

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility
COUNTY: RACINE

Notes

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

The report includes only facilities located within the City of Racine. 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 34 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 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: RACINE

Facility Information

Facility Name: GENESIS CHATHAM HOUSE (0009385)
Address: 1636 CHATHAM ST, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 02/01/2002
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103123 **End Date:** 10/27/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103124 **End Date:** 10/27/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097888 **End Date:** 10/04/2006 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011905 Served 10/16/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	10/02/2008	Yes
83.41(10)(a)	BUILDING MAINTENANCE	10/27/2008	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	
83.42(6)(a)	FIRE INSPECTION	04/01/2009	
83.53(1)(a)	NUMBER & TYPES OF EXITS & PASSAGEWAYS	04/01/2009	

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: RACINE

Enforcement History (GENESIS CHATHAM HOUSE)

Date: 10/11/2006 SOD #10011905 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.41(10)(a)
FORFEITURE---83.42(3)(f)

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: RACINE

Facility Information

Facility Name: GENESIS CROSSROADS (310621)
Address: 1725 1727 SPRING PL, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 10/01/1995
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0099112 **End Date:** 04/19/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011957 Served 04/25/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: RACINE

Facility Information

Facility Name: GENESIS SPRING PLACE (310435)
Address: 4107 4109 ST CLAIR ST, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 01/01/1991
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104002 **End Date:** 05/04/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #IJHQ11 Served 05/20/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT		

Survey ID: 0103382 **End Date:** 01/15/2009 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097943 **End Date:** 10/16/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011909 Served 10/20/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(7)(b)	CONTINUING EDUCATION	04/01/2009	

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Facility Information

Facility Name: HARMONY OF RACINE (0008670)

Address: 8600 CORPORATE DR, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 02/01/2000

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104229 **End Date:** 06/10/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102695 **End Date:** 08/28/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TJ0K17 Served 10/17/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	04/01/2009	
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	04/01/2009	

Survey ID: 0101601 **End Date:** 04/07/2008 **Type:** OTHER **Purpose:** SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TJ0K16 Served 05/02/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	04/01/2009	
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	04/01/2009	

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Survey ID: 0100261 **End Date: 09/13/2007** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TJ0K15 Served 10/09/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(1)(a)	ASSESSMENT AND ISP	03/24/2008	Yes

Survey ID: 0099820 **End Date: 07/19/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099527 **End Date: 05/22/2007** **Type: STANDARD** **Purpose: SURVEY/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TJ0K14 Served 06/19/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(c)	INVESTIGATE ALLEGATION	09/13/2007	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	09/13/2007	Yes
83.32(1)(a)	ASSESSMENT AND ISP	03/24/2008	Yes

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Enforcement History (HARMONY OF RACINE)

Date: 10/15/2008 **SOD #TJ0K17** **Appealed: No**

Sanctions

FORFEITURE---83.21(4)(p)
FORFEITURE---83.32(2)(a)5

Date: 10/05/2007 **SOD #TJ0K15** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Date: 06/18/2007 **SOD #TJ0K14** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
PROVIDE TRAINING
FORFEITURE---83.21(4)(p)

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Complaint History (HARMONY OF RACINE)

Date Complaint Received: 08/13/2008

Date Investigation Completed: 08/28/2008

Subject Area(s)

SUPERVISION
RESIDENT RIGHTS
MEDICATIONS

Result

NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

TJOK17
TJOK17

Date Complaint Received: 08/14/2007

Date Investigation Completed: 09/13/2007

Subject Area(s)

RESIDENT RIGHTS
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/15/2007

Date Investigation Completed: 07/19/2007

Subject Area(s)

MEDICATIONS

Result

SUBSTANTIATED

SOD #

NOT RECORDED

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Facility Information

Facility Name: HIL KENNEDY HOME (0012307)

Address: 4305 4307 KENNEDY DR, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 07/01/2009

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104270 **End Date:** 06/02/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #N8QG11 Served 06/30/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)	RESIDENT'S RIGHTS IN CERTAIN FACILITIES		
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		
83.41(3)(b)	DINING & LIVING INTERNALLY ACCESSIBLE		

Survey ID: 0101999 **End Date:** 06/23/2008 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Facility Information

Facility Name: NEW BEGINNINGS GROUP HOMES II (310482)

Address: 3509 S GREEN BAY RD, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 05/20/1991

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103921 **End Date:** 04/23/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099371 **End Date:** 05/07/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MTL511 Served 06/20/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	04/07/2009	Yes

