

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Dane

Notes

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

The report includes only facilities located within the City of MADISON. 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 150.00 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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ALL SAINTS ASSISTED LIVING AND MEMORY CARE (0012409)

Address: 8210 HIGHVIEW DRIVE, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 9/1/2009 12:00:00AM

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

Survey History

Survey ID: 0140526 **End Date:** 7/26/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136838 **End Date:** 7/20/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (ALL SAINTS ASSISTED LIVING AND MEMORY CARE--0012409)

Date Complaint Received: 6/16/2022

Date Investigation Completed: 7/26/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ALL SAINTS ASSISTED LIVING CENTER INC (0016266)

Address: 519 COMMERCE DR, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 9/1/2017 12:00:00AM

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

Survey History

Survey ID: 0140306 **End Date:** 7/19/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: ARC DAYTON ST (110328)

Address: 2009 E DAYTON ST, MADISON, WI 53704

License Status: REGULAR

Licensed/Certified/Registered 1/31/1993 12:00:00AM

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

Survey History

Survey ID: 0140914 **End Date:** 9/22/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140499 **End Date:** 5/6/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #U38O11 Served 8/18/2022

Deficiencies Cited
83.25

Subject Area
CONTINUING EDUCATION

Compliance
Verified
9/22/22

Corrected
Yes

Enforcement History (ARC DAYTON ST--110328)

Date: 8/18/2022

SOD #U38O11

Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: ARC HOUSE (110002)

Address: 202 N PATERSON ST, MADISON, WI 53703

License Status: REGULAR

Licensed/Certified/Registered 3/31/1982 12:00:00AM

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

Survey History

Survey ID: 0138511 **End Date:** 11/11/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: ARC MATERNAL & INFANT PROGRAM (110391)

Address: 4202 MONONA DR, MADISON, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 2/1/1995 12:00:00AM

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

Survey History

Survey ID: 0137992 **End Date:** 12/14/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137304 **End Date:** 7/26/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #551411 Served 9/27/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	12/14/21	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	12/14/21	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	12/14/21	Yes

Enforcement History (ARC MATERNAL & INFANT PROGRAM--110391)

Date: 9/27/2021 **SOD #**551411 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.25

FORFEITURE---83.47(2)(e)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ASHWABAY HOUSE (THE) (0009535)

Address: 7310 ASHWABAY LANE, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 8/1/2002 12:00:00AM

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

Survey History

Survey ID: 0140593 **End Date:** 8/23/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139290 **End Date:** 12/22/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y4ZP11 Served 4/19/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(1)(i)	MAINTAIN RECORDS OF ANNUAL FIRE INSPECTION	8/23/22	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	8/23/22	Yes
83.37(2)(a)	SELF-ADMINISTERED BY RESIDENT	8/23/22	Yes
83.41(3)(b)	FOOD SAFETY	8/23/22	Yes
83.45(1)(f)	FURNISHINGS CLEAN, SAFE, AND MAINTAINED	8/23/22	Yes
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED	8/23/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0135557 End Date: 2/3/2021 Type: OTHER Purpose: COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (ASHWABAY HOUSE (THE)--0009535)

Date: 4/19/2022 SOD #Y4ZP11 Appealed:

Sanctions

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

Complaint History (ASHWABAY HOUSE (THE)--0009535)

Date Complaint Received: 11/2/2021 Date Investigation Completed: 12/9/2021

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
Y4ZP11

Date Complaint Received: 12/14/2020

Date Investigation Completed: 2/3/2021

Subject Area(s)
OTHER

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: ATTIC CORRECTIONAL TREATMENT CENTER (110047)

Address: 4117 DWIGHT DR, MADISON, WI 53704

License Status: REGULAR

Licensed/Certified/Registered 12/1/1980 12:00:00AM

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

Survey History

Survey ID: 0140067 **End Date:** 5/5/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BRIGHTER LIFE LIVING (0011577)

Address: 901 PFLAUM RD, MADISON, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 2/1/2007 12:00:00AM

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

Survey History

Survey ID: 0140271 **End Date:** 7/19/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #7BGK11 Served 7/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED	9/10/22	Yes

Enforcement History (BRIGHTER LIFE LIVING--0011577)

Date: 7/27/2022 **SOD #**7BGK11 **Appealed:** Yes **Decision:** DISMISSED

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BRIGHTSTAR SENIOR LIVING (0015502)

Address: 6550 SCHROEDER RD, MADISON, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 3/1/2016 12:00:00AM

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

Survey History

Survey ID: 0142804 **End Date:** 2/1/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y8GO12 Served 4/18/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		

Survey ID: 0140930 **End Date:** 6/7/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y8GO11 Served 10/5/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(1)-(3)	ALL EMPLOYEE TRAINING	2/1/23	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	2/1/23	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	2/1/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	2/1/23	No

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For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139221 **End Date: 3/28/2022** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138274 **End Date: 10/7/2021** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8IF511 Served 1/14/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	3/28/22	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	3/28/22	Yes

Survey ID: 0137284 **End Date: 9/1/2021** **Type: STANDARD** **Purpose: SURVEY/VV**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #2ZC813 Served 9/23/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.47(3)	FIRE INSPECTION	11/7/21	Yes

Survey ID: 0136366 **End Date: 5/18/2021** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2ZC812 Served 6/2/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	1/29/20	
83.47(2)(d)	FIRE DRILLS	1/29/20	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (BRIGHTSTAR SENIOR LIVING--0015502)

Date: 4/18/2023 **SOD #**Y8GO12 **Appealed:** **Decision:** PENDING

Sanctions

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

Date: 10/5/2022 **SOD #**Y8GO11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.21 (1)-(3)
FORFEITURE---83.22 (1)-(4)
FORFEITURE---83.32 (3)(i)
FORFEITURE---83.35 (3)(d)

Date: 1/12/2022 **SOD #**81F511 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(d)
FORFEITURE---83.35(3)(c)

Date: 9/23/2021 **SOD #**2ZC813 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 6/2/2021 **SOD #**2ZC812 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 6/8/2020

SOD #2ZC811

Appealed:

Sanctions

OTHER SANCTION

FORFEITURE---83.37(2)(d)

FORFEITURE---83.47(2)(d)

FORFEITURE---8325

Complaint History (BRIGHTSTAR SENIOR LIVING--0015502)
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Date Complaint Received: 10/4/2021

Date Investigation Completed: 10/7/2021

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

8IF511

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BROOKDALE MADISON WEST AL/MC (110331)

Address: 413 S YELLOWSTONE DR, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 2/4/1992 12:00:00AM

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

Survey History

Survey ID: 0143033 **End Date:** 2/28/2023 **Type:** OTHER **Purpose:** SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XXL912 Served 5/15/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION		
83.38(1)(b)	SUPERVISION		

Survey ID: 0140943 **End Date:** 6/16/2022 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XXL911 Served 10/6/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	2/28/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	2/28/23	Yes
83.25	CONTINUING EDUCATION	2/28/23	No
83.39(3)	HAND WASHING	2/28/23	Yes

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For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139572 **End Date: 4/19/2022** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139245 **End Date: 3/29/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138109 **End Date: 12/6/2021** **Type: OTHER** **Purpose: DESK REVIEW**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137695 **End Date: 10/28/2021** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137787 **End Date: 10/7/2021** **Type: OTHER** **Purpose: DESK REVIEW**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RRI411 Served 11/18/2021

<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	12/6/21	Yes

Survey ID: 0138254 **End Date: 8/26/2021** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J77X11 Served 2/24/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.04(1)(b)	MEDIUM CBRF--9 TO 20 RESIDENTS	4/19/22	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	4/19/22	Yes

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For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137028 **End Date:** 6/30/2021 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1KI814 Served 9/1/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(g)	HEALTH MONITORING	10/28/21	Yes

Survey ID: 0135958 **End Date:** 3/18/2021 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1KI813 Served 4/13/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	6/30/21	Yes

Survey ID: 0139527 **End Date:** 11/25/2020 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/18/21	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	3/18/21	No

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (BROOKDALE MADISON WEST AL/MC--110331)

Date: 5/15/2023 **SOD #XXL912** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.25

FORFEITURE---83.38(1)(b)

Date: 10/6/2022 **SOD #XXL911** **Appealed:**

Sanctions

ORDER TO COMPLY

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

FORFEITURE---83.21 (1)-(3)

FORFEITURE---83.25

Date: 2/24/2022 **SOD #J77X11** **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.38(1)(b)

Date: 11/17/2021 **SOD #RRI411** **Appealed: No**

Sanctions

ORDER TO COMPLY

ACCRUING FORFEITURE

Date: 8/18/2021 **SOD #1KI814** **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.38(1)(g)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 4/13/2021 **SOD #**1KI813 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.44(2)(a)

