

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 is a PDF (Adobe Acrobat) document and includes a total of 238.00 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: HOMETOWN ASSISTED LIVING INC (0013853)

Address: 2 HERITAGE LANE, BELLEVILLE, WI 53508

License Status: REGULAR

Licensed/Certified/Registered 10/1/2012 12:00:00AM

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

Survey History

Survey ID: 0143016 **End Date:** 3/1/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TXSE14 Served 5/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.32(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		

This is Page 2 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141536 **End Date:** 12/6/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TXSE13 Served 12/8/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		

Survey ID: 0140755 **End Date:** 8/16/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TXSE12 Served 9/15/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	12/6/22	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	12/6/22	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	12/6/22	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	12/26/22	Yes
83.38(1)(b)	SUPERVISION	12/6/22	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	12/6/22	Yes

This is Page 3 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140829 End Date: 6/24/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OH0J11 Served 9/26/2022

<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		
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK		
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		
83.38(1)(i)	BEHAVIOR MANAGEMENT		

This is Page 4 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139812 End Date: 5/13/2022 Type: OTHER Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TXSE11 Served 6/9/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	8/16/22	No
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	8/16/22	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	8/16/22	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	8/16/22	No
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	8/16/22	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	8/16/22	Yes
83.19	ORIENTATION	8/16/22	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	8/16/22	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	8/16/22	Yes
83.25	CONTINUING EDUCATION	8/16/22	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	8/16/22	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	8/16/22	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	8/16/22	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	8/16/22	No
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	8/16/22	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	8/16/22	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	8/16/22	No

This is Page 5 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.41(3)(b)	FOOD SAFETY	8/16/22	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	8/16/22	No
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	8/16/22	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	8/16/22	Yes
83.48(3)(b)	SENSITIVITY TESTING PERFORMED	8/11/22	Yes

Survey ID: 0140398 End Date: 5/5/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RY4K11 Served 8/9/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.12(2)(c)	REPORT TO LAW ENFORCEMENT AND CORONER		
83.12(5)(b)	NOTIFICATION: ABUSE AND NEGLECT ALLEGATIONS		

This is Page 6 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (HOMETOWN ASSISTED LIVING INC--0013853)

Date: 5/10/2023 **SOD #**TXSE14 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.12(2)(a)

FORFEITURE---83.32(3)(d)

FORFEITURE---83.35(1)(a)

Date: 12/8/2022 **SOD #**TXSE13 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 9/26/2022 **SOD #**OH0J11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.14(2)(j)

FORFEITURE---83.32(3)(i)

FORFEITURE---83.38(1)(i)

This is Page 7 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 9/15/2022 **SOD #TXSE12** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.12(2)(a)

FORFEITURE---83.15(3)(a)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.37(1)(i)

FORFEITURE---83.38(1)(b)

FORFEITURE---83.46(1)(c)

Date: 8/9/2022 **SOD #RY4K11** **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.12(2)(a)

FORFEITURE---83.12(2)(c)

Date: 6/9/2022 **SOD #TXSE11** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---83.15(3)(a)

FORFEITURE---83.19

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

FORFEITURE---83.25

FORFEITURE---83.35(3)(a)

FORFEITURE---83.36(1)(b)

This is Page 8 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (HOMETOWN ASSISTED LIVING INC--0013853)

Date Complaint Received: 2/14/2023

Date Investigation Completed: 2/22/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

TXSE14

ADMINISTRATION

SUBSTANTIATED

TXSE14

Date Complaint Received: 8/9/2022

Date Investigation Completed: 8/16/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 6/8/2022

Date Investigation Completed: 6/24/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

OH0J11

PROGRAM SERVICES

SUBSTANTIATED

OH0J11

Date Complaint Received: 5/10/2022

Date Investigation Completed: 6/24/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

OH0J11

RESIDENT RIGHTS

SUBSTANTIATED

OH0J11

This is Page 9 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HOME AGAIN ASSISTED LIVING INC (0015855)

Address: 308 ENGLAND STREET, CAMBRIDGE, WI 53523

License Status: REGULAR

Licensed/Certified/Registered 11/1/2016 12:00:00AM

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

Survey History

Survey ID: 0137158 **End Date:** 8/25/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 10 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OUR HOUSE CAMBRIDGE ASSISTED CARE (0013377)

Address: 201 W MADISON ST, CAMBRIDGE, WI 53523

License Status: REGULAR

Licensed/Certified/Registered 10/1/2011 12:00:00AM

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

Survey History

Survey ID: 0142937 **End Date:** 4/19/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139137 **End Date:** 3/16/2022 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (OUR HOUSE CAMBRIDGE ASSISTED CARE--0013377)

Date Complaint Received: 2/12/2022

Date Investigation Completed: 3/16/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

This is Page 11 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: DRUMLIN RESERVE (0018103)

Address: 111 East REYNOLDS ST, COTTAGE GROVE, WI 53527

License Status: REGULAR

Licensed/Certified/Registered 5/1/2021 12:00:00AM

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

Survey History

Survey ID: 0142662 **End Date:** 1/25/2023 **Type:** OTHER **Purpose:** SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6MT212 Served 4/5/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION		
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT		

Survey ID: 0141434 **End Date:** 8/31/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6MT211 Served 11/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.25	CONTINUING EDUCATION		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		

This is Page 12 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.47(2)(d)

FIRE DRILLS

Survey ID: 0136832 **End Date:** 7/21/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135396 **End Date:** 12/18/2020 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #B3LB11 Served 1/9/2021

