

## Provider Inspection Summary

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

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 31.00 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 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

### 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 01/30/2022 to 01/29/2025

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 01/30/2022 to 01/29/2025

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 01/30/2022 to 01/29/2025

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:** 0147614    **End Date:** 09/11/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**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 01/30/2022 to 01/29/2025

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:** 0148445    **End Date:** 12/17/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**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

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.39(3)	HAND WASHING	5/22/24	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 01/30/2022 to 01/29/2025

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 Verified</u>	<u>Corrected</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 Verified</u>	<u>Corrected</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 01/30/2022 to 01/29/2025

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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

**Date Complaint Received: 10/28/2024**

**Date Investigation Completed: 12/17/2024**

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

Result  
 NOT SUBSTANTIATED  
 NOT SUBSTANTIATED  
 NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 10/23/2024**

**Date Investigation Completed: 12/17/2024**

Subject Area(s)  
 ADMINISTRATION

Result  
 NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 05/16/2024**

**Date Investigation Completed: 05/22/2024**

Subject Area(s)  
 RESIDENT RIGHTS

Result  
 NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 02/14/2024**

**Date Investigation Completed: 03/11/2024**

Subject Area(s)  
 PROGRAM SERVICES  
 RESIDENT RIGHTS

Result  
 NOT SUBSTANTIATED  
 NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/29/2022**

**Date Investigation Completed: 10/07/2023**

Subject Area(s)  
 PROGRAM SERVICES

Result  
 SUBSTANTIATED

SOD #  
 CRHE11

**Date Complaint Received: 06/08/2022**

**Date Investigation Completed: 07/11/2022**

Subject Area(s)  
 PROGRAM SERVICES

Result  
 SUBSTANTIATED

SOD #  
 M8R111

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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:** 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 01/30/2022 to 01/29/2025

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:** 0147616    **End Date:** 09/11/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**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 01/30/2022 to 01/29/2025

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 01/30/2022 to 01/29/2025

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:** 0147055    **End Date:** 07/10/2024    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #JKR111    Served 07/23/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.37(1)(j)	PROOF-OF-USE RECORD	9/6/24	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	9/6/24	Yes

**Survey ID:** 0142537    **End Date:** 03/16/2023    **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: 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

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

**Date: 07/23/2024    SOD #JKR111    Appealed: No**

Sanctions  
 ORDER TO COMPLY

**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)

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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:** 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 01/30/2022 to 01/29/2025

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	1/23/24	Yes
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE	1/23/24	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	1/23/24	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	1/23/24	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	1/23/24	Yes

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

83.55(6)(b)

BATH AND TOILET AREAS: WATER  
TEMPERATURE

1/23/24

Yes

#### 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 01/30/2022 to 01/29/2025

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 01/30/2022 to 01/29/2025

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:** 0147977    **End Date:** 10/30/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #QETX11    Served 10/31/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.55(3)	BATH AND TOILET AREAS: HAND DRYING	12/15/24	Yes

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

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Enforcement History (RIVERLINE HOME--0014460)

**Date:** 10/31/2024    **SOD #**QETX11    **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 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 01/30/2022 to 01/29/2025

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

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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:** 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

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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 (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

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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:** 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:** 0147682      **End Date:** 09/11/2024      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**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 01/30/2022 to 01/29/2025

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 01/30/2022 to 01/29/2025

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 01/30/2022 to 01/29/2025

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:** 0147906    **End Date:** 10/09/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0147479    **End Date:** 08/19/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**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>Verified</u>	<u>Corrected</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

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

Results: NO STATEMENT OF DEFICIENCY ISSUED

#### 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: 09/17/2024    Date Investigation Completed: 10/07/2024

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

Date Complaint Received: 05/31/2024    Date Investigation Completed: 08/19/2024

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

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	

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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:** VIEW AT PINE RIDGE II (THE) (0016659)

**Address:** 1030 PINE RIDGE COURT, 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:** 0148675    **End Date:** 01/22/2025    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #G52B11    Served 02/04/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	1/22/25	Yes

**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

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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: 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

**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

**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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

**Date Complaint Received: 11/06/2024**

**Date Investigation Completed: 01/22/2025**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
G52B11

**Date Complaint Received: 04/08/2024**

**Date Investigation Completed: 05/07/2024**

Subject Area(s)  
ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 10/30/2023**

**Date Investigation Completed: 11/10/2023**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 05/03/2022**

**Date Investigation Completed: 05/25/2022**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 02/03/2022**

**Date Investigation Completed: 03/04/2022**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
QP7K11

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