Date: 1/12/2021 **SOD #**1KI812 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 6/23/2020 **SOD #**SA7L11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
OTHER SANCTION
FORFEITURE---83.20(2)(a)
FORFEITURE---83.20(2)(b)
FORFEITURE---83.20(2)(c)
FORFEITURE---83.32(3)(g)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.32(3)(i)
FORFEITURE---83.35(1)(a)
FORFEITURE---83.46(1)(f)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (BROOKDALE MADISON WEST AL/MC--110331)

Date Complaint Received: 5/3/2022

Date Investigation Completed: 6/16/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 3/24/2022

Date Investigation Completed: 3/29/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 7/19/2021

Date Investigation Completed: 8/26/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

J77X11

Date Complaint Received: 2/4/2021

Date Investigation Completed: 3/18/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 12/17/2020

Date Investigation Completed: 3/18/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

1KI813

Date Complaint Received: 10/12/2020

Date Investigation Completed: 11/25/2020

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

1KI812

PROGRAM SERVICES

SUBSTANTIATED

1KI812

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 10/6/2020

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 11/25/2020

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

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BROOKDALE MADISON WEST AL (0015533)
Address: 429 S YELLOWSTONE DR, MADISON, WI 53719
License Status: REGULAR
Licensed/Certified/Registered 4/1/2015 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0140965 **End Date:** 10/4/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140057 **End Date:** 6/28/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139472 **End Date:** 2/16/2022 **Type:** OTHER **Purpose:** COMPLAINT
Results: ENFORCEMENT ACTION

Statement of Deficiency: #56PG11 Served 5/9/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	6/28/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0138788 **End Date:** 10/20/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LIEV11 Served 2/23/2022

<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	2/16/22	

Survey ID: 0136239 **End Date:** 5/3/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135656 **End Date:** 2/12/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GY5L11 Served 2/19/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	5/3/21	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	5/3/21	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (BROOKDALE MADISON WEST AL--0015533)

Date: 5/6/2022 **SOD #56PG11** **Appealed:** **Decision: PENDING**

Sanctions

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

Date: 2/23/2022 **SOD #LIEV11** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.23(3)(h)

Date: 2/19/2021 **SOD #GY5L11** **Appealed:** **Decision: PENDING**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a-d)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (BROOKDALE MADISON WEST AL--0015533)

Date Complaint Received: 7/27/2022

Date Investigation Completed: 10/4/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 1/25/2022

Date Investigation Completed: 2/16/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 10/12/2021

Date Investigation Completed: 10/20/2021

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

LIEV11

Date Complaint Received: 6/2/2021

Date Investigation Completed: 6/2/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 12/17/2020

Date Investigation Completed: 2/12/2021

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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CAPITOL LAKES TERRACES (110509)

Address: 345 W MAIN ST, MADISON, WI 53703

License Status: REGULAR

Licensed/Certified/Registered 10/1/1996 12:00:00AM

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

Survey History

Survey ID: 0142352 **End Date:** 3/1/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9YS011 Served 3/7/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	3/1/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/1/23	Yes

Survey ID: 0137016 **End Date:** 8/5/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135416 **End Date:** 1/5/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (CAPITOL LAKES TERRACES--110509)

Date: 3/7/2023 SOD #9YS011 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (CAPITOL LAKES TERRACES--110509)

Date Complaint Received: 1/20/2023

Date Investigation Completed: 3/1/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/16/2020

Date Investigation Completed: 1/5/2021

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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CHAMOMILE ASSISTED LIVING LTD II (0010867)

Address: 842 JUPITER DRIVE, MADISON, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 12/1/2005 12:00:00AM

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

Survey History

Survey ID: 0142459 **End Date:** 2/22/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #7C9311 Served 3/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(f)	MEDICATION STORAGE: INTERNALS AND EXTERNALS	5/17/23	Yes
83.41(3)(b)	FOOD SAFETY	5/17/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	5/17/23	Yes

Survey ID: 0138998 **End Date:** 3/10/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0138156 **End Date:** 9/14/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #20CZ12 Served 1/5/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	3/10/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	3/10/22	Yes

Survey ID: 0134584 **End Date:** 7/21/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #20CZ11 Served 8/24/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	9/14/21	Yes
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	9/14/21	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	9/14/21	Yes
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	9/14/21	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	9/14/21	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	9/14/21	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	9/14/21	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/14/21	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	9/14/21	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (CHAMOMILE ASSISTED LIVING LTD II--0010867)

Date: 3/14/2023 **SOD #**7C9311 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 1/5/2022 **SOD #**20CZ12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.20(a)-(d)

Date: 8/21/2020 **SOD #**20CZ11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
OTHER SANCTION
FORFEITURE---83.12(2)(a)
FORFEITURE---83.12(3)(a)
FORFEITURE---83.12(4)(c)
FORFEITURE---83.14(2)(j)
FORFEITURE---83.32(3)(n)
FORFEITURE---83.35(1)(c)
FORFEITURE---83.35(3)(d)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CHAMOMILE ASSISTED LIVING LTD II--0010867)

Date Complaint Received: 1/24/2023

Date Investigation Completed: 2/22/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 8/7/2021

Date Investigation Completed: 9/14/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 7/8/2020

Date Investigation Completed: 7/21/2020

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

20CZ11

Date Complaint Received: 6/8/2020

Date Investigation Completed: 7/21/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

20CZ11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CHAMOMILE ASSISTED LIVING LTD (0008514)

Address: 22 MILO LANE, MADISON, WI 53714

License Status: REGULAR

Licensed/Certified/Registered 6/30/1999 12:00:00AM

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

Survey History

Survey ID: 0143269 **End Date:** 4/25/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #RS7912 Served 6/5/2023

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

Survey ID: 0142368 **End Date:** 2/14/2023 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RS7911 Served 3/6/2023

<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	4/25/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	4/25/23	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139520 **End Date: 12/29/2021** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135799 **End Date: 3/3/2021** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135365 **End Date: 12/9/2020** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135006 **End Date: 10/9/2020** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KC0N11 Served 10/26/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	12/9/20	Yes
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	12/9/20	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	12/9/20	Yes
83.47(2)(d)	FIRE DRILLS	12/9/20	Yes
83.47(3)	FIRE INSPECTION	12/9/20	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	12/9/20	Yes

Enforcement History (CHAMOMILE ASSISTED LIVING LTD--0008514)

Date: 3/6/2023 **SOD #RS7911** **Appealed: No**

Sanctions

ORDER TO COMPLY

Date: 10/23/2020 **SOD #KC0N11** **Appealed: No**

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CHAMOMILE ASSISTED LIVING LTD--0008514)

Date Complaint Received: 4/4/2023

Date Investigation Completed: 4/25/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

RS7912

Date Complaint Received: 2/18/2021

Date Investigation Completed: 3/16/2021

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 9/28/2020

Date Investigation Completed: 10/9/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

KC0N11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COTTAGES OF MADISON APPLEWOOD (0017703)

Address: 5565 BURKE RD, MADISON, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 9/3/2019 12:00:00AM

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

Survey History

Survey ID: 0142494 **End Date:** 2/16/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FT8K11 Served 3/17/2023

<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		
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED		
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE		
83.41(3)(b)	FOOD SAFETY		
83.46(1)(a)	COMFORTABLE AND SAFE TEMPERATURES		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142420 **End Date:** 12/2/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #54DT11 Served 3/24/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.13(3)(b)	POST HOUSE RULES, RESIDENT RIGHTS, GRIEVANCES		
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.22(1)-(4)	TASK SPECIFIC TRAINING		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS		
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW		
83.38(1)(c)	LEISURE TIME ACTIVITIES		
83.38(1)(g)	HEALTH MONITORING		
83.41(2)(c)	NUTRITION: MENUS		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED		
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION		
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139823 **End Date: 5/10/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139659 **End Date: 4/13/2022** **Type: OTHER** **Purpose: SELF REPORT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OGLF11 Served 5/26/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.60(1)	TOTAL/OPENABLE WINDOW AREA	7/10/22	

Survey ID: 0138063 **End Date: 12/22/2021** **Type: OTHER** **Purpose: DESK REVIEW**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137763 **End Date: 10/13/2021** **Type: OTHER** **Purpose: DESK REVIEW**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KNDV11 Served 11/16/2021

<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	11/20/21	Yes

Survey ID: 0137216 **End Date: 9/7/2021** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136503 End Date: 5/18/2021 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UDWF12 Served 6/17/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	9/7/21	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	9/7/21	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/7/21	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	9/7/21	Yes
83.59(4)(f)	DELAYED EGRESS: DEPARTMENT APPROVAL	9/7/21	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0135655 **End Date:** 1/29/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UDWF11 Served 2/19/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	5/18/21	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	5/18/21	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	5/18/21	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	5/18/21	Yes
83.29(2)	ADMISSION AGREEMENT	5/18/21	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	5/15/21	No
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	5/18/21	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	5/15/21	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	5/15/21	No
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	5/18/21	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	5/18/21	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	5/18/21	Yes

Survey ID: 0135080 **End Date:** 11/6/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (COTTAGES OF MADISON APPLEWOOD--0017703)

