAKE RD, OCONOMOWOC, WI 53066

License Status: REGULAR

Licensed/Certified/Registered 01/01/2002 12:00:00AM

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

Survey History

Survey ID: 0138927 **End Date:** 03/04/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AZURA MEMORY CARE OF OCONOMOWOC (0016080)

Address: 540 E. Forest St, Oconomowoc, WI 53066

License Status: REGULAR

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

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

Survey History

Survey ID: 0146642 **End Date:** 05/22/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #961Z11 Served 06/06/2024

Deficiencies Cited
83.39(3)

Subject Area
HAND WASHING

Compliance
Verified
5/22/24

Corrected
Yes

Survey ID: 0145900 **End Date:** 03/11/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142001 **End Date:** 01/24/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141939 **End Date:** 10/07/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CRHE11 Served 01/26/2023

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance</u> | <u>Corrected</u> |
|---------------------------|---|-------------------|------------------|
| | | <u>Verified</u> | |
| 83.35(1)(c) | LISTED AREAS FOR ASSESSMENTS | 4/23/23 | Withdrawn |
| 83.35(3)(c) | IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN | 4/23/23 | Withdrawn |

Survey ID: 0141121 **End Date:** 07/11/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #M8R111 Served 10/25/2022

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance</u> | <u>Corrected</u> |
|---------------------------|--|-------------------|------------------|
| | | <u>Verified</u> | |
| 83.12(5)(a) | NOTIFICATION: INCIDENT, INJURY, CHANGES | 1/24/23 | Yes |
| 83.35(3)(d) | SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES | 1/24/23 | Yes |

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (AZURA MEMORY CARE OF OCONOMOWOC--0016080)

Date: 06/06/2024 **SOD #**961Z11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 01/26/2023 **SOD #**CRHE11 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

ORDER TO COMPLY

FORFEITURE---83.35(1)(c)

FORFEITURE---83.35(3)(c)

Date: 10/25/2022 **SOD #**M8R111 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.12(5)(a)

FORFEITURE---83.35(3)(d)

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (AZURA MEMORY CARE OF OCONOMOWOC--0016080)

Date Complaint Received: 05/16/2024

Date Investigation Completed: 05/22/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 02/14/2024

Date Investigation Completed: 03/11/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 07/29/2022

Date Investigation Completed: 10/07/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

CRHE11

Date Complaint Received: 06/08/2022

Date Investigation Completed: 07/11/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

M8R111

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: BETHANY CHRISTIAN SERVICES (0018427)

Address: 1331 CAPITOL DRIVE, OCONOMOWOC, WI 53066

License Status: REGULAR

Licensed/Certified/Registered 06/01/2022 12:00:00AM

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

Survey History

Survey ID: 0139454 **End Date:** 04/21/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138681 **End Date:** 02/10/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ETH011 Served 02/14/2022

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|-------------------------------------|--------------------------------|------------------|
| 83.20(2)(a)-(d) | DEPARTMENT-APPROVED TRAINING COURSE | 4/21/22 | Yes |

Enforcement History (BETHANY CHRISTIAN SERVICES--0018427)

Date: 02/14/2022 **SOD #**ETH011 **Appealed:**

Sanctions

ORDER TO COMPLY

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

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: CASEY HOUSE (0010138)

Address: 36100 GENESEE LAKE RD, OCONOMOWOC, WI 53066

License Status: REGULAR

Licensed/Certified/Registered 08/01/2004 12:00:00AM

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

Survey History

Survey ID: 0140849 **End Date:** 06/22/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: CURTIS HALL (0009718)

Address: 36100 GENESEE LAKE RD, OCONOMOWOC, WI 53066

License Status: REGULAR

Licensed/Certified/Registered 01/01/2002 12:00:00AM

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

Survey History

Survey ID: 0144362 **End Date:** 09/21/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: EVIN AT OCONOMOWOC SPECIALTY CARE (0018399)

Address: 1101 SILVER LAKE ST, OCONOMOWOC, WI 53066

License Status: REGULAR

Licensed/Certified/Registered 02/01/2021 12:00:00AM

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

Survey History

Survey ID: 0142537 **End Date:** 03/16/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141217 **End Date:** 08/09/2022 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6PTU12 Served 11/03/2022

