

Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Brown

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 57.00 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 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CARETTA SENIOR LIVING BELLEVUE CBRF (0019251)

Address: 1780 SERVANT WAY, BELLEVUE, WI 54311

License Status: REGULAR

Licensed/Certified/Registered 04/01/2024 12:00:00AM

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

Survey History

Survey ID: 0145036 **End Date:** 12/12/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142573 **End Date:** 03/27/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

Complaint History (CARETTA SENIOR LIVING BELLEVUE CBRF--0019251)

Date Complaint Received: 10/03/2023

Date Investigation Completed: 12/12/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COURTYARD AT BELLEVUE (THE) (0017364)
Address: 1600 HOFFMAN ROAD, BELLEVUE, WI 54311
License Status: REGULAR
Licensed/Certified/Registered 02/01/2020 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0146857 **End Date:** 05/20/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #3WB711 Served 07/03/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	8/17/24	

Survey ID: 0144483 **End Date:** 10/09/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141441 **End Date:** 11/28/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139578 End Date: 02/10/2022 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DYS011 Served 05/17/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(h)	MEDICATION ADMINISTRATION	11/21/22	Yes
83.44(2)(b)	TOILET AND BATHING AREA	11/21/22	Yes

Enforcement History (COURTYARD AT BELLEVUE (THE)--0017364)

Date: 05/17/2022 SOD #DYS011 Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---83.38(1)(h)

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (COURTYARD AT BELLEVUE (THE)--0017364)

Date Complaint Received: 04/26/2024

Date Investigation Completed: 05/20/2024

Subject Area(s)
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/22/2024

Date Investigation Completed: 05/20/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
3WB711
3WB711

Date Complaint Received: 02/13/2024

Date Investigation Completed: 05/20/2024

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

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/01/2023

Date Investigation Completed: 05/20/2024

Subject Area(s)
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/25/2023

Date Investigation Completed: 10/09/2023

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 03/27/2023

Date Investigation Completed: 10/09/2023

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 10/24/2022

Date Investigation Completed: 11/28/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 06/23/2022

Date Investigation Completed: 11/28/2022

Subject Area(s)
ADMINISTRATION

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 03/31/2022

Date Investigation Completed: 11/28/2022

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 03/09/2022

Date Investigation Completed: 11/28/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ANGELS TOUCH ASSISTED LIVING (0017307)

Address: 400 ANGELS TOUCH CT, DE PERE, WI 54115

License Status: REGULAR

Licensed/Certified/Registered 08/14/2018 12:00:00AM

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

Survey History

Survey ID: 0147435 **End Date:** 08/22/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144854 **End Date:** 08/31/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #228011 Served 11/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	8/22/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	8/22/24	Yes

Survey ID: 0142770 **End Date:** 04/13/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139931 End Date: 04/14/2022 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5PU211 Served 06/23/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	4/13/23	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	4/13/23	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	4/13/23	Yes

Survey ID: 0138780 End Date: 02/22/2022 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (ANGELS TOUCH ASSISTED LIVING--0017307)

Date: 11/17/2023 SOD #228011 Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32 3H
FORFEITURE---83.37 2d

Date: 06/23/2022 SOD #5PU211 Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---83.36(1)(a)

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (ANGELS TOUCH ASSISTED LIVING--0017307)

Date Complaint Received: 04/02/2024

Date Investigation Completed: 08/22/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

Date Complaint Received: 05/09/2023

Date Investigation Completed: 08/31/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	228O11
RESIDENT RIGHTS	SUBSTANTIATED	228O11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	228O11

Date Complaint Received: 10/31/2022

Date Investigation Completed: 04/13/2023

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

Date Complaint Received: 03/28/2022

Date Investigation Completed: 04/14/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	5PU211
ADMINISTRATION	SUBSTANTIATED	5PU211
PROGRAM SERVICES	SUBSTANTIATED	5PU211
RESIDENT RIGHTS	SUBSTANTIATED	5PU211
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	5PU211

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ANGELS TOUCH ASSISTED LIVING (0017308)

Address: 1350 ANGELS TOUCH CT, DE PERE, WI 54115

License Status: REGULAR

Licensed/Certified/Registered 08/14/2018 12:00:00AM

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

Survey History

Survey ID: 0147648 **End Date:** 09/18/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144199 **End Date:** 08/31/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142769 **End Date:** 04/13/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139953 **End Date:** 04/13/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1XE413 Served 06/24/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(l)	CARE	4/13/23	Yes
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	4/13/23	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	4/13/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (ANGELS TOUCH ASSISTED LIVING--0017308)