Date: 3/24/2023 **SOD #**54DT11 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.12(2)(a)
FORFEITURE---83.14(2)(a)
FORFEITURE---83.22(1-4)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.35(3)(a)
FORFEITURE---83.38(1)(g)

Date: 3/17/2023 **SOD #**FT8K11 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.32(3)(i)
FORFEITURE---83.36(1)(b)

Date: 5/26/2022 **SOD #**OGLF11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 11/15/2021 **SOD #**KNDV11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
ACCRUING FORFEITURE

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 6/17/2021

SOD #UDWF12

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.36(1)(b)

Date: 2/19/2021

SOD #UDWF11

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.21(1-3)

FORFEITURE---83.22(1-4)

FORFEITURE---83.27(2)(c)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37(1)(k)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (COTTAGES OF MADISON APPLEWOOD--0017703)

Date Complaint Received: 1/25/2023

Date Investigation Completed: 2/8/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

FT8K11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

FT8K11

Date Complaint Received: 1/19/2023

Date Investigation Completed: 2/8/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

FT8K11

Date Complaint Received: 10/11/2022

Date Investigation Completed: 11/9/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

54DT11

Date Complaint Received: 9/27/2022

Date Investigation Completed: 11/9/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

54DT11

RESIDENT RIGHTS

SUBSTANTIATED

54DT11

Date Complaint Received: 4/28/2022

Date Investigation Completed: 5/10/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 1/22/2021

Date Investigation Completed: 1/29/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

OTHER

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 11/24/2020

Subject Area(s)

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 1/29/2021

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

UDWF11

Date Complaint Received: 5/28/2020

Subject Area(s)

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 10/2/2020

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COTTAGES OF MADISON ELMWOOD (0017701)

Address: 5575 BURKE RD, MADISON, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 9/3/2019 12:00:00AM

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

Survey History

Survey ID: 0142693 **End Date:** 1/26/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #88ZV12 Served 4/25/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.47(2)(d)	FIRE DRILLS		
83.47(2)(e)	OTHER EVACUATION DRILLS		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140290 **End Date:** 7/5/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #88ZV11 Served 8/8/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	8/19/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	8/19/22	Yes

Survey ID: 0137857 **End Date:** 11/29/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137793 **End Date:** 11/3/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137712 **End Date:** 10/13/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4RMP11 Served 11/9/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	11/29/21	Yes

Survey ID: 0137074 **End Date:** 7/7/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

83.25	CONTINUING EDUCATION	11/3/21	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	11/3/21	Yes
83.59(7)(b)	REQUIRED EXIT SIGNS LIGHTED	11/3/21	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0135994 End Date: 3/2/2021 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #77FZ11 Served 4/15/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	7/7/21	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	7/7/21	Yes
83.32(3)(a)	RIGHTS OF RESIDENTS: COMMUNICATIONS	7/7/21	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	7/7/21	Yes
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY	7/7/21	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	7/7/21	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	7/7/21	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	7/7/21	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	7/7/21	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	7/7/21	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	7/7/21	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	7/7/21	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	7/7/21	Yes
83.38(1)(a)	PERSONAL CARE	7/7/21	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	7/7/21	Yes
83.41(2)(c)	NUTRITION: MENUS	7/7/21	Yes
83.41(3)(b)	FOOD SAFETY	7/7/21	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	7/7/21	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	7/7/21	Yes
83.45(3)	TOXIC SUBSTANCES	7/7/21	Yes
83.46(1)(a)	COMFORTABLE AND SAFE TEMPERATURES	7/7/21	Yes
83.46(1)(b)	PORTABLE SPACE HEATERS PROHIBITED	7/7/21	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.46(1)(f)	COMBUSTIBLES	7/7/21	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	7/7/21	Yes
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	7/7/21	Yes

Survey ID: 0135628 **End Date:** 12/17/2020 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EGFK12 Served 2/17/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	7/7/21	Yes
83.38(1)(g)	HEALTH MONITORING	7/7/21	Yes

Survey ID: 0134840 **End Date:** 6/26/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EGFK11 Served 9/18/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(a)	RIGHTS OF RESIDENTS: COMMUNICATIONS	12/16/20	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	12/16/20	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	12/16/20	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	12/16/20	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	12/16/20	Yes
83.38(1)(a)	PERSONAL CARE	12/16/20	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (COTTAGES OF MADISON ELMWOOD--0017701)

Date: 4/6/2023 **SOD #**88ZV12 **Appealed:** No

Sanctions

ORDER TO COMPLY

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

FORFEITURE---83.35(5)(b)

Date: 7/28/2022 **SOD #**88ZV11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 11/9/2021 **SOD #**4RMP11 **Appealed:**

Sanctions

ORDER TO COMPLY

ACCRUING FORFEITURE

Date: 8/24/2021 **SOD #**77FZ12 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.25

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 4/15/2021

SOD #77FZ11

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---83.12(5)(a)
FORFEITURE---83.15(3)(a)
FORFEITURE---83.32(3)(a)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(3)(a)
FORFEITURE---83.37(1)(g)
FORFEITURE---83.37(1)(h)
FORFEITURE---83.37(1)(i)
FORFEITURE---83.38(1)(a)
FORFEITURE---83.38(1)(c)
FORFEITURE---83.41(3)(b)
FORFEITURE---83.59(2)

Date: 2/16/2021

SOD #EGFK12

Appealed:

Sanctions

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

Date: 9/18/2020

SOD #EGFK11

Appealed:

Sanctions

OTHER SANCTION
FORFEITURE---83.32(3)(h)
FORFEITURE---83.32(3)(i)
FORFEITURE---83.32(3)(n)
FORFEITURE---83.37(2)(d)
FORFEITURE---83.38(1)(a)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (COTTAGES OF MADISON ELMWOOD--0017701)

Date Complaint Received: 6/30/2022

Date Investigation Completed: 7/5/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 8/27/2021

Date Investigation Completed: 11/3/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 3/26/2021

Date Investigation Completed: 7/7/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 2/18/2021

Date Investigation Completed: 3/2/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES

SUBSTANTIATED
SUBSTANTIATED
77FZ11
77FZ11

Date Complaint Received: 2/11/2021

Date Investigation Completed: 3/2/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
PROGRAM SERVICES

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
77FZ11
77FZ11
77FZ11

Date Complaint Received: 9/9/2020

Date Investigation Completed: 12/20/2020

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED
EGFK12

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 8/3/2020

Subject Area(s)

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 12/20/2020

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

EGFK12

Date Complaint Received: 6/8/2020

Subject Area(s)

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY
OTHER

Date Investigation Completed: 6/26/2020

Result

SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

EGFK11

EGFK11

Date Complaint Received: 6/2/2020

Subject Area(s)

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY
OTHER

Date Investigation Completed: 6/26/2020

Result

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

EGFK11

Date Complaint Received: 5/19/2020

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES
PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

Date Investigation Completed: 6/26/2020

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COTTAGES OF MADISON OAKWOOD (0017702)

Address: 5555 BURKE RD, MADISON, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 9/3/2019 12:00:00AM

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

Survey History

Survey ID: 0142806 **End Date:** 4/6/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141852 **End Date:** 10/7/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EC0P16 Served 1/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE		
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.38(1)(c)	LEISURE TIME ACTIVITIES		
83.38(1)(g)	HEALTH MONITORING		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140425 End Date: 7/13/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EC0P15 Served 8/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(h)	POSTING: LICENSE, DEFICIENCIES, REVOCATIONS	10/4/22	Yes
83.25	CONTINUING EDUCATION	10/4/22	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	10/4/22	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	10/4/22	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	10/4/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/4/22	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	10/5/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	10/4/22	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	10/4/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139311 **End Date:** 3/29/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EC0P14 Served 4/20/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	7/7/22	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	7/7/22	No
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	7/7/22	Yes
83.38(1)(b)	SUPERVISION	7/7/22	Yes
83.45(3)	TOXIC SUBSTANCES	7/7/22	Yes

Survey ID: 0138629 **End Date:** 1/6/2022 **Type:** STANDARD **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #32ME11 Served 2/7/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	2/7/22	
83.12(4)(a)	REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN	2/7/22	
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	2/7/22	

Survey ID: 0137856 **End Date:** 11/29/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0138891 **End Date:** 10/28/2021 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8H2511 Served 3/7/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	7/7/22	Yes
83.38(1)(b)	SUPERVISION	7/7/22	Yes
83.43(2)(b)	CLEAN, COMFORTABLE MATTRESS AND PAD	7/7/22	Yes

Survey ID: 0137711 **End Date:** 10/13/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GT2Y11 Served 11/15/2021

<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	11/29/21	Yes

Survey ID: 0138606 **End Date:** 10/5/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EC0P13 Served 2/8/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(3)	TOXIC SUBSTANCES	3/29/22	No

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136764 **End Date:** 6/15/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EC0P12 Served 7/16/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	10/5/21	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	10/5/21	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	10/5/21	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	10/5/21	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	10/5/21	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	10/5/21	Yes
83.45(3)	TOXIC SUBSTANCES	10/5/21	No

