

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex
COUNTY: RACINE

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 15 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
Residential Care Apartment Complex (REGISTERED)
COUNTY: RACINE

Facility Information

Facility Name: BAY POINTE AT THE ATRIUM (0010503)

Address: 3950 N MAIN ST, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 05/26/2004

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

Survey History

Survey ID: 0102722 **End Date:** 09/18/2008 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098040 **End Date:** 10/30/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (REGISTERED)
COUNTY: RACINE

Complaint History (BAY POINTE AT THE ATRIUM)

Date Complaint Received: 10/12/2006

Date Investigation Completed: 10/30/2006

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (REGISTERED)
COUNTY: RACINE

Facility Information

Facility Name: HARMONY COMMONS RACINE (0010401)

Address: 8500 CORPORATE DR, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 10/08/2003

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

Survey History

Survey ID: 0101221 **End Date:** 02/20/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098113 **End Date:** 10/30/2006 **Type:** OTHER **Purpose:** COMPLAINT/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
Residential Care Apartment Complex (REGISTERED)
COUNTY: RACINE

Complaint History (HARMONY COMMONS RACINE)

Date Complaint Received: 01/31/2008

Date Investigation Completed: 02/20/2008

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/29/2006

Date Investigation Completed: 10/30/2006

Subject Area(s)
STAFF ADEQUACY

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: RACINE

Facility Information

Facility Name: HOME HARBOR (0011173)
Address: 1600 OHIO ST, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 06/01/2006
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103757 **End Date:** 03/26/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103387 **End Date:** 01/21/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103155 **End Date:** 12/22/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102774 **End Date:** 10/09/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MHGY11 Served 10/27/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.26(3)(a)	PARTICIPATION IN THE ASSESSMENT	12/18/2008	Yes
89.34(8)	TENANT RIGHTS	12/18/2008	Yes

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: RACINE

Survey ID: 0100412 **End Date: 10/22/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099649 **End Date: 06/18/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NLNI11 Served 07/09/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(4)(a)2	SERVICES	10/22/2007	Yes
89.25(3)	SCHEDULE OF FEES FOR SERVICES.	10/22/2007	Yes
89.34(16)	TENANT RIGHTS	10/22/2007	Yes

Survey ID: 0097966 **End Date: 10/18/2006** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097931 **End Date: 10/09/2006** **Type: OTHER** **Purpose: OTHER**

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0097661 **End Date: 08/21/2006** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: RACINE

Enforcement History (HOME HARBOR)

Date: 07/03/2007 SOD #NLNI11 Appealed: No

Sanctions

FORFEITURE---89.25(3)
FORFEITURE---89.34(16)

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: RACINE

Complaint History (HOME HARBOR)

Date Complaint Received: 03/02/2009

Date Investigation Completed: 03/26/2009

Subject Area(s)
RESIDENT RIGHTS
STAFF ADEQUACY

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
NOT RECORDED

Date Complaint Received: 12/30/2008

Date Investigation Completed: 01/21/2009

Subject Area(s)
RESIDENT RIGHTS
STAFF ADEQUACY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/16/2008

Date Investigation Completed: 12/22/2008

Subject Area(s)
RESIDENT RIGHTS
ADMINISTRATION

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/20/2008

Date Investigation Completed: 10/08/2008

Subject Area(s)
RESIDENT RIGHTS
NUTRITION & FOOD SERVICES
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

Result
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
MHGY11

Date Complaint Received: 07/20/2007

Date Investigation Completed: 10/22/2007

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: RACINE

Date Complaint Received: 05/08/2007

Subject Area(s)
SUPERVISION
RESIDENT RIGHTS
NUTRITION & FOOD SERVICES
MEDICATIONS

Date Investigation Completed: 06/18/2007

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
SUBSTANTIATED	NLNI11
SUBSTANTIATED	NLNI11
SUBSTANTIATED	NLNI11

Date Complaint Received: 04/23/2007

Subject Area(s)
NUTRITION & FOOD SERVICES

Date Investigation Completed: 06/18/2007

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

Date Complaint Received: 09/22/2006

Subject Area(s)
RESIDENT RIGHTS
ADMINISTRATION

Date Investigation Completed: 10/18/2006

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

Date Complaint Received: 08/04/2006

Subject Area(s)
PHYSICAL PLANTS & SAFETY HAZARDS
NUTRITION & FOOD SERVICES
MEDICATIONS

Date Investigation Completed: 08/21/2006

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

Date Complaint Received: 07/25/2006

Subject Area(s)
NUTRITION & FOOD SERVICES

Date Investigation Completed: 08/21/2006

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

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: RACINE

Facility Information

Facility Name: PARKVIEW GARDENS (0012712)
Address: 5321 DOUGLAS AVE, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 03/01/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103482 **End Date:** 03/01/2009 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: RACINE

Facility Information

Facility Name: WISCONSIN VETERANS HOME GATES HALL (0010666)
Address: 21425 SPRING ST #E, UNION GROVE, WI 53182
License Status: REGULAR
Licensed/Certified/Registered 08/23/2004
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103807 **End Date:** 03/18/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LSHF11 Served 04/10/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(1)	SERVICES		
89.28(1)	RISK AGREEMENT		
89.28(2)(a)1	RISK AGREEMENT		

Survey ID: 0098922 **End Date:** 03/12/2007 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: RACINE

Enforcement History (WISCONSIN VETERANS HOME GATES HALL)

Date: 04/09/2009 SOD #LSHF11 Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---89.23(1)
FORFEITURE---89.28(2)(a)1

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: RACINE

Complaint History (WISCONSIN VETERANS HOME GATES HALL)

Date Complaint Received: 02/03/2009

Date Investigation Completed: 03/18/2009

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
ADMISSION, TRANSFER & DISCHARGE
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

LSHF11
LSHF11

Date Complaint Received: 01/04/2007

Date Investigation Completed: 03/12/2007

Subject Area(s)

RESIDENT RIGHTS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: RACINE

Facility Information

Facility Name: WATERFORD SENIOR LIVING (0012091)
Address: 301 S SIXTH ST, WATERFORD, WI 53185
License Status: REGULAR
Licensed/Certified/Registered 10/10/2007
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0100279 **End Date:** 10/10/2007 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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