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--|--------------------------------|------------------|
| 83.17(2)(a) | EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE | 3/16/23 | Yes |
| 83.35(3)(d) | SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES | 3/16/23 | Yes |
| 83.45(1)(e) | ELECTRICAL, MECHANICAL, WATER SUPPLY | 3/16/23 | Yes |
| 83.46(1)(f) | COMBUSTIBLES | 3/16/23 | Yes |

Survey ID: 0138773 **End Date:** 02/18/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0138626 End Date: 10/06/2021 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6PTU11 Served 02/08/2022

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance</u> | <u>Corrected</u> |
|---------------------------|---|-------------------|------------------|
| | | <u>Verified</u> | |
| 83.12(3)(b) | DOCUMENTATION OF INVESTIGATIONS OF INJURIES | 8/9/22 | Yes |
| 83.21(1)-(3) | ALL EMPLOYEE TRAINING | 8/9/22 | Yes |
| 83.39(1) | INFECTION CONTROL PROGRAM | 8/9/22 | Yes |
| 83.39(3) | HAND WASHING | 8/9/22 | Yes |

Enforcement History (EVIN AT OCONOMOWOC SPECIALTY CARE--0018399)

Date: 11/03/2022 SOD #6PTU12 Appealed:

Sanctions

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

Date: 02/08/2022 SOD #6PTU11 Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---83.21(1-3)

Complaint History (EVIN AT OCONOMOWOC SPECIALTY CARE--0018399)

Date Complaint Received: 09/23/2021

Date Investigation Completed: 10/06/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HILLSIDE TERRACE CBRF (0018069)

Address: 1305 WEST WISCONSIN AVENUE, OCONOMOWOC, WI 53066

License Status: REGULAR

Licensed/Certified/Registered 07/01/2021 12:00:00AM

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

Survey History

Survey ID: 0142729 **End Date:** 03/22/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: LANG HOME (0010990)

Address: 1234 NEWPORT DR, OCONOMOWOC, WI 53066

License Status: REGULAR

Licensed/Certified/Registered 01/25/2006 12:00:00AM

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

Survey History

Survey ID: 0145516 **End Date:** 01/23/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #SW6L12 Served 02/07/2024

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|----------------------------|--------------------------------|------------------|
| 83.37(1)(g) | DISPOSITION OF MEDICATIONS | 1/23/24 | Yes |

Survey ID: 0144661 **End Date:** 08/16/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SW6L11 Served 10/31/2023

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---|--------------------------------|------------------|
| 83.12(4)(c) | REPORTING INCIDENTS WITH SERIOUS INJURY | | |
| 83.32(3)(l) | RIGHTS OF RESIDENTS: LEAST RESTRICTIVE | | |
| 83.37(1)(e) | MEDICATION REGIMEN, ADMINISTRATION REVIEW | | |
| 83.37(1)(i) | PRN PSYCHOTROPIC MEDICATION | | |
| 83.44(1)(c) | CLOTHES DRYERS ENCLOSED AND VENTED | | |

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024
Community Based Residential Facility--CLASS AA (AMBULATORY)

83.55(6)(b)

BATH AND TOILET AREAS: WATER
TEMPERATURE

Survey ID: 0136683 End Date: 07/01/2021 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (LANG HOME--0010990)

Date: 02/07/2024 SOD #SW6L12 Appealed: No

Sanctions

ORDER TO COMPLY

Date: 10/31/2023 SOD #SW6L11 Appealed:

Sanctions

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

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: OCD CENTER AT CEDAR RIDGE (0014809)

Address: 3011 N CEDAR RIDGE ROAD, OCONOMOWOC, WI 53066

License Status: REGULAR

Licensed/Certified/Registered 11/13/2014 12:00:00AM

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

Survey History

Survey ID: 0140197 **End Date:** 03/24/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: RIVERLINE HOME (0014460)