Survey ID: 0135975 **End Date:** 3/23/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EC0P11 Served 4/14/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	6/15/21	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	6/15/21	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	6/15/21	Yes

Survey ID: 0135752 **End Date:** 3/8/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0135471 **End Date:** 1/8/2021 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #RNOJ11 Served 1/27/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS	4/23/21	Yes

Survey ID: 0135071 **End Date:** 10/22/2020 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134826 **End Date:** 6/24/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (COTTAGES OF MADISON OAKWOOD--0017702)

Date: 1/13/2023 **SOD #**EC0P16 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.38(1)(c)

FORFEITURE---83.38(1)(g)

Date: 8/12/2022 **SOD #**EC0P15 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NNAO EXTENDED

ORDER TO COMPLY

FORFEITURE---83.25

FORFEITURE---83.32(3)(i)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37(1)(j)

FORFEITURE---83.38(1)(c)

FORFEITURE---83.43(1)

Date: 4/20/2022 **SOD #**EC0P14 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.14(2)(j)

FORFEITURE---83.37(1)(j)

FORFEITURE---83.37(3)(c)

FORFEITURE---83.38(1)(b)

FORFEITURE---83.45(3)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 3/7/2022

SOD #8H2511

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.38(1)(b)

Date: 2/7/2022

SOD #32ME11

Appealed: No

Sanctions

ORDER TO COMPLY

FORFEITURE---83.45 (3) 2nd violation

Date: 11/9/2021

SOD #GT2Y11

Appealed:

Sanctions

ORDER TO COMPLY

ACCRUING FORFEITURE

Date: 7/16/2021

SOD #EC0P12

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(c)

FORFEITURE---83.38(1)(c)

FORFEITURE---83.38(1)(h)

Date: 4/13/2021

SOD #EC0P11

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.23(3)(h)

FORFEITURE---83.38(1)(c)

Date: 1/23/2021

SOD #RNOJ11

Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (COTTAGES OF MADISON OAKWOOD--0017702)

Date Complaint Received: 4/6/2023

Date Investigation Completed: 4/6/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 9/27/2022

Date Investigation Completed: 10/7/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 9/22/2022

Date Investigation Completed: 10/7/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 6/17/2022

Date Investigation Completed: 7/13/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

EC0P15

Date Complaint Received: 3/23/2022

Date Investigation Completed: 3/29/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

EC0P14

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

EC0P14

Date Complaint Received: 1/4/2022

Date Investigation Completed: 1/6/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

32ME11

PROGRAM SERVICES

SUBSTANTIATED

32ME11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 12/9/2021

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

Date Investigation Completed: 1/6/2022

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	32ME11
SUBSTANTIATED	32ME11

Date Complaint Received: 10/28/2021

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

Date Investigation Completed: 10/28/2022

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
SUBSTANTIATED	8H2511

Date Complaint Received: 5/17/2021

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Date Investigation Completed: 6/15/2021

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

Date Complaint Received: 3/12/2021

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 3/23/2021

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
SUBSTANTIATED	EC0P11
NOT SUBSTANTIATED	

Date Complaint Received: 9/22/2020

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 10/22/2020

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

Date Complaint Received: 5/28/2020

Subject Area(s)
ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
OTHER

Date Investigation Completed: 6/24/2020

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

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COVENANT OAKS (0008572)

Address: 6165 MINERAL POINT RD, MADISON, WI 53705

License Status: REGULAR

Licensed/Certified/Registered 5/1/2000 12:00:00AM

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

Survey History

Survey ID: 0143129 **End Date:** 3/22/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ECDG12 Served 5/23/2023

Deficiencies Cited
83.22(1)-(4)

Subject Area
TASK SPECIFIC TRAINING

Compliance
Verified

Corrected

Survey ID: 0141902 **End Date:** 10/4/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ECDG11 Served 1/19/2023

Deficiencies Cited
83.38(1)(b)

Subject Area
SUPERVISION

Compliance
Verified
3/21/23

Corrected
Yes

Survey ID: 0138232 **End Date:** 1/3/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0135732 End Date: 2/23/2021 Type: ABBREVIATED Purpose: SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (COVENANT OAKS--0008572)

Date: 1/19/2023 SOD #ECDG11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (COVENANT OAKS--0008572)

Date Complaint Received: 10/3/2022 Date Investigation Completed: 10/4/2022

Subject Area(s)

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD

ECDG11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: FOSTER COMMUNITY CORRECTIONS CENTER (110377)

Address: 5706 ODANA RD, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 2/28/1994 12:00:00AM

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

Survey History

Survey ID: 0136906 **End Date:** 7/21/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HAMMERSLEY HOUSE (0009770)

Address: 5222 HAMMERSLEY RD, MADISON, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 8/1/2003 12:00:00AM

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

Survey History

Survey ID: 0142526 **End Date:** 1/5/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #15GE15 Served 3/21/2023

Deficiencies Cited

83.25

83.32(3)(h)

Subject Area

CONTINUING EDUCATION

RIGHTS OF RESIDENTS: TO RECEIVE
MEDICATION

Compliance
Verified

Corrected

Survey ID: 0141021 **End Date:** 6/30/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139238 **End Date:** 1/13/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #15GE13 Served 4/14/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	6/30/22	No

Survey ID: 0137493 **End Date:** 7/28/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #15GE12 Served 10/15/2021

<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	4/14/22	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	1/13/22	No

Survey ID: 0136269 **End Date:** 4/27/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #15GE11 Served 5/20/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	10/15/21	Yes
83.38(1)(a)	PERSONAL CARE	10/15/21	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136071 **End Date:** 4/7/2021 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FTS411 Served 4/27/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	7/28/21	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	7/28/21	Yes

Survey ID: 0134594 **End Date:** 8/13/2020 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (HAMMERSLEY HOUSE--0009770)

Date: 3/21/2023 **SOD #**15GE15 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25
FORFEITURE---83.32(3)(h)

Date: 10/13/2022 **SOD #**15GE14 **Appealed:** **Decision:** PENDING

Sanctions

NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.21(1-3)
FORFEITURE---83.25
FORFEITURE---83.32(3)(i)
FORFEITURE---83.32.(3)(n)
FORFEITURE---83.35(1)(a)
FORFEITURE---83.37(1)(j)
FORFEITURE---83.37(2)(d)
FORFEITURE---83.38(1)(g)

Date: 4/14/2022 **SOD #**15GE13 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.37(2)(d)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 10/15/2021 **SOD #15GE12** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(h)
FORFEITURE---83.37(2)(d)

Date: 5/20/2021 **SOD #15GE11** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.38(1)(a) Personal Care

Date: 4/22/2021 **SOD #FTS411** **Appealed:** **Decision: PENDING**

Sanctions

COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.37(2)(d)

Complaint History (HAMMERSLEY HOUSE--0009770)

Date Complaint Received: 7/12/2021 **Date Investigation Completed: 7/28/2021**

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 4/20/2021 **Date Investigation Completed: 4/29/2021**

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

Result SOD #
SUBSTANTIATED 15GE11
SUBSTANTIATED 15GE11
SUBSTANTIATED 15GE11

Date Complaint Received: 6/29/2020 **Date Investigation Completed: 8/13/2020**

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: HANNAHS HOUSE WEST (0015882)

Address: 510 N GAMMON RD, MADISON, WI 53717

License Status: REGULAR

Licensed/Certified/Registered 3/1/2017 12:00:00AM

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

Survey History

Survey ID: 0139821 **End Date:** 5/13/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138987 **End Date:** 10/26/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S6VU11 Served 3/17/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	5/13/22	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	5/13/22	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	5/13/22	Yes

Survey ID: 0136311 **End Date:** 5/13/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0135593 **End Date:** 1/28/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RFQT13 Served 2/11/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	5/13/21	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	5/24/21	Yes

Enforcement History (HANNAHS HOUSE WEST--0015882)

Date: 3/17/2022 **SOD #**S6VU11 **Appealed:**

Sanctions

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

Date: 2/11/2021 **SOD #**RFQT13 **Appealed:**

Sanctions

ORDER TO COMPLY

Date: 5/18/2020 **SOD #**RFQT12 **Appealed:**

Sanctions

OTHER SANCTION
FORFEITURE---83.21(2)(a)
FORFEITURE---83.21(3)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Complaint History (HANNAHS HOUSE WEST--0015882)

Date Complaint Received: 10/13/2021

Date Investigation Completed: 10/26/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

S6VU11

Date Complaint Received: 12/27/2020

Date Investigation Completed: 1/28/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

RFQT13

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Harbor at Renaissance (The) (0018781)

Address: 602 N Segoe Road, Madison, WI 53705

License Status: REGULAR

Licensed/Certified/Registered 4/14/2023 12:00:00AM

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

Survey History

Survey ID: 0142552 **End Date:** 3/17/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141952 **End Date:** 1/13/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BZY511 Served 1/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19	ORIENTATION	3/17/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	3/17/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	3/17/23	Yes
83.28(6)	RESIDENT RIGHTS, GRIEVANCE PROCEDURE, RULES	3/17/23	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	3/17/23	Yes
83.41(3)(b)	FOOD SAFETY	3/17/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	3/17/23	Yes