Deficiencies Cited

83.17(2)(a)

Subject Area

EMPLOYEES SCREENED FOR COMMUNICABLE
DISEASE

Compliance

Verified

1/9/21

Corrected

83.28(3)

PROVIDE ADMISSION AGREEMENT AS
REQUIRED

1/9/21

This is Page 13 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (DRUMLIN RESERVE--0018103)

Date: 4/5/2023 **SOD #**6MT212 **Appealed:** **Decision:** PENDING

Sanctions

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

Date: 11/28/2022 **SOD #**6MT211 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.17(2)(a)
FORFEITURE---83.25
FORFEITURE---83.35(3)(d)

Date: 1/9/2021 **SOD #**B3LB11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (DRUMLIN RESERVE--0018103)

Date Complaint Received: 5/28/2021 **Date Investigation Completed:** 7/21/2021

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

This is Page 14 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: KINDREDHEARTS OF COTTAGE GROVE (0011775)

Address: 325 W COTTAGE GROVE RD, COTTAGE GROVE, WI 53527

License Status: REGULAR

Licensed/Certified/Registered 8/1/2007 12:00:00AM

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

Survey History

Survey ID: 0142432 **End Date:** 2/23/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G0WL14 Served 6/8/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES		
83.25	CONTINUING EDUCATION		
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION		
83.29(2)	ADMISSION AGREEMENT		
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.35(4)	RESIDENT SATISFACTION EVALUATION		
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS		

This is Page 15 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS
83.41(2)(c)	NUTRITION: MENUS
83.41(3)(b)	FOOD SAFETY
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS
83.45(3)	TOXIC SUBSTANCES
83.47(2)(d)	FIRE DRILLS
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE

Survey ID: 0138761 **End Date:** 2/22/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138637 **End Date:** 10/6/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8ITE11 Served 2/14/2022

<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	2/21/22	Yes

Survey ID: 0137256 **End Date:** 7/12/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G0WL13 Served 9/21/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS		

This is Page 16 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0135941 **End Date:** 3/24/2021 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G0WL12 Served 4/7/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	7/28/21	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	7/28/21	No
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	7/28/21	Yes
83.47(3)	FIRE INSPECTION	7/28/21	Yes

Enforcement History (KINDREDHEARTS OF COTTAGE GROVE--0011775)

Date: 2/8/2022 **SOD #**8ITE11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 9/21/2021 **SOD #**G0WL13 **Appealed:** **Decision:** PENDING

Sanctions

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

Date: 4/7/2021 **SOD #**G0WL12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 10/5/2020 **SOD #**G0WL11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
OTHER SANCTION
FORFEITURE---83.35(3)(d)

This is Page 17 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: KINDREDHEARTS OF COTTAGE GROVE (0011776)

Address: 505 West LAWN DR, COTTAGE GROVE, WI 53527

License Status: REGULAR

Licensed/Certified/Registered 2/1/2008 12:00:00AM

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

Survey History

Survey ID: 0142423 **End Date:** 12/20/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VH4Z12 Served 3/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(1)(d)	MAINTAIN RECORDS HEATING SYSTEM MAINTENANCE		
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.22(1)-(4)	TASK SPECIFIC TRAINING		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.39(3)	HAND WASHING		
83.41(3)(b)	FOOD SAFETY		

This is Page 18 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.45(3) TOXIC SUBSTANCES
83.47(3) FIRE INSPECTION
83.48(3)(a) FIRE DETECTION SYSTEMS INSPECTED
ANNUALLY
83.48(8)(b) SPRINKLER SYSTEM INSTALLATION AND
MAINTENANCE
83.59(1)(g) PROPER EXIT LOCATIONS, SIDEWALKS,
DRIVEWAYS

Survey ID: 0140766 End Date: 8/15/2022 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VH4Z11 Served 9/15/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(c)	REPORT TO LAW ENFORCEMENT AND CORONER		
83.12(5)(a) 83.17(1)	NOTIFICATION: INCIDENT, INJURY, CHANGES LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK		
83.20(2)(a)-(d) 83.21(1)-(3) 83.22(1)-(4) 83.32(3)(d)	DEPARTMENT-APPROVED TRAINING COURSE ALL EMPLOYEE TRAINING TASK SPECIFIC TRAINING RIGHTS OF RESIDENTS: FREE OF MISTREATMENT		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(3)(c) 83.38(1)(a) 83.38(1)(g)	MEDICATION STORAGE: LOCKED CABINET PERSONAL CARE HEALTH MONITORING		

Survey ID: 0140161 End Date: 7/11/2022 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 19 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139327 **End Date:** 1/13/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #240211 Served 4/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	7/11/22	Yes
83.12(5)(b)	NOTIFICATION: ABUSE AND NEGLECT ALLEGATIONS	7/11/22	Yes
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	7/11/22	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	7/11/22	Yes
83.35(2)	TEMPORARY SERVICE PLAN	7/11/22	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	7/11/22	Yes

Survey ID: 0138621 **End Date:** 12/28/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #K4FX11 Served 2/7/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	6/4/21	No

Survey ID: 0136414 **End Date:** 6/4/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 20 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0135584 **End Date:** 1/28/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LIFF11 Served 2/12/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	6/4/21	Yes

Survey ID: 0135585 **End Date:** 1/12/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #272E11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.05(1)	CBRF LICENSED BY DEPARTMENT		