Address: 1314 N RIVERLINE DR, OCONOMOWOC, WI 53066

License Status: REGULAR

Licensed/Certified/Registered 02/01/2014 12:00:00AM

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

Survey History

Survey ID: 0140486 **End Date:** 07/13/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: ROGERS MEM HOSP HERRINGTON RECOVERY CENTER (0012890)

Address: 34700 VALLEY RD, OCONOMOWOC, WI 53066

License Status: REGULAR

Licensed/Certified/Registered 09/28/2009 12:00:00AM

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

Survey History

Survey ID: 0139261 **End Date:** 03/24/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: ROGERS MEM HOSP TURTLE POND RECOVERY CENTER (310664)

Address: 34700 VALLEY RD, OCONOMOWOC, WI 53066

License Status: REGULAR

Licensed/Certified/Registered 06/01/1998 12:00:00AM

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

Survey History

Survey ID: 0144307 **End Date:** 09/20/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138648 **End Date:** 02/09/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138363 **End Date:** 10/06/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XU6A11 Served 01/19/2022

Deficiencies Cited
83.14(2)(a)

Subject Area
LICENSEE ENSURES FACILITY COMPLIES
WITH LAWS

Compliance
Verified
2/9/22

Corrected
Yes

Survey ID: 0137310 **End Date:** 09/16/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (ROGERS MEM HOSP TURTLE POND RECOVERY CENTER--310664)

Date: 01/19/2022 **SOD #** XU6A11 **Appealed:** No

Sanctions

ORDER TO COMPLY
ACCRUING FORFEITURE

Complaint History (ROGERS MEM HOSP TURTLE POND RECOVERY CENTER--310664)

Date Complaint Received: 08/02/2021

Date Investigation Completed: 09/16/2021

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SHOREHAVEN MEMORY CARE (0013899)

Address: 1305 W WISCONSIN AVE, OCONOMOWOC, WI 53066

License Status: REGULAR

Licensed/Certified/Registered 03/01/2013 12:00:00AM

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

Survey History

Survey ID: 0143762 **End Date:** 07/12/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143153 **End Date:** 05/15/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142138 **End Date:** 02/07/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140716 **End Date:** 09/01/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139573 **End Date:** 04/21/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138080 **End Date:** 11/30/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SHOREHAVEN MEMORY CARE--0013899)

Date Complaint Received: 03/29/2023

Date Investigation Completed: 05/15/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 11/14/2022

Date Investigation Completed: 02/07/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 06/29/2022

Date Investigation Completed: 09/01/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 04/07/2022

Date Investigation Completed: 04/21/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 10/21/2021

Date Investigation Completed: 11/30/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: STEPPING STONE (0010475)

Address: 700-702 HICKORY CREEK DR, OCONOMOWOC, WI 53066

License Status: REGULAR

Licensed/Certified/Registered 11/01/2004 12:00:00AM

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

Survey History

Survey ID: 0140739 **End Date:** 09/12/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: TOWNER CREST ARBOR MEMORY CARE (0017947)

Address: 1205 EAST LISBON ROAD, OCONOMOWOC, WI 53066

License Status: REGULAR

Licensed/Certified/Registered 04/07/2020 12:00:00AM

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

Survey History

Survey ID: 0142175 **End Date:** 02/08/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: TOWNER CREST COMMONS ASSISTED LIVING (0017948)

Address: 1205 EAST LISBON ROAD, OCONOMOWOC, WI 53066

License Status: REGULAR

Licensed/Certified/Registered 04/07/2020 12:00:00AM

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

Survey History

Survey ID: 0142174 **End Date:** 02/08/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: VIEW AT PINE RIDGE (THE) (0015699)

Address: 1010 PINE RIDGE COURT, OCONOMOWOC, WI 53066

License Status: REGULAR

Licensed/Certified/Registered 09/01/2016 12:00:00AM

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

Survey History

Survey ID: 0146611 **End Date:** 05/08/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #F04F11 Served 06/04/2024

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance</u> | <u>Corrected</u> |
|---------------------------|---|-------------------|------------------|
| | | <u>Verified</u> | |
| 50.065(2)(bm) | OUT OF STATE BACKGROUND CHECKS | 7/19/24 | Yes |
| 83.12(2)(c) | REPORT TO LAW ENFORCEMENT AND CORONER | 7/19/24 | Yes |
| 83.17(1) | LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK | 7/19/24 | Yes |
| 83.37(1)(g) | DISPOSITION OF MEDICATIONS | 7/19/24 | Yes |