Survey ID: 0139406 **End Date:** 4/14/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (Harbor at Renaissance (The)--0018781)

Date: 1/26/2023

SOD #BZY511

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---83.19

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

FORFEITURE---83.21 (1)-(3)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: Hope Reality, LLC (0018161)

Address: 5510 Forge Drive, Madison, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 8/6/2021 12:00:00AM

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

Survey History

Survey ID: 0141983 **End Date:** 1/23/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #L8W612 Served 1/31/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	3/17/23	Yes

Survey ID: 0141323 **End Date:** 8/15/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L8W611 Served 11/10/2022

<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	1/23/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	1/23/23	Yes
83.31(4)(c)	INVOLUNTARY DISCHARGE NOTICE REQUIREMENTS	1/23/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/23/23	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

83.37(1)(h) SCHEDULED PSYCHOTROPIC MEDICATIONS 1/23/23 Yes

Survey ID: 0138638 End Date: 9/2/2021 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136073 End Date: 3/18/2021 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IG9611 Served 6/30/2021

<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	9/2/21	Yes

Survey ID: 0135550 End Date: 1/20/2021 Type: STANDARD Purpose: SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GWH412 Served 2/8/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	9/2/22	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	9/2/22	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	9/2/22	Yes

Survey ID: 0135052 End Date: 10/21/2020 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GWH411 Served 11/2/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	1/20/21	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0134513 **End Date:** 8/6/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (Hope Reality, LLC--0018161)

Date: 1/31/2023 **SOD #**L8W612 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 11/10/2022 **SOD #**L8W611 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.21(1-3)

FORFEITURE---83.41(4)(c)

Date: 6/30/2021 **SOD #**IG9611 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

Date: 2/8/2021 **SOD #**GWH412 **Appealed:**

Sanctions

ORDER TO COMPLY

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

FORFEITURE---83.21(1-3)

FORFEITURE---83.22(1-4)

Date: 11/2/2020 **SOD #**GWH411 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Complaint History (Hope Reality, LLC--0018161)

Date Complaint Received: 3/4/2021

Date Investigation Completed: 3/18/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

IG9611

Date Complaint Received: 10/2/2020

Date Investigation Completed: 10/21/2020

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Madison AL Operations LLC (0019059)

Address: 1601 Wheeler Rd, Madison, WI 53704

License Status: REGULAR

Licensed/Certified/Registered 12/19/2022 12:00:00AM

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

Survey History

Survey ID: 0143177 **End Date:** 3/29/2023 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LQL011 Served 5/24/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		

Survey ID: 0141676 **End Date:** 12/22/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (Madison AL Operations LLC--0019059)

Date Complaint Received: 3/28/2023

Date Investigation Completed: 3/30/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 3/24/2023

Date Investigation Completed: 3/29/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MADISON POINTE SENIOR LIVING (0015621)

Address: 705 ZIEGLER RD, MADISON, WI 53714

License Status: REGULAR

Licensed/Certified/Registered 8/1/2016 12:00:00AM

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

Survey History

Survey ID: 0142202 **End Date:** 1/26/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140263 **End Date:** 4/27/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #Y87R11 Served 7/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(3)(b)	FOOD SAFETY	9/10/22	Yes
83.43(2)(b)	CLEAN, COMFORTABLE MATTRESS AND PAD	9/10/22	Yes

Survey ID: 0135048 **End Date:** 10/26/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (MADISON POINTE SENIOR LIVING--0015621)

Date: 7/27/2022 **SOD #**Y87R11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (MADISON POINTE SENIOR LIVING--0015621)

Date Complaint Received: 12/28/2022

Date Investigation Completed: 1/26/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 3/22/2022

Date Investigation Completed: 4/27/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 10/16/2020

Date Investigation Completed: 10/26/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: MAHER HOME (THE) (0013573)

Address: 5225 MAHER AVE, MADISON, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 12/1/2012 12:00:00AM

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

Survey History

Survey ID: 0142735 **End Date:** 3/30/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135724 **End Date:** 2/24/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (MAHER HOME (THE)--0013573)

Date Complaint Received: 2/18/2021

Date Investigation Completed: 2/24/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: NORTHPORT GROUP HOME (110130)

Address: 1602 NORTHPORT DR, MADISON, WI 53704

License Status: REGULAR

Licensed/Certified/Registered 12/31/1982 12:00:00AM

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

Survey History

Survey ID: 0136933 **End Date:** 7/28/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OAK PARK PLACE AUTUMN LANE II (0014642)

Address: 719 JUPITER DR, MADISON, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 5/21/2013 12:00:00AM

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

Survey History

Survey ID: 0142700 **End Date:** 1/4/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UFS811 Served 4/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY		
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		
83.38(1)(h)	MEDICATION ADMINISTRATION		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142170 End Date: 10/28/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q29H15 Served 2/15/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES		
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.25	CONTINUING EDUCATION		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS		
83.38(1)(g)	HEALTH MONITORING		
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS		
83.47(2)(d)	FIRE DRILLS		
83.47(2)(e)	OTHER EVACUATION DRILLS		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140641 **End Date:** 6/2/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q29H14 Served 9/6/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS		

Survey ID: 0138887 **End Date:** 2/3/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SYL411 Served 3/7/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY	6/2/22	
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	6/2/22	Yes

Survey ID: 0138960 **End Date:** 11/22/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q29H13 Served 3/14/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	6/2/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137262 **End Date: 7/19/2021** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q29H12 Served 9/21/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	11/22/21	No

Survey ID: 0136002 **End Date: 3/29/2021** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q29H11 Served 4/15/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	7/19/21	Yes
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS	7/19/21	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	7/19/21	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	7/19/21	No
83.37(2)(a)	SELF-ADMINISTERED BY RESIDENT	7/19/21	Yes
83.41(1)(c)	DISHWASHING	7/19/21	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	7/19/21	Yes

Survey ID: 0133963 **End Date: 5/28/2020** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (OAK PARK PLACE AUTUMN LANE II--0014642)

Date: 4/11/2023 **SOD #**UFS811 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(i)
FORFEITURE---83.43(1)

Date: 2/15/2023 **SOD #**Q29H15 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.12 (5)(a)
FORFEITURE---83.14(2)(a)
FORFEITURE---83.20(2)(a)-(d)
FORFEITURE---83.25
FORFEITURE---83.32(3)(h)
FORFEITURE---83.34 (3)
FORFEITURE---83.35(1)(a)
FORFEITURE---83.35(1)(C)
FORFEITURE---83.35(1)(g)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.37(1)(h)

Date: 9/6/2022 **SOD #**Q29H14 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35(3)(a)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.37(1)(h)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 3/14/2022

SOD #Q29H13

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.37(1)(h)

Date: 3/7/2022

SOD #SYL411

Appealed: No

Sanctions

ORDER TO COMPLY

Date: 9/21/2021

SOD #Q29H12

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.37(1)(h)

Date: 4/15/2021

SOD #Q29H11

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.37(1)(e)

FORFEITURE---83.37(2)(a)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (OAK PARK PLACE AUTUMN LANE II--0014642)

Date Complaint Received: 12/19/2022

Date Investigation Completed: 1/3/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 12/8/2022

Date Investigation Completed: 1/3/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

UFS811

PROGRAM SERVICES

SUBSTANTIATED

UFS811

RESIDENT RIGHTS

SUBSTANTIATED

UFS811

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

UFS811

Date Complaint Received: 12/2/2022

Date Investigation Completed: 1/3/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 8/23/2022

Date Investigation Completed: 10/26/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 5/17/2022

Date Investigation Completed: 6/2/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 2/1/2022

Date Investigation Completed: 2/3/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

SYL411

Date Complaint Received: 12/13/2021

Date Investigation Completed: 2/3/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 2/26/2021

Date Investigation Completed: 3/29/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OAK PARK PLACE AUTUMN LANE (0011449)
Address: 702 JUPITER DR, MADISON, WI 53718
License Status: REGULAR
Licensed/Certified/Registered 12/1/2006 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0140560 **End Date:** 8/17/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139252 **End Date:** 1/18/2022 **Type:** OTHER **Purpose:** COMPLAINT
Results: ENFORCEMENT ACTION

Statement of Deficiency: #1J6T11 Served 4/15/2022

Deficiencies Cited
83.35(3)(d)

Subject Area
SERVICE PLANS UPDATED ANNUALLY OR ON
CHANGES

Compliance
Verified
8/23/22

Corrected
Yes

Survey ID: 0135913 **End Date:** 3/24/2021 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135256 **End Date:** 11/13/2020 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT/VV
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0134265 **End Date:** 5/15/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N4VE11 Served 7/20/2020

Deficiencies Cited

83.32(3)(h)