Date: 06/24/2022 **SOD #**1XE413 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---50.09(1)(L)
FORFEITURE---83.12(2)(a)
FORFEITURE---83.38(1)(i)

Date: 02/23/2022 **SOD #**1XE412 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(i)

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (ANGELS TOUCH ASSISTED LIVING--0017308)

Date Complaint Received: 06/20/2024

Date Investigation Completed: 09/18/2024

Subject Area(s)
 ADMINISTRATION
 PROGRAM SERVICES
 STAFF TRAINING AND PROFICIENCY

Result SOD #
 NOT SUBSTANTIATED
 NOT SUBSTANTIATED
 NOT SUBSTANTIATED

Date Complaint Received: 04/26/2024

Date Investigation Completed: 09/18/2024

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

Result SOD #
 NOT SUBSTANTIATED
 NOT SUBSTANTIATED
 NOT SUBSTANTIATED
 NOT SUBSTANTIATED
 NOT SUBSTANTIATED

Date Complaint Received: 05/09/2023

Date Investigation Completed: 08/31/2023

Subject Area(s)
 PROGRAM SERVICES
 RESIDENT RIGHTS
 STAFF TRAINING AND PROFICIENCY

Result SOD #
 NOT SUBSTANTIATED
 NOT SUBSTANTIATED
 NOT SUBSTANTIATED

Date Complaint Received: 01/31/2023

Date Investigation Completed: 04/13/2023

Subject Area(s)
 PROGRAM SERVICES

Result SOD #
 NOT SUBSTANTIATED

Date Complaint Received: 03/30/2022

Date Investigation Completed: 04/13/2022

Subject Area(s)
 RESIDENT RIGHTS

Result SOD #
 SUBSTANTIATED 1XE413

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ANGELS TOUCH ASSISTED LIVING (0017309)

Address: 394 ANGELS TOUCH CT, DE PERE, WI 54115

License Status: REGULAR

Licensed/Certified/Registered 08/14/2018 12:00:00AM

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

Survey History

Survey ID: 0148262 **End Date:** 10/01/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KJK011 Served 12/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		

Survey ID: 0144200 **End Date:** 08/31/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142832 **End Date:** 02/20/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9C2412 Served 04/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	6/3/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141670 **End Date: 10/14/2022** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9C2411 Served 12/22/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(b)	NOTIFICATION: ABUSE AND NEGLECT ALLEGATIONS	2/16/23	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	2/16/23	Yes
83.35(1)(b)	SOURCES USED FOR ASSESSMENT INFORMATION	2/16/23	Yes
83.38(1)(b)	SUPERVISION	2/16/23	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	2/16/23	Yes

Survey ID: 0139250 **End Date: 04/14/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (ANGELS TOUCH ASSISTED LIVING--0017309)

Date: 12/09/2024 **SOD #KJK011** **Appealed: No**

Sanctions

ORDER TO COMPLY

Date: 12/22/2022 **SOD #9C2411** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32 (3)(D)
FORFEITURE---83.38 (1) (B)
FORFEITURE---83.38(1)(I)

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (ANGELS TOUCH ASSISTED LIVING--0017309)

Date Complaint Received: 09/23/2024

Date Investigation Completed: 10/01/2024

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 09/16/2024

Date Investigation Completed: 10/01/2024

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 04/25/2024

Date Investigation Completed: 10/01/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 05/26/2023

Date Investigation Completed: 08/31/2023

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

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 05/09/2023

Date Investigation Completed: 08/31/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 10/04/2022

Date Investigation Completed: 10/14/2022

Subject Area(s)
RESIDENT RIGHTS

Result SOD #
SUBSTANTIATED 9C2411

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BURGOYNE COURT I (0016750)

Address: 1725 BURGOYNE COURT, DE PERE, WI 54115

License Status: REGULAR

Licensed/Certified/Registered 09/25/2017 12:00:00AM

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

Survey History

Survey ID: 0142596 **End Date:** 03/27/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142078 **End Date:** 10/11/2022 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #W23512 Served 02/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	3/27/23	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	3/27/23	Yes
83.39(1)	INFECTION CONTROL PROGRAM	3/27/23	Yes

Enforcement History (BURGOYNE COURT I--0016750)

Date: 02/08/2023 **SOD #**W23512 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BURGOYNE COURT II (0016751)