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Complaint History (NEW BEGINNINGS GROUP HOMES II)

Date Complaint Received: 03/13/2009

Date Investigation Completed: 04/23/2009

Subject Area(s)
ADMINISTRATION
STAFF ADEQUACY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: RACINE

Facility Information

Facility Name: NEW BEGINNINGS GROUP HOMES IV (310600)

Address: 6545 LINCOLNSHIRE DR, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 03/01/1997

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0099111 **End Date:** 04/11/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Facility Information

Facility Name: NEW BEGINNINGS GROUP HOMES V (0009068)

Address: 1449 N GREEN BAY RD, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 08/01/2001

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102598 **End Date:** 08/21/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098096 **End Date:** 10/25/2006 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: RACINE

Facility Information

Facility Name: NEWMAN MANOR II (0009510)

Address: 4604 SPRING ST, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 10/01/2002

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: RACINE

Survey ID: 0103350 **End Date: 12/17/2008** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VX7K11 Served 02/06/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	04/01/2009	
83.13(7)(a)	EMPLOYE PERSONNEL RECORD	04/01/2009	
83.14(1)(a)	CLIENT RELATED TRAINING	04/01/2009	
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	04/01/2009	
83.14(3)	INITIAL TRAINING MEDICATIONS	04/01/2009	
83.18(1)(d)	RESIDENT RECORD SHALL INCLUDE	04/01/2009	
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	04/01/2009	
83.32(1)(a)	ASSESSMENT AND ISP	04/01/2009	
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	04/01/2009	
83.32(2)(c)2	ANNUAL EVALUATION UPDATED	04/01/2009	
83.32(2)(d)	REVIEW OF PROGRESS	04/01/2009	
83.33(2)(d)	COMMUNITY ACTIVITIES	04/01/2009	
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE	04/01/2009	
83.33(3)(a)1	PRACTITIONER'S WRITTEN ORDER FOR MEDS	04/01/2009	
83.33(3)(b)2.a	MEDICATIONS SHALL HAVE A LABEL	04/01/2009	
83.33(3)(b)2.e	REFRIGERATED MEDICATION IN LOCKED BOX	04/01/2009	
83.33(3)(c)1	CONTROLLED SUBSTANCES	04/01/2009	
83.33(3)(c)3	PROOF-OF-USE RECORD AUDITED DAILY	04/01/2009	
83.33(3)(f)2	REASSESSED QUARTERLY FOR MEDICATION	04/01/2009	
83.33(3)(j)1	DESTRUCTION OF MEDICATIONS	04/01/2009	
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	04/01/2009	
83.41(9)	CLEANLINESS OF ROOMS	04/01/2009	
83.42(12)	MAINTENANCE OF EXITS	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: RACINE

Survey ID: 0098154 **End Date: 11/14/2006** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097599 **End Date: 07/31/2006** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011885 Served 08/22/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.05(2)(c)	CLASS A NONAMBULATORY (ANA)	11/14/2006	Yes
83.11(3)(a)	RESPONSIBILITIES	11/14/2006	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	11/14/2006	Yes
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	11/14/2006	Yes
83.41(10)(a)	BUILDING MAINTENANCE	11/14/2006	Yes
83.45(1)	ACCESSIBILITY	11/14/2006	Yes
83.53(2)(a)	DOORS EXCEPT PATIO DOORS	11/14/2006	Yes

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: RACINE

Enforcement History (NEWMAN MANOR II)

Date: 02/03/2009 SOD #VX7K11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
FORFEITURE---83.11(3)(a)
FORFEITURE---83.13(4)(a)
FORFEITURE---83.13(7)(a)
FORFEITURE---83.14(1)(a)
FORFEITURE---83.14(1)(d)
FORFEITURE---83.14(2)
FORFEITURE---83.14(3)
FORFEITURE---83.18(1)(d)
FORFEITURE---83.32(1)(a)
FORFEITURE---83.32(2)(c)1;83.32(2)(c)2;83.32(2)(d)
FORFEITURE---83.33(2)(d)
FORFEITURE---83.41(10)(a)
FORFEITURE---83.42(3)(f)

Date: 08/18/2006 SOD #10011885 Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
PROVIDE TRAINING
FORFEITURE---83.05(2)(c)
FORFEITURE---83.11(3)(a)
FORFEITURE---83.32(2)(a)
FORFEITURE---83.33(2)(g)3
FORFEITURE---83.41(10)(a)
FORFEITURE---83.45(1)
FORFEITURE---83.53(2)(a)