Subject Area

RIGHTS OF RESIDENTS: TO RECEIVE
MEDICATION

Compliance

Verified

11/13/20

Corrected

Yes

Enforcement History (OAK PARK PLACE AUTUMN LANE--0011449)

Date: 4/15/2022

SOD #1J6T11

Appealed: Yes

Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.35(3)(d)

Date: 7/14/2020

SOD #N4VE11

Appealed:

Sanctions

OTHER SANCTION
FORFEITURE---83.32(3)(h)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (OAK PARK PLACE AUTUMN LANE--0011449)

Date Complaint Received: 2/9/2022

Date Investigation Completed: 4/15/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 11/30/2021

Date Investigation Completed: 1/18/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

1J6T11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

1J6T11

Date Complaint Received: 2/26/2021

Date Investigation Completed: 3/24/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OAK PARK PLACE OF NAKOMA (0017289)

Address: 4327 NAKOMA RD, MADISON, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 1/4/2019 12:00:00AM

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

Survey History

Survey ID: 0142275 **End Date:** 11/22/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2HW013 Served 2/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(1)(d)	MAINTAIN RECORDS HEATING SYSTEM MAINTENANCE		
83.13(1)(i)	MAINTAIN RECORDS OF ANNUAL FIRE INSPECTION		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.25	CONTINUING EDUCATION		
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION		
83.35(1)(d)	RETAIN WRITTEN REPORT OF ASSESSMENT		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS
83.37(1)(j)	PROOF-OF-USE RECORD
83.38(1)(g)	HEALTH MONITORING
83.38(1)(h)	MEDICATION ADMINISTRATION
83.47(2)(d)	FIRE DRILLS
83.47(2)(e)	OTHER EVACUATION DRILLS

Survey ID: 0140764 **End Date:** 6/6/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2HW012 Served 9/15/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	11/22/23	Yes

Survey ID: 0138840 **End Date:** 10/14/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2HW011 Served 3/1/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	6/6/22	No

Survey ID: 0136310 **End Date:** 5/20/2021 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0135342 **End Date:** 12/8/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YMPK11 Served 1/7/2021

Deficiencies Cited

83.32(3)(h)

Subject Area

RIGHTS OF RESIDENTS: TO RECEIVE
MEDICATION

Compliance

Verified

5/20/21

Corrected

Yes

Survey ID: 0135501 **End Date:** 7/30/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (OAK PARK PLACE OF NAKOMA--0017289)

Date: 2/23/2023 **SOD #**2HW013 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY

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

FORFEITURE---83.25

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(g)

Date: 9/15/2022 **SOD #**2HW012 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.31(4)(a)

Date: 3/1/2022 **SOD #**2HW011 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.35(3)(c)

Date: 12/22/2020 **SOD #**YMPK11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (OAK PARK PLACE OF NAKOMA--0017289)

Date Complaint Received: 10/25/2022

Date Investigation Completed: 11/21/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

2HW013

Date Complaint Received: 10/7/2021

Date Investigation Completed: 10/14/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

2HW011

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 6/2/2021

Date Investigation Completed: 6/16/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 4/20/2021

Date Investigation Completed: 5/20/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 9/24/2020

Date Investigation Completed: 12/8/2020

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

YMPK11

Date Complaint Received: 7/10/2020

Date Investigation Completed: 7/30/2020

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OAKWOOD KNOLL (0009395)

Address: 5565 TANCHU DR, MADISON, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 4/1/2002 12:00:00AM

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

Survey History

Survey ID: 0139226 **End Date:** 4/6/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138439 **End Date:** 9/29/2021 **Type:** OTHER **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6DUX12 Served 1/25/2022

Deficiencies Cited
83.38(1)(f)

Subject Area
COMMUNICATION SKILLS

Compliance
Verified
4/6/22

Corrected
Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136769 **End Date:** 6/28/2021 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6DUX11 Served 7/16/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	9/29/21	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	9/29/21	Yes
83.47(2)(d)	FIRE DRILLS	9/29/21	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	9/29/21	Yes

Enforcement History (OAKWOOD KNOLL--0009395)

Date: 1/24/2022 **SOD #**6DUX12 **Appealed:**

Sanctions

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

Date: 7/16/2021 **SOD #**6DUX11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(i)
FORFEITURE---83.47(2)(d)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OAKWOOD MEADOWS (0011119)

Address: 5565 TANCHO DR, MADISON, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 4/1/2006 12:00:00AM

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

Survey History

Survey ID: 0141891 **End Date:** 1/5/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141057 **End Date:** 10/10/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WYHN11 Served 10/17/2022

Deficiencies Cited

83.12(4)(c)

Subject Area

REPORTING INCIDENTS WITH SERIOUS
INJURY

Compliance

Verified

12/1/22

Corrected

Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140902 **End Date:** 7/18/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: # JG4511 Served 10/3/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	1/5/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	1/5/23	Yes
83.47(2)(d)	FIRE DRILLS	1/5/23	Yes

Enforcement History (OAKWOOD MEADOWS--0011119)

Date: 10/3/2022 **SOD #** JG4511 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a)-(d)

Complaint History (OAKWOOD MEADOWS--0011119)

Date Complaint Received: 10/4/2022 **Date Investigation Completed:** 10/4/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OAKWOOD SEASONS (0009394)

Address: 5565 TANCHO DR, MADISON, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 4/1/2002 12:00:00AM

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

Survey History

Survey ID: 0142916 **End Date:** 2/21/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XX1C11 Served 4/28/2023

<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		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		

Survey ID: 0136251 **End Date:** 5/4/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #00DF11 Served 5/19/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	7/3/21	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	7/3/21	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (OAKWOOD SEASONS--0009394)

Date: 4/28/2023

SOD #XX1C11

Appealed:

Decision: PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.32(3)(i)

Date: 5/19/2021

SOD #0ODF11

Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OAKWOOD VILLAGE TABOR OAKS (110198)
Address: 6175 MINERAL POINT RD, MADISON, WI 53705
License Status: REGULAR
Licensed/Certified/Registered 7/1/1993 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142513 **End Date:** 3/9/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141927 **End Date:** 1/17/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141970 **End Date:** 10/20/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BEHR12 Served 2/16/2023

Deficiencies Cited

83.20(2)(a)-(d)

83.21(1)-(3)

Subject Area

DEPARTMENT-APPROVED TRAINING COURSE

ALL EMPLOYEE TRAINING

Compliance
Verified

Corrected

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141668 **End Date:** 9/16/2022 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #T2Y111 Served 12/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	3/9/23	Yes
83.38(1)(b)	SUPERVISION	3/9/23	Yes

Survey ID: 0141115 **End Date:** 6/28/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #T06011 Served 10/25/2022

<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	1/17/23	Yes

Survey ID: 0140219 **End Date:** 4/21/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BEHR11 Served 7/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (OAKWOOD VILLAGE TABOR OAKS--110198)

Date: 2/16/2023 **SOD #**BEHR12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 12/21/2022 **SOD #**T2Y111 **Appealed:** No

Sanctions

ORDER TO COMPLY

FORFEITURE---83.38(1)(b)

Date: 10/25/2022 **SOD #**T06011 **Appealed:** No

Sanctions

ORDER TO COMPLY

FORFEITURE---83.36(1)(a)

Date: 7/25/2022 **SOD #**BEHR11 **Appealed:**

Sanctions

ORDER TO COMPLY

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

FORFEITURE---83.21(1-3)

Complaint History (OAKWOOD VILLAGE TABOR OAKS--110198)

Date Complaint Received: 1/9/2023 **Date Investigation Completed:** 1/18/2023

Subject Area(s)

RESIDENT RIGHTS

STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 6/21/2022 **Date Investigation Completed:** 6/28/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

PROGRAM SERVICES

Result

SUBSTANTIATED

SUBSTANTIATED

SOD #

T06011

T06011

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: OFFSHORE GROUP HOME (110075)

Address: 6418 OFFSHORE DR, MADISON, WI 53705

License Status: REGULAR

Licensed/Certified/Registered 5/31/1984 12:00:00AM

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

Survey History

Survey ID: 0139646 **End Date:** 3/15/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #U7NI12 Served 5/24/2022

Deficiencies Cited
83.44(2)(b)

Subject Area
TOILET AND BATHING AREA

Compliance
Verified
7/8/22

Corrected
Yes

Survey ID: 0137963 **End Date:** 8/12/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #U7NI11 Served 12/15/2021

Deficiencies Cited
83.17(2)(a)

Subject Area
EMPLOYEES SCREENED FOR COMMUNICABLE
DISEASE
CONTINUING EDUCATION
ENVIRONMENT SAFE, CLEAN, AND
COMFORTABLE

Compliance
Verified
3/15/22

Corrected
Yes

83.25

3/15/22

Yes

83.43(1)

3/15/22

Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (OFFSHORE GROUP HOME--110075)

Date: 5/24/2022 **SOD #**U7NI12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 12/14/2021 **SOD #**U7NI11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: PORCHLIGHT (110310)