Survey ID: 0134335 **End Date:** 7/22/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 21 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (KINDREDHEARTS OF COTTAGE GROVE--0011776)

Date: 3/17/2023 **SOD #**VH4Z12 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---83.15(3)(a)

FORFEITURE---83.22(1-4)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.39(3)

FORFEITURE---83.47(3)

Date: 9/15/2022 **SOD #**VH4Z11 **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---83.32(3)(d)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(a)

FORFEITURE---83.38(1)(g)

Date: 4/22/2022 **SOD #**240211 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.12(2)(a)

FORFEITURE---83.12(5)(b)

FORFEITURE---83.32(3)(d)

This is Page 22 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 2/7/2022

SOD #K4FX11

Appealed: No

Sanctions

ORDER TO COMPLY

Date: 2/10/2021

SOD #LIFF11

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(d)

Complaint History (KINDREDHEARTS OF COTTAGE GROVE--0011776)

Date Complaint Received: 7/25/2022

Date Investigation Completed: 8/15/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

VH4Z11

Date Complaint Received: 1/3/2022

Date Investigation Completed: 1/13/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

240211

Date Complaint Received: 12/10/2021

Date Investigation Completed: 12/30/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

K4FX11

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 12/1/2020

Date Investigation Completed: 2/10/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

LIFF11

This is Page 23 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: GIRLIES MANOR III (0008704)

Address: 2620 MILITARY RD, CROSS PLAINS, WI 53528

License Status: REGULAR

Licensed/Certified/Registered 2/1/2000 12:00:00AM

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

Survey History

Survey ID: 0142626 **End Date:** 2/23/2023 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CR8W11 Served 4/5/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.37(1)(j)	PROOF-OF-USE RECORD		

This is Page 24 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142396 **End Date:** 2/8/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #E2DW15 Served 3/8/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY		
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		

Survey ID: 0141444 **End Date:** 11/14/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #E2DW14 Served 11/29/2022

<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	2/8/23	No
83.42(1)	RESIDENT RECORD MAINTAINED	2/8/23	Yes

Survey ID: 0140805 **End Date:** 7/12/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #E2DW13 Served 9/21/2022

<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	11/14/22	No
83.38(1)(c)	LEISURE TIME ACTIVITIES	11/14/22	No

This is Page 25 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0138701 **End Date:** 2/1/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139279 **End Date:** 12/16/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #E2DW12 Served 4/18/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	7/12/22	Yes
83.29(2)	ADMISSION AGREEMENT	7/12/22	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	7/12/22	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	7/12/22	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	7/12/22	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	7/12/22	No
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	7/12/22	Yes

Survey ID: 0137681 **End Date:** 8/9/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BESO12 Served 11/9/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(2)	TEMPORARY SERVICE PLAN	2/1/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	2/1/22	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	2/1/22	Yes

This is Page 26 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137306 End Date: 7/7/2021 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #E2DW11 Served 9/28/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	11/17/21	No
83.16(2)	RESIDENT CARE STAFF AT LEAST 18 YEARS OLD	11/17/21	Yes
83.32(3)(f)	RIGHTS OF RESIDENTS: FREE OF CHEMICAL RESTRAINTS	11/17/21	No
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	11/17/21	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	11/17/21	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	11/17/21	Yes
83.35(3)(f)	STAFF ACCESS TO ASSESSMENT AND ISP	11/17/21	Yes
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS	11/17/21	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	11/17/21	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	11/17/21	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	11/17/21	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	11/17/21	No
83.38(1)(h)	MEDICATION ADMINISTRATION	11/17/21	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	11/17/21	No

This is Page 27 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136225 **End Date:** 4/21/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BESO11 Served 5/15/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.25	CONTINUING EDUCATION	8/13/21	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/13/21	No
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	8/13/21	No
83.47(2)(d)	FIRE DRILLS	8/13/21	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	8/13/21	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	8/13/21	Yes

This is Page 28 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (GIRLIES MANOR III--0008704)

Date: 4/5/2023 **SOD #**CR8W11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.32(3)(d)

FORFEITURE---83.32(3)(h)

Date: 3/8/2023 **SOD #**E2DW15 **Appealed:** No

Sanctions

ORDER TO COMPLY

FORFEITURE---83.12(4)(c)

FORFEITURE---83.35(3)(b)

FORFEITURE---83.35(3)(d)

Date: 11/29/2022 **SOD #**E2DW14 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 9/21/2022 **SOD #**E2DW13 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(c)

This is Page 29 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 4/19/2022 **SOD #**E2DW12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---83.14(4)(c)

FORFEITURE---83.35(1)(a)

FORFEITURE---83.37(1)(k)

FORFEITURE---83.38(1)(c)

FORFEITURE---83.43(1)

Date: 11/8/2021 **SOD #**BESO12 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.35(3)(d)

FORFEITURE---83.35(3)(d)

Date: 9/27/2021 **SOD #**E2DW11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---83.16(2)

FORFEITURE---83.32(3)(f)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(a)

Date: 5/14/2021 **SOD #**BESO11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.25

This is Page 30 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (GIRLIES MANOR III--0008704)

Date Complaint Received: 11/12/2021

Date Investigation Completed: 12/16/2021

Subject Area(s)

Result

SOD #

OTHER

SUBSTANTIATED

E2DW11

Date Complaint Received: 10/14/2021

Date Investigation Completed: 12/16/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