Address: 1743 BURGOYNE COURT, DE PERE, WI 54115

License Status: REGULAR

Licensed/Certified/Registered 09/25/2017 12:00:00AM

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

Survey History

Survey ID: 0143747 **End Date:** 07/25/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142706 **End Date:** 01/27/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3RK911 Served 04/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	7/25/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	7/25/23	Yes

Enforcement History (BURGOYNE COURT II--0016751)

Date: 04/06/2023 **SOD #**3RK911 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.47(2)(d)
FORFEITURE---83.47(2)(e)

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (BURGOYNE COURT II--0016751)

Date Complaint Received: 01/31/2023

Date Investigation Completed: 07/25/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CARATON COMMONS 1 (0017259)

Address: 1550 ARCADIAN LN, DE PERE, WI 54115

License Status: REGULAR

Licensed/Certified/Registered 05/01/2020 12:00:00AM

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

Survey History

Survey ID: 0143583 **End Date:** 07/05/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141210 **End Date:** 10/18/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #R5M811 Served 11/02/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.39(1)	INFECTION CONTROL PROGRAM	12/17/22	
83.45(1)(e)	ELECTRICAL, MECHANICAL, WATER SUPPLY	12/17/22	

Survey ID: 0140512 **End Date:** 08/19/2022 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CARATON COMMONS 2 (0017258)

Address: 1500 ARCADIAN LN, DE PERE, WI 54115

License Status: REGULAR

Licensed/Certified/Registered 05/01/2020 12:00:00AM

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

Survey History

Survey ID: 0147226 **End Date:** 08/05/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143565 **End Date:** 07/05/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142180 **End Date:** 10/19/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #THUU11 Served 02/15/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	7/3/23	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	7/3/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	7/3/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140513 End Date: 08/19/2022 Type: OTHER Purpose: OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (CARATON COMMONS 2--0017258)

Date: 02/15/2023 SOD #THUU11 Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35 3A
FORFEITURE---83.35 3C
FORFEITURE---83.35 3D

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CARATON COMMONS 2--0017258)

Date Complaint Received: 04/01/2024

Date Investigation Completed: 08/05/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 05/03/2023

Date Investigation Completed: 07/05/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 02/09/2023

Date Investigation Completed: 07/05/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 12/13/2022

Date Investigation Completed: 07/05/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 06/13/2022

Date Investigation Completed: 10/19/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 06/07/2022

Date Investigation Completed: 10/19/2022

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	THUU11
SUBSTANTIATED	THUU11
SUBSTANTIATED	THUU11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CARATON COMMONS 3 (0017257)

Address: 1525 ARCADIAN LN, DE PERE, WI 54115

License Status: REGULAR

Licensed/Certified/Registered 05/01/2020 12:00:00AM

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

Survey History

Survey ID: 0147245 **End Date:** 08/06/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146047 **End Date:** 04/02/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141168 **End Date:** 10/20/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140514 **End Date:** 08/19/2022 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CARATON COMMONS 3--0017257)

Date Complaint Received: 04/10/2024

Date Investigation Completed: 08/06/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 04/01/2024

Date Investigation Completed: 04/02/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 02/14/2024

Date Investigation Completed: 08/06/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CA (AMBULATORY)

Facility Information

Facility Name: OAKS FAM CARE CTR GRANT ST (410174)

Address: 1527 GRANT ST, DE PERE, WI 54115

License Status: REGULAR

Licensed/Certified/Registered 04/09/1989 12:00:00AM

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

Survey History

Survey ID: 0147660 **End Date:** 09/20/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142551 **End Date:** 03/22/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: RESIDENCE BY RENNES (0017321)

Address: 1150 LOIS ST, DE PERE, WI 54115

License Status: REGULAR

Licensed/Certified/Registered 09/01/2019 12:00:00AM

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

Survey History

Survey ID: 0147093 **End Date:** 07/24/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146417 **End Date:** 02/22/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5AC111 Served 05/14/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	7/24/24	Yes
83.25	CONTINUING EDUCATION	7/24/24	Yes

Enforcement History (RESIDENCE BY RENNES--0017321)

Date: 05/14/2024 **SOD #**5AC111 **Appealed:** No

Sanctions

ORDER TO COMPLY

FORFEITURE---N 239 83.20(2)(a)-(d)

FORFEITURE---N 277 83.25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SAGE MEADOW DEPERE (0017590)