Survey ID: 0139808 **End Date:** 05/25/2022 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139149 End Date: 12/03/2021 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S7PT11 Served 04/04/2022

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance</u> | <u>Corrected</u> |
|---------------------------|--|-------------------|------------------|
| | | <u>Verified</u> | |
| 83.35(3)(d) | SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES | 5/25/22 | Yes |
| 83.37(1)(i) | PRN PSYCHOTROPIC MEDICATION | 5/25/22 | Yes |
| 83.37(3)(c) | MEDICATION STORAGE: LOCKED CABINET | 5/25/22 | Yes |
| 83.45(3) | TOXIC SUBSTANCES | 5/25/22 | Yes |

Enforcement History (VIEW AT PINE RIDGE (THE)--0015699)

Date: 06/04/2024 SOD #F04F11 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (VIEW AT PINE RIDGE (THE)--0015699)

Date Complaint Received: 03/24/2024 Date Investigation Completed: 05/08/2024

| <u>Subject Area(s)</u> | <u>Result</u> | <u>SOD #</u> |
|------------------------|-------------------|--------------|
| RESIDENT RIGHTS | SUBSTANTIATED | F04F11 |
| RESIDENT RIGHTS | NOT SUBSTANTIATED | |

Date Complaint Received: 10/28/2021 Date Investigation Completed: 04/04/2022

| <u>Subject Area(s)</u> | <u>Result</u> | <u>SOD #</u> |
|------------------------|-------------------|--------------|
| ADMINISTRATION | NOT SUBSTANTIATED | |

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: VIEW AT PINE RIDGE II (THE) (0016659)

Address: , OCONOMOWOC, WI 53066

License Status: REGULAR

Licensed/Certified/Registered 06/01/2018 12:00:00AM

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

Survey History

Survey ID: 0146469 **End Date:** 05/15/2024 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144983 **End Date:** 11/10/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144433 **End Date:** 09/27/2023 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140588 **End Date:** 08/23/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140239 **End Date:** 05/25/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139917 **End Date:** 03/04/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QP7K11 Served 06/22/2022

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance</u> | |
|---------------------------|---|-------------------|------------------|
| | | <u>Verified</u> | <u>Corrected</u> |
| 83.35(3)(c) | IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN | 8/23/22 | Yes |
| 83.39(1) | INFECTION CONTROL PROGRAM | 8/23/22 | Yes |
| 83.46(4)(e) | ELECTRICAL OUTLETS | 8/23/22 | Yes |

Survey ID: 0139150 **End Date:** 12/03/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TMHD12

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance</u> | |
|---------------------------|------------------------------------|-------------------|------------------|
| | | <u>Verified</u> | <u>Corrected</u> |
| 83.35(1)(c) | LISTED AREAS FOR ASSESSMENTS | 5/25/22 | Yes |
| 83.37(1)(i) | PRN PSYCHOTROPIC MEDICATION | 5/25/22 | Yes |
| 83.44(1)(c) | CLOTHES DRYERS ENCLOSED AND VENTED | 5/25/22 | Yes |

Enforcement History (VIEW AT PINE RIDGE II (THE)--0016659)

Date: 06/24/2022 **SOD #**QP7K11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35(.3)(c)
FORFEITURE---83.39(1)

Date: 04/04/2022 **SOD #**TMHD12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35(1)(c)

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (VIEW AT PINE RIDGE II (THE)--0016659)

Date Complaint Received: 04/08/2024

Date Investigation Completed: 05/07/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 10/30/2023

Date Investigation Completed: 11/10/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 05/03/2022

Date Investigation Completed: 05/25/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 02/03/2022

Date Investigation Completed: 03/04/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

QP7K11

Date Complaint Received: 01/26/2022

Date Investigation Completed: 03/04/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

QP7K11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

QP7K11

Date Complaint Received: 11/02/2021

Date Investigation Completed: 12/03/2021

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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