E2DW11

Date Complaint Received: 6/11/2021

Date Investigation Completed: 7/7/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

E2DW11

PROGRAM SERVICES

SUBSTANTIATED

E2DW11

RESIDENT RIGHTS

SUBSTANTIATED

E2DW11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

E2DW11

This is Page 31 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MILESTONE SENIOR LIVING MARKET ST CBRF (0017058)

Address: 1870 MARKET ST, CROSS PLAINS, WI 53528

License Status: REGULAR

Licensed/Certified/Registered 5/18/2018 12:00:00AM

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

Survey History

Survey ID: 0142931 **End Date:** 2/21/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1NLQ13 Served 5/4/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.22(1)-(4)	TASK SPECIFIC TRAINING		

Survey ID: 0141645 **End Date:** 10/18/2022 **Type:** OTHER **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1NLQ12 Served 12/19/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.22(1)-(4)	TASK SPECIFIC TRAINING	2/21/23	No

This is Page 32 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139858 **End Date:** 3/17/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1NLQ11 Served 6/16/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	10/18/22	Yes
83.42(3)	ACCESS TO RESIDENT RECORDS	10/18/22	Yes

Survey ID: 0138782 **End Date:** 2/14/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137682 **End Date:** 10/11/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J5T811 Served 11/9/2021

<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	6/7/22	Yes

Survey ID: 0136553 **End Date:** 6/9/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 33 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0135989 **End Date:** 3/26/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H3OV11 Served 4/15/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.25	CONTINUING EDUCATION	6/9/21	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	6/9/21	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	6/9/21	Yes

Survey ID: 0134607 **End Date:** 8/25/2020 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 34 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (MILESTONE SENIOR LIVING MARKET ST CBRF--0017058)

Date: 5/4/2023 **SOD #**1NLQ13 **Appealed:** No

Sanctions

ORDER TO COMPLY
FORFEITURE---83.22 (1)-(4)

Date: 12/19/2022 **SOD #**1NLQ12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.22 (1)-(4)

Date: 6/16/2022 **SOD #**1NLQ11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.42(3)

Date: 11/9/2021 **SOD #**J5T811 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
ACCRUING FORFEITURE

Date: 4/15/2021 **SOD #**H3OV11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(3)(c)

This is Page 35 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (MILESTONE SENIOR LIVING MARKET ST CBRF--0017058)

Date Complaint Received: 2/28/2022

Date Investigation Completed: 3/17/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

1NLQ11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

1NLQ11

Date Complaint Received: 12/17/2021

Date Investigation Completed: 2/11/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 11/30/2020

Date Investigation Completed: 3/26/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

H3OV11

Date Complaint Received: 6/7/2020

Date Investigation Completed: 8/19/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

This is Page 36 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: DEERFIELD PLACE ASSISTED LIVING (0015098)

Address: 15 STATE STREET, DEERFIELD, WI 53531

License Status: REGULAR

Licensed/Certified/Registered 6/1/2014 12:00:00AM

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

Survey History

Survey ID: 0140535 **End Date:** 8/17/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137710 **End Date:** 10/13/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8FV711 Served 11/8/2021

Deficiencies Cited
83.14(2)(a)

Subject Area
LICENSEE ENSURES FACILITY COMPLIES
WITH LAWS

Compliance
Verified
8/23/22

Corrected
Yes

Survey ID: 0137137 **End Date:** 8/24/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135909 **End Date:** 3/23/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 37 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0135377 **End Date:** 12/11/2020 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VBWI11 Served 1/6/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	3/23/21	Yes
83.47(2)(d)	FIRE DRILLS	3/23/21	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	3/23/21	Yes

Enforcement History (DEERFIELD PLACE ASSISTED LIVING--0015098)

Date: 11/9/2021 **SOD #**8FV711 **Appealed:** No

Sanctions

ORDER TO COMPLY
ACCRUING FORFEITURE

Date: 1/5/2021 **SOD #**VBWI11 **Appealed:** No

Sanctions

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

Complaint History (DEERFIELD PLACE ASSISTED LIVING--0015098)

Date Complaint Received: 8/4/2021 **Date Investigation Completed:** 8/24/2021

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

Date Complaint Received: 11/19/2020 **Date Investigation Completed:** 12/11/2020

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

This is Page 38 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: DEFOREST PLACE (0018519)

Address: 206 N MAIN ST, DEFOREST, WI 53532

License Status: REGULAR

Licensed/Certified/Registered 6/1/2022 12:00:00AM

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

Survey History

Survey ID: 0143162 **End Date:** 3/17/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141236 **End Date:** 10/18/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141592 **End Date:** 9/30/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RP9812 Served 12/13/2022

Deficiencies Cited
83.46(1)(f)

Subject Area
COMBUSTIBLES

Compliance
Verified
3/17/23

Corrected
Yes

Survey ID: 0139198 **End Date:** 3/22/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 39 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139075 **End Date:** 3/14/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140185 **End Date:** 1/18/2022 **Type:** STANDARD **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RP9811 Served 7/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	9/30/22	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	9/30/22	Yes
83.46(1)(f)	COMBUSTIBLES	9/30/22	No
83.47(2)(e)	OTHER EVACUATION DRILLS	9/30/22	Yes

Survey ID: 0137605 **End Date:** 10/26/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136365 **End Date:** 5/21/2021 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

This is Page 40 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (DEFOREST PLACE--0018519)