Address: 1880 SCHEURING ROAD, DE PERE, WI 54115

License Status: REGULAR

Licensed/Certified/Registered 06/01/2020 12:00:00AM

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

Survey History

Survey ID: 0143992 **End Date:** 08/11/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143054 **End Date:** 11/28/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CUK711 Served 05/15/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(l)	CARE	8/8/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/8/23	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	8/8/23	Yes

Enforcement History (SAGE MEADOW DEPERE--0017590)

Date: 05/15/2023 **SOD #**CUK711 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SAGE MEADOW DEPERE--0017590)

Date Complaint Received: 05/18/2023

Date Investigation Completed: 08/11/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 04/03/2023

Date Investigation Completed: 08/11/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 03/08/2023

Date Investigation Completed: 08/11/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 06/20/2022

Date Investigation Completed: 11/28/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SCANDINAVIAN COURT ASSISTED LIVING (0015623)

Address: 346 SCANDINAVIAN CT, DENMARK, WI 54208

License Status: REGULAR

Licensed/Certified/Registered 08/01/2016 12:00:00AM

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

Survey History

Survey ID: 0139875 **End Date:** 05/12/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MUEU11 Served 06/20/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	8/4/22	

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HIL FOX RUN (0016365)

Address: 1744 BURGOYNE CT, DEPERE, WI 54115

License Status: REGULAR

Licensed/Certified/Registered 03/20/2017 12:00:00AM

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

Survey History

Survey ID: 0147147 **End Date:** 07/30/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: EMERALD BAY MEMORY CARE (0016808)
Address: 650 CENTENNIAL CENTRE BLVD, HOBART, WI 54155
License Status: REGULAR
Licensed/Certified/Registered 10/01/2018 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0144687 **End Date:** 10/30/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142501 **End Date:** 11/01/2022 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (EMERALD BAY MEMORY CARE--0016808)

Date Complaint Received: 07/13/2023 **Date Investigation Completed:** 10/30/2023

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

Date Complaint Received: 01/26/2022 **Date Investigation Completed:** 11/01/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Alpha Assisted Living and Memory Care Howard (0018856)

Address: 2723 Lineville Road, Howard, WI 54313

License Status: REGULAR

Licensed/Certified/Registered 10/15/2022 12:00:00AM

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

Survey History

Survey ID: 0146337 **End Date:** 02/08/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ELSF11 Served 05/08/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	6/22/24	
83.47(2)(d)	FIRE DRILLS	6/22/24	

Survey ID: 0143457 **End Date:** 06/21/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142658 **End Date:** 03/31/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142659 End Date: 01/12/2023 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J0SO11 Served 04/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	6/21/23	Yes

Survey ID: 0141067 End Date: 10/15/2022 Type: INITIAL Purpose: CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (Alpha Assisted Living and Memory Care Howard--0018856)

Date: 04/05/2023 SOD #J0SO11 Appealed:

Sanctions
ORDER TO COMPLY
FORFEITURE---83.32 3h

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (Alpha Assisted Living and Memory Care Howard--0018856)

Date Complaint Received: 08/25/2023

Date Investigation Completed: 02/08/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/30/2023

Date Investigation Completed: 06/21/2023

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/17/2023

Date Investigation Completed: 06/21/2023

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/08/2023

Date Investigation Completed: 03/31/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/06/2023

Date Investigation Completed: 03/31/2023

Subject Area(s)
PROGRAM SERVICES
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/10/2023

Date Investigation Completed: 01/12/2023

Subject Area(s)
PROGRAM SERVICES
PROGRAM SERVICES

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
J0SO11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 12/22/2022

Date Investigation Completed: 01/12/2023

Subject Area(s)
PROGRAM SERVICES

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

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CLARITY CARE CARDINAL (0017539)

Address: 1410 CARDINAL LANE, HOWARD, WI 54313

License Status: REGULAR

Licensed/Certified/Registered 08/01/2021 12:00:00AM

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

Survey History

Survey ID: 0148676 **End Date:** 11/04/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XG7Q11 Served 02/04/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.38(1)(g)	HEALTH MONITORING		

Survey ID: 0144643 **End Date:** 10/24/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CLARITY CARE CARDINAL--0017539)

Date Complaint Received: 11/04/2024

Date Investigation Completed: 11/04/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 09/24/2024

Date Investigation Completed: 11/04/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