Address: 902 NORTHPORT DR, MADISON, WI 53704

License Status: REGULAR

Licensed/Certified/Registered 6/30/1992 12:00:00AM

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

Survey History

Survey ID: 0143000 **End Date:** 3/27/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R38911 Served 5/9/2023

<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		
83.13(1)(g)	MAINTAIN RECORDS OF QUARTERLY FIRE DRILLS		
83.29(2)	ADMISSION AGREEMENT		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW		
83.37(1)(g)	DISPOSITION OF MEDICATIONS		
83.41(3)(b)	FOOD SAFETY		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.44(1)(a)	ADEQUATE LAUNDRY APPLIANCES AVAILABLE		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

83.47(2)(e)

OTHER EVACUATION DRILLS

Survey ID: 0139741 **End Date:** 5/3/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137631 **End Date:** 10/13/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G3P211 Served 11/3/2021

Deficiencies Cited

83.35(5)(b)

Subject Area

ANNUAL EVALUATION OF EVACUATION
LIMITS

Compliance

Verified

5/3/22

Corrected

Yes

Enforcement History (PORCHLIGHT--110310)

Date: 5/9/2023 **SOD #**R38911 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 11/3/2021 **SOD #**G3P211 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
ORDER TO COMPLY

Complaint History (PORCHLIGHT--110310)

Date Complaint Received: 3/13/2023 **Date Investigation Completed:** 3/22/2023

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

R38911

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: RISE AT OAKWOOD VILLAGE PRAIRIE RIDGE (THE) (0017713)

Address: 5565 TANCHU DR, MADISON, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 11/7/2019 12:00:00AM

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

Survey History

Survey ID: 0139948 **End Date:** 6/14/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Facility Information

Facility Name: SCHWERT AODA TREATMENT CENTER (110289)

Address: 3501 KIPLING DR, MADISON, WI 53704

License Status: REGULAR

Licensed/Certified/Registered 1/8/1991 12:00:00AM

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

Survey History

Survey ID: 0138716 **End Date:** 2/8/2022 **Type:** OTHER **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SEBRING ASSISTED CARE RESIDENCE (0015333)

Address: 7710 SOUTH BROOKLINE DRIVE, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 12/1/2015 12:00:00AM

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

Survey History

Survey ID: 0140172 **End Date:** 7/13/2022 **Type:** OTHER **Purpose:** SELF REPORT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139237 **End Date:** 4/12/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139043 **End Date:** 3/23/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #D6QB12 Served 3/24/2022

Deficiencies Cited
83.14(2)(a)

Subject Area
LICENSEE ENSURES FACILITY COMPLIES
WITH LAWS

Compliance
Verified
3/10/22

Corrected
Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139598 **End Date:** 2/10/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #62US14 Served 5/26/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	7/13/22	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	7/13/22	Yes
83.35(1)(b)	SOURCES USED FOR ASSESSMENT INFORMATION	7/13/22	Yes

Survey ID: 0138448 **End Date:** 1/20/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #D6QB11 Served 1/24/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	3/23/22	No

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137975 End Date: 8/26/2021 Type: OTHER Purpose: SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #62US13 Served 12/15/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	2/10/22	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	2/10/22	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	2/10/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	2/10/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (SEBRING ASSISTED CARE RESIDENCE--0015333)

Date: 5/26/2022 **SOD #**62US14 **Appealed:** **Decision:** PENDING

Sanctions

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

Date: 3/24/2022 **SOD #**D6QB12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY
ACCRUING FORFEITURE

Date: 1/24/2022 **SOD #**D6QB11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 12/15/2021 **SOD #**62US13 **Appealed:**

Sanctions

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

Date: 5/18/2020 **SOD #**62US12 **Appealed:** No

Sanctions

OTHER SANCTION

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SEBRING ASSISTED CARE RESIDENCE--0015333)

Date Complaint Received: 12/22/2021

Date Investigation Completed: 2/10/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

62US14

Date Complaint Received: 7/6/2021

Date Investigation Completed: 8/26/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

62US13

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: TELLURIAN ACEWOOD HOUSE (110326)

Address: 221 ACEWOOD BLVD, MADISON, WI 53714

License Status: REGULAR

Licensed/Certified/Registered 12/31/1997 12:00:00AM

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

Survey History

Survey ID: 0142309 **End Date:** 2/23/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141583 **End Date:** 9/8/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1F3I12 Served 12/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	2/23/23	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	2/23/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	2/23/23	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	2/23/23	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0138033 End Date: 9/8/2021 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1F3I11 Served 12/21/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	9/8/22	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	9/8/22	No
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	9/8/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	9/8/22	No
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	9/8/22	Yes
83.55(3)	BATH AND TOILET AREAS: HAND DRYING	9/8/22	Yes

Enforcement History (TELLURIAN ACEWOOD HOUSE--110326)

Date: 12/13/2022 SOD #1F3I12 Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---83.17(2)(a)
FORFEITURE---83.37(1)(e)
FORFEITURE---83.47(2)(e)
FORFEITURE---83.48(1)(b)

Date: 12/21/2021 SOD #1F3I11 Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---83.47(2)(e)
FORFEITURE---83.48(1)(b)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: TELLURIAN CRAWFORD HOUSE (110366)

Address: 4326 CRAWFORD DR, MADISON, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 4/26/1994 12:00:00AM

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

Survey History

Survey ID: 0141308 **End Date:** 7/27/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZW8313 Served 11/9/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.04(2)(e)	CLASS C SEMI-AMBULATORY (CS)		
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS		
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Survey ID: 0139595 **End Date:** 2/17/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZW8312 Served 5/26/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN		

Enforcement History (TELLURIAN CRAWFORD HOUSE--110366)

Date: 11/9/2022 **SOD #**ZW8313 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.35(5)(b)
FORFEITURE---83.37(2)(d)

Date: 5/26/2022 **SOD #**ZW8312 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.37(1)(e)
FORFEITURE---83.37(2)(d)

Date: 6/10/2020 **SOD #**ZW8311 **Appealed:**

Sanctions

OTHER SANCTION
FORFEITURE---83.37(1)(e)
FORFEITURE---83.37(1)(g)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: TELLURIAN TRANSITIONAL HOUSING (0009432)

Address: 300 FEMRITE DR, MADISON, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 10/1/2002 12:00:00AM

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

Survey History

Survey ID: 0142699 **End Date:** 1/24/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SMS611 Served 4/6/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION		
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED		

Survey ID: 0140595 **End Date:** 8/25/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0138269 **End Date:** 9/22/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9DTJ12 Served 1/14/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	8/25/22	Yes

Survey ID: 0136332 **End Date:** 5/18/2021 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9DTJ11 Served 7/16/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	8/30/21	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	8/30/21	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	8/30/21	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (TELLURIAN TRANSITIONAL HOUSING--0009432)

Date: 4/6/2023 **SOD #**SMS611 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

Date: 1/12/2022 **SOD #**9DTJ12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.17(2)(a)

Date: 5/26/2021 **SOD #**9DTJ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: TENNYSON SENIOR LIVING COMMUNITY CBRF (0017415)

Address: 1936 TENNYSON LANE, MADISON, WI 53704

License Status: REGULAR

Licensed/Certified/Registered 12/1/2018 12:00:00AM

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

Survey History

Survey ID: 0142920 **End Date:** 2/15/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H2A913 Served 4/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.22(1)-(4)	TASK SPECIFIC TRAINING		
83.32(3)(m)	RIGHTS OF RESIDENTS: RECORDING AND FILMING		
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS		
83.37(1)(g)	DISPOSITION OF MEDICATIONS		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		
83.37(3)(a)	MEDICATION STORAGE: ORIGINAL CONTAINERS		
83.38(1)(g)	HEALTH MONITORING		
83.45(3)	TOXIC SUBSTANCES		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.46(1)(b) PORTABLE SPACE HEATERS PROHIBITED
83.47(2)(d) FIRE DRILLS

Survey ID: 0141669 **End Date:** 9/12/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H2A912 Served 12/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	2/15/23	Yes
83.38(1)(g)	HEALTH MONITORING	2/15/23	No

Survey ID: 0139199 **End Date:** 3/22/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139485 **End Date:** 2/7/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H2A911 Served 5/9/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(d)	DOCUMENTATION	9/12/22	Yes
83.38(1)(g)	HEALTH MONITORING	9/12/22	No

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0138242 **End Date:** 9/22/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #98B712 Served 1/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	3/21/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/23/22	Yes

Survey ID: 0136839 **End Date:** 7/20/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136569 **End Date:** 5/26/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #98B711 Served 6/23/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	9/22/21	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/22/21	No
83.38(1)(a)	PERSONAL CARE	9/22/21	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136580 **End Date:** 5/4/2021 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RRT311 Served 6/25/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	3/21/22	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	3/21/22	Yes

Survey ID: 0135021 **End Date:** 10/16/2020 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134785 **End Date:** 9/3/2020 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8L0F12 Served 9/10/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	10/16/20	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	10/16/20	Yes

Survey ID: 0134405 **End Date:** 7/16/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8L0F11 Served 8/4/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(b)	SUPERVISION	9/3/20	