Date: 12/13/2022 **SOD #**RP9812 **Appealed:** No

Sanctions

ORDER TO COMPLY
FORFEITURE---83.46(1)(f)

Date: 7/21/2022 **SOD #**RP9811 **Appealed:**

Sanctions

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

This is Page 41 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (DEFOREST PLACE--0018519)

Date Complaint Received: 9/29/2022

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Date Investigation Completed: 10/18/2022

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 3/1/2022

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 3/22/2022

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 1/24/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 3/14/2022

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 1/4/2022

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

Date Investigation Completed: 1/18/2022

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 10/21/2021

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 10/26/2021

Result SOD #
NOT SUBSTANTIATED

This is Page 42 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: KEYES HOUSE (0015686)

Address: 4141 SAVANNAH DRIVE, DEFOREST, WI 53532

License Status: REGULAR

Licensed/Certified/Registered 8/10/2015 12:00:00AM

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

Survey History

Survey ID: 0138749 **End Date:** 2/11/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137021 **End Date:** 8/4/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 43 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: KOSELIG HOUSE (THE) (0018717)

Address: 4897 INNOVATION DRIVE, DEFOREST, WI 53532

License Status: REGULAR

Licensed/Certified/Registered 10/1/2022 12:00:00AM

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

Survey History

Survey ID: 0142861 **End Date:** 2/8/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2U5R11 Served 4/20/2023

<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		
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY		
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		

This is Page 44 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142048 **End Date:** 10/27/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #PXZ011 Served 2/6/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	3/23/23	Yes

Survey ID: 0140811 **End Date:** 9/19/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140444 **End Date:** 8/15/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140400 **End Date:** 8/5/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #GNOK12 Served 8/9/2022

<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	8/5/22	Yes

This is Page 45 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139883 **End Date:** 6/2/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GRGR11 Served 6/20/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE		No
83.29(2)	ADMISSION AGREEMENT		
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS		

Survey ID: 0139621 **End Date:** 2/17/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GNOK11 Served 5/23/2022

<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	8/5/22	Yes

Survey ID: 0138331 **End Date:** 1/6/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137425 **End Date:** 10/6/2021 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 46 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (KOSELIG HOUSE (THE)--0018717)

Date: 4/20/2023 **SOD #**2U5R11 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.32(3)(i)

FORFEITURE---83.35(1)9a)

Date: 2/6/2023 **SOD #**PXZ011 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 8/9/2022 **SOD #**GNOK12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 6/20/2022 **SOD #**GRGR11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 5/23/2022 **SOD #**GNOK11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---83.35(3)(c)

This is Page 47 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (KOSELIG HOUSE (THE)--0018717)

Date Complaint Received: 1/23/2023

Date Investigation Completed: 1/30/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

2U5R11

Date Complaint Received: 10/24/2022

Date Investigation Completed: 10/27/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

PXZ011

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 9/14/2022

Date Investigation Completed: 9/19/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 9/2/2022

Date Investigation Completed: 9/19/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 7/21/2022

Date Investigation Completed: 7/21/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

GNOK12

Date Complaint Received: 2/16/2022

Date Investigation Completed: 2/17/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

GNOK11

This is Page 48 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LEGACY OF DEFOREST (THE) (0017768)

Address: 6639 PEDERSON CROSSING BLVD, DEFOREST, WI 53532

License Status: REGULAR

Licensed/Certified/Registered 10/19/2019 12:00:00AM

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

Survey History

Survey ID: 0142696 **End Date:** 1/19/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #085D11 Served 4/6/2023

<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		
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION		
83.38(1)(h)	MEDICATION ADMINISTRATION		
83.38(1)(i)	BEHAVIOR MANAGEMENT		
83.41(3)(b)	FOOD SAFETY		

This is Page 49 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136440 End Date: 5/27/2021 Type: OTHER Purpose: SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (LEGACY OF DEFOREST (THE)--0017768)

Date: 4/6/2023 SOD #085D11 Appealed: Decision: PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(1)(a)
FORFEITURE---83.35(3)(c)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(h)
FORFEITURE---83.38(1)(i)

Complaint History (LEGACY OF DEFOREST (THE)--0017768)

Date Complaint Received: 10/14/2022 Date Investigation Completed: 1/19/2023

Subject Area(s)	Result	SOD #
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	085D11
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	085D11

Date Complaint Received: 4/22/2021 Date Investigation Completed: 6/25/2021

Subject Area(s)	Result	SOD #
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	

This is Page 50 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: RATHEY HOUSE (0016848)

Address: 4139 SAVANNAH DR, DEFOREST, WI 53532

License Status: REGULAR

Licensed/Certified/Registered 10/24/2017 12:00:00AM

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

Survey History

Survey ID: 0139860 **End Date:** 6/16/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139205 **End Date:** 3/3/2022 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y2JZ12 Served 4/11/2022

<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	6/16/22	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	6/16/22	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	6/16/22	Yes
83.38(1)(b)	SUPERVISION	6/16/22	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	6/16/22	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	6/16/22	Yes

This is Page 51 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136878 End Date: 6/25/2021 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y2JZ11 Served 8/2/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	3/3/22	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	3/3/22	No
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	3/3/22	No
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	3/3/22	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	3/3/22	Yes
83.38(1)(b)	SUPERVISION	3/3/22	No
83.38(1)(g)	HEALTH MONITORING	3/3/22	Yes

This is Page 52 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (RATHEY HOUSE--0016848)