This is Page 18 of 34 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)
COUNTY: RACINE

Facility Information

Facility Name: PROSPECT HEIGHTS COMMUNITY LIVING CENTER (0009768)

Address: 2015 PROSPECT ST, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 11/01/2003

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0101525 **End Date:** 03/26/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ISOV11 Served 04/22/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(5)(a)	FOOD STORAGE	04/01/2009	

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Facility Information

Facility Name: SERENITY TERRACE LLC (0008997)

Address: 4606 W JOHNSON AVE, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 11/01/2000

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0100263 **End Date:** 08/29/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VW0213 Served 11/05/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(d)	MAINTAIN BACKGROUND INFORMATION		
83.21(4)(o)	MEDICATIONS	04/01/2009	
83.32(1)(b)	LICENSEE PROTECT CIVIL RIGHTS OF RESIDENTS	04/01/2009	
83.33(2)(c)	LEISURE TIME ACTIVITIES	04/01/2009	

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Enforcement History (SERENITY TERRACE LLC)

Date: 10/05/2007

SOD #VW0213

Appealed: Yes

Decision: DISMISSED

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

PROVIDE TRAINING

FORFEITURE---83.21(4)(o)

FORFEITURE---83.32(1)(b)

FORFEITURE---83.33(2)(c)

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Facility Information

Facility Name: ST MONICAS SENIOR CITIZENS HOME (310557)

Address: 3920 N GREEN BAY RD, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 10/16/1991

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Survey ID: 0103692 **End Date: 03/03/2009** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UJ8X14 Served 04/01/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	04/01/2009	
83.13(7)(a)	EMPLOYE PERSONNEL RECORD	04/01/2009	
83.14(1)(a)	CLIENT RELATED TRAINING	04/01/2009	
83.14(1)(c)	UNIVERSAL PRECAUTIONS	04/01/2009	
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	
83.14(7)(b)	CONTINUING EDUCATION	04/01/2009	
83.16(1)	ADMISSIONS AGREEMENT	04/01/2009	
83.17(3)(a)1	HOLDING RESIDENT FUNDS-MORE THAN \$200	04/01/2009	
83.17(3)(a)3	WRITTEN REPORT OF RESIDENT'S ACCOUNT	04/01/2009	
83.18(1)(d)	RESIDENT RECORD SHALL INCLUDE	04/01/2009	
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	
83.32(1)(a)	ASSESSMENT AND ISP	04/01/2009	
83.32(2)(d)	REVIEW OF PROGRESS	04/01/2009	
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE	04/01/2009	
83.33(3)(e)2.a	WRITTEN ORDER TO ADMINISTER MEDICATIONS	04/01/2009	
83.35(7)(b)1	WORK AREAS AND EQUIPMENT	04/01/2009	
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	04/01/2009	
83.41(5)(a)5	BATHROOMS SHALL BE CLEAN	04/01/2009	
83.42(3)(e)	QUARTERLY FIRE DRILLS	04/01/2009	
83.43(7)(b)	INSTALLATION AND MAINTENANCE	04/01/2009	

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Survey ID: 0098992 End Date: 03/22/2007 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011955 Served 04/05/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
83.05(2)(e)	CLASS C SEMIAMBULATORY (CS)	04/01/2009	
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	
83.13(5)(b)	POLICY AND TRAINING INFECTION CONTROL	04/01/2009	
83.16(1)	ADMISSIONS AGREEMENT	04/01/2009	
83.17(3)(a)1	HOLDING RESIDENT FUNDS-MORE THAN \$200	04/01/2009	
83.17(3)(a)3	WRITTEN REPORT OF RESIDENT'S ACCOUNT	04/01/2009	
83.21(4)(g)	FAIR TREATMENT	04/01/2009	
83.32(2)(c)2	ANNUAL EVALUATION UPDATED	04/01/2009	
83.33(4)	CLIENT GROUP SPECIFIC SERVICES	04/01/2009	

Survey ID: 0097787 End Date: 09/28/2006 Type: OTHER Purpose: DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Enforcement History (ST MONICAS SENIOR CITIZENS HOME)

Date: 03/30/2009 **SOD #UJ8X14** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

FORFEITURE---50.065(2)(b)

FORFEITURE---83.11(3)(a)

FORFEITURE---83.13(4)(a)

FORFEITURE---83.13(7)(a)

FORFEITURE---83.14(1)(a)

FORFEITURE---83.14(1)(c)

FORFEITURE---83.14(1)(d)

FORFEITURE---83.14(7)(b)

FORFEITURE---83.16(1)

FORFEITURE---83.17(3)(a)1

FORFEITURE---83.17(3)(a)3

FORFEITURE---83.18(1)(d)

FORFEITURE---83.32(1)(a)

FORFEITURE---83.33(3)(e)2.a.