XG7Q11

RESIDENT RIGHTS

SUBSTANTIATED

XG7Q11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

XG7Q11

Date Complaint Received: 03/30/2023

Date Investigation Completed: 10/24/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: NEW PERSPECTIVE-HOWARD (0016149)
Address: 2790 ELM TREE HILL, HOWARD, WI 54313
License Status: REGULAR
Licensed/Certified/Registered 07/01/2017 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147105 **End Date:** 06/20/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #U3SC11 Served 07/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	9/9/24	Yes

Survey ID: 0145861 **End Date:** 03/12/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144690 **End Date:** 10/27/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143518 End Date: 04/19/2023 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G5QD11 Served 06/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19	ORIENTATION	10/27/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	10/27/23	Yes
83.25	CONTINUING EDUCATION	10/27/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	10/27/23	Yes

Survey ID: 0142101 End Date: 02/08/2023 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142842 End Date: 11/16/2022 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MXUR11 Served 04/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	6/3/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	6/3/23	Yes

Enforcement History (NEW PERSPECTIVE-HOWARD--0016149)

Date: 06/28/2023 SOD #G5QD11 Appealed:

Sanctions

- ORDER TO COMPLY
- FORFEITURE---N 230 83.19
- FORFEITURE---N 243 83.21(1)
- FORFEITURE---N 271 83.25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (NEW PERSPECTIVE-HOWARD--0016149)

Date Complaint Received: 04/26/2024

Date Investigation Completed: 06/20/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

U3SC11

RESIDENT RIGHTS

SUBSTANTIATED

U3SC11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

U3SC11

Date Complaint Received: 11/08/2023

Date Investigation Completed: 03/12/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 01/09/2023

Date Investigation Completed: 02/08/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 11/20/2022

Date Investigation Completed: 04/19/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

G5QD11

Date Complaint Received: 09/14/2022

Date Investigation Completed: 11/16/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 07/19/2022

Date Investigation Completed: 11/16/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

MXUR11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ANNAS HOUSE ASSISTED LIVING 2 (0017500)

Address: 5449 CTY HWY K, NEW FRANKEN, WI 54229

License Status: REGULAR

Licensed/Certified/Registered 04/15/2019 12:00:00AM

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

Survey History

Survey ID: 0145226 **End Date:** 01/08/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ANNAS HOUSE ASSISTED LIVING I (0017499)
Address: 5449 CTY HWY K, NEW FRANKEN, WI 54229
License Status: REGULAR
Licensed/Certified/Registered 04/15/2019 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147341 **End Date:** 08/14/2024 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145225 **End Date:** 01/09/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143619 **End Date:** 03/29/2023 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (ANNAS HOUSE ASSISTED LIVING I--0017499)

Date Complaint Received: 04/15/2024

Date Investigation Completed: 08/14/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 12/06/2023

Date Investigation Completed: 01/09/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/07/2022

Date Investigation Completed: 03/29/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 09/15/2022

Date Investigation Completed: 03/29/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 08/16/2022

Date Investigation Completed: 03/29/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HIL MEADOW RIDGE (0016346)

Address: 2657 SANDRA ROSE LANE, NEW FRANKEN, WI 54229

License Status: REGULAR

Licensed/Certified/Registered 02/27/2017 12:00:00AM

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

Survey History

Survey ID: 0147807 **End Date:** 09/25/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #D0H011 Served 10/14/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY		

Survey ID: 0146222 **End Date:** 02/05/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #N0ZO11 Served 04/24/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	6/8/24	

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144164 **End Date: 07/12/2023** **Type: ABBREVIATED** **Purpose: SURVEY/COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #15MT11 Served 09/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	10/26/23	

Survey ID: 0141395 **End Date: 11/16/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (HIL MEADOW RIDGE--0016346)

Date: 10/14/2024 **SOD #D0H011** **Appealed: No**

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (HIL MEADOW RIDGE--0016346)

Date Complaint Received: 05/23/2024

Date Investigation Completed: 09/25/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

D0H011

PROGRAM SERVICES

SUBSTANTIATED

D0H011

RESIDENT RIGHTS

SUBSTANTIATED

D0H011

Date Complaint Received: 01/30/2024

Date Investigation Completed: 02/05/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

N0Z011

RESIDENT RIGHTS

SUBSTANTIATED

N0Z011

Date Complaint Received: 02/14/2023

Date Investigation Completed: 07/12/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 02/22/2022

Date Investigation Completed: 11/16/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COUNTRY VILLA ASSISTED LIVING PULASKI (0016105)