Date: 4/11/2022 **SOD #**Y2JZ12 **Appealed:**

Sanctions

NNAO EXTENDED
ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.36(1)(b)
FORFEITURE---83.38(1)(b)
FORFEITURE---83.42(1)

Date: 8/2/2021 **SOD #**Y2JZ11 **Appealed:**

Sanctions

NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.14 (4)(c)
FORFEITURE---83.14(2)(a)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.37(2)(e)
FORFEITURE---83.38(1)(b)
FORFEITURE---83.38(1)(g)

Complaint History (RATHEY HOUSE--0016848)

Date Complaint Received: 2/10/2022

Date Investigation Completed: 4/11/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

Y2JZ12

Date Complaint Received: 12/15/2020

Date Investigation Completed: 6/25/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

Y2JZ11

This is Page 53 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: RAYMOND HOUSE (THE) (0012297)

Address: 825 SOUTHBOUND DR, DEFOREST, WI 53532

License Status: REGULAR

Licensed/Certified/Registered 6/4/2008 12:00:00AM

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

Survey History

Survey ID: 0142387 **End Date:** 12/6/2022 **Type:** OTHER **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P3O615 Served 3/7/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE		
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.28(6)	RESIDENT RIGHTS, GRIEVANCE PROCEDURE, RULES		
83.29(2)	ADMISSION AGREEMENT		
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS		
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN		
83.37(1)(j)	PROOF-OF-USE RECORD		
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		
83.38(1)(c)	LEISURE TIME ACTIVITIES		
83.41(2)(c)	NUTRITION: MENUS		

This is Page 54 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.41(3)(b) FOOD SAFETY
83.47(2)(d) FIRE DRILLS
83.47(2)(e) OTHER EVACUATION DRILLS

Survey ID: 0140463 **End Date:** 6/2/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P3O614 Served 8/17/2022

<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	12/6/22	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	12/6/22	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	12/6/22	No
83.38(1)(g)	HEALTH MONITORING	12/6/22	Yes
83.45(3)	TOXIC SUBSTANCES	12/6/22	Yes

Survey ID: 0138370 **End Date:** 12/1/2021 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P3O613 Served 1/19/2022

<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	6/1/22	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	6/1/22	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	6/1/22	Yes
83.38(1)(b)	SUPERVISION	6/1/22	Yes
83.55(3)	BATH AND TOILET AREAS: HAND DRYING	4/5/22	Withdrawn

This is Page 55 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136608 **End Date:** 6/7/2021 **Type:** OTHER **Purpose:** SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P3O612 Served 6/28/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(3)(b)	FOOD SAFETY	12/1/21	Yes

Survey ID: 0135855 **End Date:** 3/15/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P3O611 Served 3/24/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	6/7/21	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	6/7/21	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	6/7/21	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	6/7/21	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	6/7/21	Yes
83.41(3)(b)	FOOD SAFETY	6/28/21	No
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	6/7/21	Yes

This is Page 56 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (RAYMOND HOUSE (THE)--0012297)

Date: 3/7/2023 **SOD #**P3O615 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---83.17 (1)

FORFEITURE---83.17(2)(a)

FORFEITURE---83.35(1)(C)

FORFEITURE---83.35(3)(c)

FORFEITURE---83.37(3)(C)

FORFEITURE---83.41(3)(b)

Date: 8/17/2022 **SOD #**P3O614 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

FORFEITURE---83.38(1)(g)

Date: 1/19/2022 **SOD #**P3O613 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.32(3)(i)

FORFEITURE---83.37(2)(e)

FORFEITURE---83.38(1)(b)

Date: 6/28/2021 **SOD #**P3O612 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

This is Page 57 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 3/23/2021

SOD #P3O611

Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (RAYMOND HOUSE (THE)--0012297)

Date Complaint Received: 8/4/2021

Date Investigation Completed: 12/1/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

P3O613

Date Complaint Received: 6/28/2021

Date Investigation Completed: 12/1/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

P3O613

Date Complaint Received: 2/23/2021

Date Investigation Completed: 3/15/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

P3O611

This is Page 58 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ROSMAN HOUSE (0016850)

Address: 4145 SAVANNAH DR, DEFOREST, WI 53532

License Status: REGULAR

Licensed/Certified/Registered 1/15/2018 12:00:00AM

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

Survey History

Survey ID: 0139826 **End Date:** 3/2/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #X0E211 Served 6/13/2022

Deficiencies Cited
83.36(1)(b)

Subject Area
QUALIFIED STAFF IN CHARGE, ON DUTY AND
AWAKE

Compliance
Verified

Corrected
Yes

Survey ID: 0138700 **End Date:** 1/10/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137392 **End Date:** 7/12/2021 **Type:** OTHER **Purpose:** SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #789C12 Served 10/4/2021

Deficiencies Cited
83.35(3)(d)

Subject Area
SERVICE PLANS UPDATED ANNUALLY OR ON
CHANGES

Compliance
Verified
1/10/22

Corrected
Yes

This is Page 59 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136003 **End Date:** 3/10/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #789C11 Served 4/16/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	7/21/21	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	7/21/21	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	7/21/21	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	7/21/21	Yes
83.32(3)(g)	RIGHTS OF RESIDENTS: FREE OF PHYSICAL RESTRAINTS	7/21/21	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	7/21/21	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	7/21/21	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	7/21/21	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	7/21/21	Yes
83.38(1)(g)	HEALTH MONITORING	7/21/21	Yes