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (TENNYSON SENIOR LIVING COMMUNITY CBRF--0017415)

Date: 4/28/2023 **SOD #**H2A913 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.20(2)(a-d)
FORFEITURE---83.21(1-3)
FORFEITURE---83.22(1-4)
FORFEITURE---83.38

Date: 12/21/2022 **SOD #**H2A912 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(g)

Date: 5/9/2022 **SOD #**H2A911 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83..38(1)(g)

Date: 1/11/2022 **SOD #**98B712 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a-d)
FORFEITURE---83.35(3)(d)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 6/22/2021

SOD #98B711

Appealed:

Sanctions

ORDER TO COMPLY

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

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(c)

FORFEITURE---83.38(1)(a)

Date: 9/10/2020

SOD #8L0F12

Appealed:

Sanctions

OTHER SANCTION

FORFEITURE---83.12(5)(a)

FORFEITURE---83.32(3)(h)

Date: 8/4/2020

SOD #8L0F11

Appealed:

Sanctions

OTHER SANCTION

FORFEITURE---83.38(1)(b)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (TENNYSON SENIOR LIVING COMMUNITY CBRF--0017415)

Date Complaint Received: 3/2/2023

Date Investigation Completed: 2/15/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 12/30/2022

Date Investigation Completed: 2/10/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

H2A913

Date Complaint Received: 3/2/2022

Date Investigation Completed: 3/21/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 1/14/2022

Date Investigation Completed: 2/7/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

H2A911

Date Complaint Received: 5/14/2021

Date Investigation Completed: 7/20/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 7/27/2020

Date Investigation Completed: 9/3/2020

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED
SUBSTANTIATED

8L0F12
8L0F12

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 7/6/2020

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY
ADMINISTRATION
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 7/16/2020

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: TIMBERWOOD LODGE LLC (0017222)

Address: 7102 TIMBERWOOD DR, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 8/23/2018 12:00:00AM

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

Survey History

Survey ID: 0141511 **End Date:** 11/9/2022 **Type:** OTHER **Purpose:** SURVEY/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #LMGY12 Served 12/7/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(3)	TOXIC SUBSTANCES	11/9/22	Yes

Survey ID: 0140509 **End Date:** 7/14/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LMGY11 Served 8/19/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE	11/9/22	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	11/9/22	Yes

Survey ID: 0135949 **End Date:** 3/29/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (TIMBERWOOD LODGE LLC--0017222)

Date: 12/7/2022 **SOD #**LMGY12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 8/19/2022 **SOD #**LMGY11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (TIMBERWOOD LODGE LLC--0017222)

Date Complaint Received: 7/19/2022

Date Investigation Completed: 7/14/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

LMGY11

RESIDENT RIGHTS

SUBSTANTIATED

LMGY11

Date Complaint Received: 1/15/2021

Date Investigation Completed: 3/29/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

OTHER

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: TRADITIONS OF MADISON (0018175)

Address: 734 MESTA LANE, MADISON, WI 53704

License Status: REGULAR

Licensed/Certified/Registered 9/3/2021 12:00:00AM

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

Survey History

Survey ID: 0142994 **End Date:** 2/2/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6XI912 Served 5/9/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION		
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT		
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS		
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS		
83.39(5)	PETS VACCINATED		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS
83.45(3)	TOXIC SUBSTANCES
83.47(2)(d)	FIRE DRILLS
83.47(2)(e)	OTHER EVACUATION DRILLS
83.47(3)	FIRE INSPECTION
83.48(3)(b)	SENSITIVITY TESTING PERFORMED
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS

Survey ID: 0140787 **End Date:** 8/10/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6XI911 Served 9/19/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY		
83.34(2)(b)	ACCOUNTING METHOD FOR TRACKING RESIDENT CASH		

Survey ID: 0140619 **End Date:** 5/23/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H5KO12 Served 8/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0138565 **End Date:** 1/6/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H5KO11 Served 2/1/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	5/23/22	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	5/23/22	Yes
83.46(1)(b)	PORTABLE SPACE HEATERS PROHIBITED	5/23/22	Yes
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	5/23/22	No
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	5/23/22	Yes

Survey ID: 0137170 **End Date:** 8/24/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136323 **End Date:** 3/29/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YMLY11 Served 5/25/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.28(1)	CBRF ASSESS EACH RESIDENT BEFORE ADMISSION	8/24/21	Yes
83.28(3)	PROVIDE ADMISSION AGREEMENT AS REQUIRED	8/24/21	Yes
83.28(6)	RESIDENT RIGHTS, GRIEVANCE PROCEDURE, RULES	8/24/21	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	8/24/21	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	8/24/21	Yes
83.47(2)(d)	FIRE DRILLS	8/24/21	Yes

Survey ID: 0134829 **End Date:** 9/3/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (TRADITIONS OF MADISON--0018175)

Date: 5/9/2023 **SOD #6XI912** **Appealed:** **Decision: PENDING**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.32(3)(d)

FORFEITURE---83.35(1)(a)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.35(5)(b)

Date: 9/19/2022 **SOD #6XI911** **Appealed: No**

Sanctions

ORDER TO COMPLY

Date: 8/31/2022 **SOD #H5KO12** **Appealed:** **Decision: PENDING**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.47(4)(a)

Date: 2/1/2022 **SOD #H5KO11** **Appealed: No**

Sanctions

ORDER TO COMPLY

Date: 5/25/2021 **SOD #YMLY11** **Appealed: No**

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (TRADITIONS OF MADISON--0018175)

Date Complaint Received: 11/12/2021

Date Investigation Completed: 1/6/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

H5KO11

Date Complaint Received: 3/16/2021

Date Investigation Completed: 3/29/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: VISTA WEST (0018637)

Address: 150 BELLA VISTA DRIVE, MADISON, WI 53717

License Status: REGULAR

Licensed/Certified/Registered 10/1/2022 12:00:00AM

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

Survey History

Survey ID: 0139262 **End Date:** 4/7/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137717 **End Date:** 10/5/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: WHITNEY LODGE II (THE) (0011717)

Address: 209 N WHITNEY WAY, MADISON, WI 53705

License Status: REGULAR

Licensed/Certified/Registered 10/1/2007 12:00:00AM

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

Survey History

Survey ID: 0142871 **End Date:** 4/7/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N13111 Served 4/25/2023

Deficiencies Cited

83.37(1)(i)

83.38(1)(a)

Subject Area

PRN PSYCHOTROPIC MEDICATION

PERSONAL CARE

Compliance
Verified

Corrected

Survey ID: 0142840 **End Date:** 1/6/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8CB711 Served 4/24/2023

Deficiencies Cited

83.32(3)(b)

83.43(1)

Subject Area

RIGHTS OF RESIDENTS: CONFIDENTIALITY

ENVIRONMENT SAFE, CLEAN, AND
COMFORTABLE

Compliance
Verified

Corrected

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Survey ID: 0140577 **End Date:** 8/18/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139167 **End Date:** 3/23/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

83.29(2)	ADMISSION AGREEMENT	8/18/22	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	8/18/22	Yes

Survey ID: 0138422 **End Date:** 1/20/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y2TZ11 Served 1/21/2022

<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	2/16/22	Yes

Survey ID: 0137296 **End Date:** 9/10/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Survey ID: 0136331 End Date: 5/14/2021 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2MVW11 Served 5/26/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	9/10/21	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/10/21	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	9/10/21	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	9/10/21	Yes
83.46(1)(f)	COMBUSTIBLES	9/10/21	Yes
83.47(2)(d)	FIRE DRILLS	9/10/21	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	9/10/21	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Enforcement History (WHITNEY LODGE II (THE)--0011717)

Date: 4/21/2023 **SOD #**N13111 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.32(3)(d)

FORFEITURE---83.38(1)(a)

FORFEITURE---83.43(1)

Date: 6/27/2022 **SOD #**G08411 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(2)(d)

Date: 1/21/2022 **SOD #**Y2TZ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 5/26/2021 **SOD #**2MVW11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Complaint History (WHITNEY LODGE II (THE)--0011717)

Date Complaint Received: 3/20/2023

Date Investigation Completed: 3/29/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

N13111

Date Complaint Received: 12/20/2022

Date Investigation Completed: 1/5/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

8CB711

Date Complaint Received: 2/14/2022

Date Investigation Completed: 3/25/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: WOMEN IN TRANSITION (110025)

Address: 2842 MOLAND ST, MADISON, WI 53704

License Status: REGULAR

Licensed/Certified/Registered 4/30/1981 12:00:00AM

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

Survey History

Survey ID: 0139488 **End Date:** 5/2/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #YX2W11 Served 5/3/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.31(4)(c)	INVOLUNTARY DISCHARGE NOTICE REQUIREMENTS	7/17/22	Yes

Enforcement History (WOMEN IN TRANSITION--110025)

Date: 5/9/2022 **SOD #**YX2W11 **Appealed:** No

Sanctions
ORDER TO COMPLY

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