FORFEITURE---83.42(3)(e)

Date: 04/04/2007 **SOD #10011955** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

PROVIDE TRAINING

FORFEITURE---83.05(2)(e)

FORFEITURE---83.13(5)(b)

FORFEITURE---83.21(4)(g)

FORFEITURE---83.33(4)

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Complaint History (ST MONICAS SENIOR CITIZENS HOME)

Date Complaint Received: 12/14/2006

Date Investigation Completed: 03/22/2007

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	10011955
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	10011955
MEDICATIONS	SUBSTANTIATED	10011955
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Facility Information

Facility Name: STAFFORD MANOR (0012143)

Address: 4208 MARQUETTE DR, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 06/01/2008

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102671 **End Date:** 09/22/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101605 **End Date:** 04/15/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100623 **End Date:** 11/29/2007 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Complaint History (STAFFORD MANOR)

Date Complaint Received: 08/13/2008

Date Investigation Completed: 09/22/2008

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

RESIDENT BEHAVIOR/FACILITY PRACTICE

SUBSTANTIATED

NOT RECORDED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: RACINE

Facility Information

Facility Name: VICTORY HOUSE (0011982)
Address: 3744 DOUGLAS AVE, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 01/01/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0100681 **End Date:** 12/03/2007 **Type:** OTHER **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099607 **End Date:** 06/25/2007 **Type:** INITIAL **Purpose:** SURVEY
Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Facility Information

Facility Name: WALNUT GROVE RACINE (0012649)

Address: 6109 BRAUN RD, RACINE, WI 53403

License Status: PROBATIONARY

Licensed/Certified/Registered 11/26/2008

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103094 **End Date:** 11/26/2008 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Facility Information

Facility Name: WILLOWGREEN (0010177)

Address: 4719 KINGDOM CT, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 05/01/2004

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103789 **End Date:** 02/23/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #859012 Served 04/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	
83.21(4)(h)	PRIVACY	04/01/2009	
83.42(3)(e)	QUARTERLY FIRE DRILLS	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	
83.42(6)(a)1	ANNUAL INSPECTION BY FIRE DEPARTMENT	04/01/2009	
83.43(3)(b)1	TESTING BY SERVICE COMPANY	04/01/2009	
83.43(7)(b)	INSTALLATION AND MAINTENANCE	04/01/2009	
83.64(3)	INTERCONNECTED DETECTION SYSTEM INCORPORATION	04/01/2009	

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Survey ID: 0099813 **End Date: 07/13/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #859011 Served 07/27/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		

Survey ID: 0098959 **End Date: 03/15/2007** **Type: ABBREVIATED** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011953 Served 03/30/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(7)(a)9	TRAINING AND INSERVICE REQUIREMENTS	06/25/2007	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	06/25/2007	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	06/25/2007	Yes
83.41(4)(b)2	GAS FURNACE SERVICED EVERY 3 YEARS	06/25/2007	Yes
83.41(4)(f)	NO COMBUSTIBLE MATERIALS	06/25/2007	Yes
83.42(6)(a)1	ANNUAL INSPECTION BY FIRE DEPARTMENT	06/25/2007	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	06/25/2007	Yes
83.64(3)	INTERCONNECTED DETECTION SYSTEM INCORPORATION	06/25/2007	Yes

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Enforcement History (WILLOWGREEN)

Date: 04/08/2009 **SOD #859012** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---50.065(2)(b)

FORFEITURE---83.14(1)(d)

FORFEITURE---83.42(3)(e)

FORFEITURE---83.42(3)(f)

FORFEITURE---83.42(6)(a)1

FORFEITURE---83.43(3)(b)1

FORFEITURE---83.43(7)(b)

Date: 03/29/2007 **SOD #10011953** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.13(7)(a)9

FORFEITURE---83.14(1)(d)

FORFEITURE---83.32(2)(a)

FORFEITURE---83.43(3)(b)1

FORFEITURE---83.64(3)

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RACINE

Complaint History (WILLOWGREEN)

Date Complaint Received: 05/24/2007

Date Investigation Completed: 07/13/2007

Subject Area(s)
RESIDENT RIGHTS
OTHER

Result
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

859011

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