Survey ID: 0135409 **End Date:** 12/21/2020 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0133982 **End Date:** 6/22/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 60 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0133905 **End Date:** 5/28/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #HE8K11 Served 6/11/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	9/1/20	Yes

Enforcement History (ROSMAN HOUSE--0016850)

Date: 6/13/2022 **SOD #**X0E211 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.36(1)(b)

Date: 10/4/2021 **SOD #**789C12 **Appealed:**

Sanctions

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

Date: 4/16/2021 **SOD #**789C11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.12(3)(a)
FORFEITURE---83.12(5)(a)
FORFEITURE---83.14(4)(c)
FORFEITURE---83.32(3)(d)
FORFEITURE---83.32(3)(g)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.32(3)(i)
FORFEITURE---83.35(1)(c)
FORFEITURE---83.35(3)(c)

This is Page 61 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (ROSMAN HOUSE--0016850)

Date Complaint Received: 2/9/2022

Date Investigation Completed: 3/2/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 1/31/2022

Date Investigation Completed: 3/2/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

X0E211

RESIDENT RIGHTS

SUBSTANTIATED

X0E211

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

X0E211

Date Complaint Received: 12/9/2021

Date Investigation Completed: 1/10/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 2/18/2021

Date Investigation Completed: 3/16/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

789C11

Date Complaint Received: 7/14/2020

Date Investigation Completed: 12/21/2020

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 5/18/2020

Date Investigation Completed: 6/4/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

HE8K11

This is Page 62 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SIENNA MEADOWS DEFOREST (0017763)

Address: 504 BASSETT ST, DEFOREST, WI 53532

License Status: REGULAR

Licensed/Certified/Registered 8/1/2019 12:00:00AM

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

Survey History

Survey ID: 0142977 **End Date:** 4/20/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140438 **End Date:** 5/12/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0Z0511 Served 8/15/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	4/20/23	Yes

Enforcement History (SIENNA MEADOWS DEFOREST--0017763)

Date: 8/15/2022 **SOD #**0Z0511 **Appealed:**

Sanctions

ORDER TO COMPLY

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

This is Page 63 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SIENNA MEADOWS DEFOREST--0017763)

Date Complaint Received: 4/10/2023

Date Investigation Completed: 4/20/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

This is Page 64 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SOSA HOUSE (0016851)

Address: 4145 SAVANNAH DR, DEFOREST, WI 53532

License Status: REGULAR

Licensed/Certified/Registered 1/15/2018 12:00:00AM

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

Survey History

Survey ID: 0141375 **End Date:** 11/9/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140407 **End Date:** 5/4/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #594J11 Served 8/10/2022

Deficiencies Cited
83.15(3)(a)

Subject Area
ADMINISTRATOR SHALL SUPERVISE DAILY
OPERATION

Compliance
Verified
11/9/22

Corrected

This is Page 65 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140265 **End Date:** 4/20/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZQBK11 Served 7/28/2022

<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		
83.38(1)(i)	BEHAVIOR MANAGEMENT		

Survey ID: 0139855 **End Date:** 3/31/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R6C511 Served 6/16/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.27(2)(b)	RESOURCES FOR DESTRUCTIVE ABUSIVE RESIDENTS		
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT		
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE		

Survey ID: 0136123 **End Date:** 4/13/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 66 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0135621 **End Date:** 1/29/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TZJ711 Served 2/15/2021

<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	4/13/21	Yes
83.38(1)(b)	SUPERVISION	4/13/21	Yes

Survey ID: 0135009 **End Date:** 10/8/2020 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135793 **End Date:** 10/1/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134360 **End Date:** 6/11/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #563R11 Served 7/31/2020

<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	10/1/20	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/1/20	Yes

This is Page 67 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (SOSA HOUSE--0016851)

Date: 8/10/2022 **SOD #**594J11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.15(3)(a)

Date: 7/27/2022 **SOD #**ZQBK11 **Appealed:** Yes **Decision:** DISMISSED

Sanctions

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

Date: 6/16/2022 **SOD #**R6C511 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(n)
FORFEITURE---83.36(1)(b)

Date: 2/15/2021 **SOD #**TZJ711 **Appealed:**

Sanctions

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

Date: 7/27/2020 **SOD #**563R11 **Appealed:**

Sanctions

OTHER SANCTION
FORFEITURE---83.35(3)(c)
FORFEITURE---83.35(3)(d)

This is Page 68 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SOSA HOUSE--0016851)

Date Complaint Received: 4/12/2022

Date Investigation Completed: 3/31/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

ZQBK11

Date Complaint Received: 2/28/2022

Date Investigation Completed: 5/4/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

594J11

Date Complaint Received: 11/30/2021

Date Investigation Completed: 3/31/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 1/12/2021

Date Investigation Completed: 1/29/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

TZJ711

Date Complaint Received: 5/27/2020

Date Investigation Completed: 6/11/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

563R11

This is Page 69 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WEATHERLY HOUSE (0016849)

Address: 4139 SAVANNAH DR, DEFOREST, WI 53532

License Status: REGULAR

Licensed/Certified/Registered 10/24/2017 12:00:00AM

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

Survey History

Survey ID: 0139717 **End Date:** 4/21/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138687 **End Date:** 1/12/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137614 **End Date:** 7/8/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QNVV12 Served 11/1/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	1/12/22	Yes
83.45(3)	TOXIC SUBSTANCES	1/12/22	Yes