Address: 830 CREST DR, PULASKI, WI 54162

License Status: REGULAR

Licensed/Certified/Registered 03/16/2017 12:00:00AM

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

Survey History

Survey ID: 0147751 **End Date:** 10/01/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146769 **End Date:** 06/21/2024 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144312 **End Date:** 08/02/2023 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT/COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CY1Z12 Served 09/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	11/6/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140919 End Date: 09/20/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CY1Z11 Served 10/04/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	7/19/23	Yes

Enforcement History (COUNTRY VILLA ASSISTED LIVING PULASKI--0016105)

Date: 10/04/2022 SOD #CY1Z11 Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(i)

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (COUNTRY VILLA ASSISTED LIVING PULASKI--0016105)

Date Complaint Received: 07/01/2024

Date Investigation Completed: 10/01/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 01/30/2024

Date Investigation Completed: 06/21/2024

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 04/24/2023

Date Investigation Completed: 08/02/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES

SUBSTANTIATED
SUBSTANTIATED
CY1Z12
CY1Z12

Date Complaint Received: 12/10/2022

Date Investigation Completed: 08/02/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 09/07/2022

Date Investigation Completed: 09/20/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

SUBSTANTIATED
SUBSTANTIATED
CY1Z11
CY1Z11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 02/22/2022

Date Investigation Completed: 09/20/2022

Subject Area(s)

ADMINISTRATION
DEATH BY RESTRAINTS
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HIL MAPLE CREST (0011664)

Address: 825 GOLDEN EAGLE CT, PULASKI, WI 54162

License Status: REGULAR

Licensed/Certified/Registered 10/02/2006 12:00:00AM

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

Survey History

Survey ID: 0139038 **End Date:** 03/22/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Alpha Assisted Living and Memory Care Suamico (0018857)

Address: 13230 Velp Avenue, Suamico, WI 54313

License Status: REGULAR

Licensed/Certified/Registered 10/15/2022 12:00:00AM

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

Survey History

Survey ID: 0147088 **End Date:** 06/19/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CI3E11 Served 07/25/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.29(1)(b)	WRITTEN INFORMATION ON SERVICES, CHARGES	9/8/24	

Survey ID: 0144084 **End Date:** 04/14/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #3W8M11 Served 08/31/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(i)	BEHAVIOR MANAGEMENT	9/21/23	Withdrawn
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	9/21/23	Withdrawn

Survey ID: 0141066 **End Date:** 10/15/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (Alpha Assisted Living and Memory Care Suamico--0018857)

Date: 08/31/2023 **SOD #**3W8M11 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

ORDER TO COMPLY
FORFEITURE---N 433 83.38(1)(i)

Complaint History (Alpha Assisted Living and Memory Care Suamico--0018857)

Date Complaint Received: 01/11/2024 **Date Investigation Completed:** 06/19/2024

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

Date Complaint Received: 02/03/2023 **Date Investigation Completed:** 04/14/2023

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

Date Complaint Received: 12/05/2022 **Date Investigation Completed:** 04/14/2023

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

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BAY HARBOR ASSISTED LIVING SUAMICO I (0015398)

Address: 3136 LONGVIEW LN, SUAMICO, WI 54173

License Status: REGULAR

Licensed/Certified/Registered 02/13/2017 12:00:00AM

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

Survey History

Survey ID: 0141840 **End Date:** 01/13/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141082 **End Date:** 06/06/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QIVI12 Served 10/19/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(3)(b)	FOOD SAFETY	1/12/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	1/12/23	Yes

This is Page 55 of 57 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (BAY HARBOR ASSISTED LIVING SUAMICO I--0015398)

Date: 10/19/2022 **SOD #**QIVI12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.41(3)(b)
FORFEITURE---83.43(1)

Date: 03/03/2022 **SOD #**QIVI11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.41(3)(b)
FORFEITURE---83.43(1)

Complaint History (BAY HARBOR ASSISTED LIVING SUAMICO I--0015398)

Date Complaint Received: 05/12/2022

Date Investigation Completed: 06/06/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BAY HARBOR II (0008920)

Address: 3136 LONGVIEW LN BLDG B, SUAMICO, WI 54173

License Status: REGULAR

Licensed/Certified/Registered 07/01/2000 12:00:00AM

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

Survey History

Survey ID: 0144105 **End Date:** 08/31/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139786 **End Date:** 06/06/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (BAY HARBOR II--0008920)

Date Complaint Received: 04/03/2023

Date Investigation Completed: 08/31/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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