This is Page 70 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0135999 End Date: 3/17/2021 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QNVV11 Served 4/16/2021

<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	7/21/21	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	7/21/21	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	7/21/21	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	7/21/21	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	7/21/21	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	7/21/21	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	7/21/21	No
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	7/21/21	Yes
83.37(3)(f)	MEDICATION STORAGE: INTERNALS AND EXTERNALS	7/21/21	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	7/21/21	Yes
83.38(1)(g)	HEALTH MONITORING	7/21/21	Yes
83.41(3)(b)	FOOD SAFETY	7/21/21	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	7/21/21	Yes
83.45(3)	TOXIC SUBSTANCES	7/21/21	No
83.47(2)(e)	OTHER EVACUATION DRILLS	7/21/21	Yes

This is Page 71 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (WEATHERLY HOUSE--0016849)

Date: 11/1/2021 **SOD #**QNVV12 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.37(2)(d)

FORFEITURE---83.45(3)

Date: 4/16/2021 **SOD #**QNVV11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.15(3)(a)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.37(2)(e)

FORFEITURE---83.38(1)(g)

FORFEITURE---83.41(1)

FORFEITURE---83.41(3)(b)

FORFEITURE---83.47(2)(d)

FORFEITURE---83.47(2)(e)

This is Page 72 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (WEATHERLY HOUSE--0016849)

Date Complaint Received: 4/11/2022

Date Investigation Completed: 4/21/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 1/4/2022

Date Investigation Completed: 1/12/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 3/14/2021

Date Investigation Completed: 3/17/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

QNVV11

Date Complaint Received: 2/18/2021

Date Investigation Completed: 3/17/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

QNVV11

This is Page 73 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: YOUNG HOUSE (0015688)

Address: 4141 SAVANNAH DRIVE, DEFOREST, WI 53532

License Status: REGULAR

Licensed/Certified/Registered 8/10/2015 12:00:00AM

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

Survey History

Survey ID: 0140234 **End Date:** 6/16/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #W82W11 Served 7/25/2022

Deficiencies Cited
83.12(4)(a)

Subject Area
REPORTING WHEN RESIDENT'S
WHEREABOUTS UNKNOWN

Compliance
Verified
9/8/22

Corrected
Yes

Survey ID: 0136924 **End Date:** 7/23/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135078 **End Date:** 10/30/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (YOUNG HOUSE--0015688)

Date: 7/25/2022 **SOD #**W82W11 **Appealed:** No

Sanctions

ORDER TO COMPLY

This is Page 74 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (YOUNG HOUSE--0015688)

Date Complaint Received: 5/2/2022

Date Investigation Completed: 6/16/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

W82W11

Date Complaint Received: 10/27/2020

Date Investigation Completed: 10/30/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

This is Page 75 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Ridge at Madison (The) (0018873)

Address: 2879 Fish Hatchery Road, Fitchburg, WI 53713

License Status: PROBATIONARY

Licensed/Certified/Registered 4/13/2023 12:00:00AM

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

Survey History

Survey ID: 0142875 **End Date:** 4/13/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

This is Page 76 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SYLVAN CROSSINGS AT CHAPEL VALLEY (0008561)

Address: 5765 CHAPEL VALLEY RD, FITCHBURG, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 8/31/1999 12:00:00AM

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

Survey History

Survey ID: 0142856 **End Date:** 3/20/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QJIC11 Served 4/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY		
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN		
83.35(3)(f)	STAFF ACCESS TO ASSESSMENT AND ISP		
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE		

This is Page 77 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION
83.38(1)(f)	COMMUNICATION SKILLS
83.38(1)(i)	BEHAVIOR MANAGEMENT
83.41(2)(a)	NUTRITION: DIET
83.47(2)(a)	EMERGENCY AND DISASTER PLAN CONTENTS

Survey ID: 0142694 **End Date:** 1/26/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CFXD12 Served 4/6/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(1)(k)	MAINTAIN RECORDS SYSTEM TESTING/MAINTENANCE		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.35(4)	RESIDENT SATISFACTION EVALUATION		
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.38(1)(g)	HEALTH MONITORING		
83.41(2)(c)	NUTRITION: MENUS		
83.45(3)	TOXIC SUBSTANCES		
83.47(2)(d)	FIRE DRILLS		

Survey ID: 0141584 **End Date:** 12/2/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 78 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140783 **End Date:** 9/2/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CFXD11 Served 11/3/2022

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

Survey ID: 0141157 **End Date:** 7/7/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Z9HR12 Served 10/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	1/25/23	No
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	1/25/23	No
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	1/25/23	Yes

Survey ID: 0140411 **End Date:** 5/5/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HUI713 Served 8/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	1/25/23	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/25/23	No
83.38(1)(g)	HEALTH MONITORING	1/25/23	No

This is Page 79 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139341 **End Date:** 1/27/2022 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Z9HR11 Served 4/25/2022

		<u>Compliance</u>	
<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	7/7/22	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	7/7/22	Yes
<hr/>			
Survey ID: 0139526	End Date: 10/4/2021	Type: OTHER	Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	5/5/22	No
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	5/5/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	5/5/22	No
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	5/5/22	Yes
83.38(1)(g)	HEALTH MONITORING	5/5/22	Yes
83.41(3)(b)	FOOD SAFETY	5/5/22	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	5/5/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	5/5/22	Yes

This is Page 80 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136772 **End Date:** 6/22/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HUI711 Served 7/19/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	10/4/21	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	10/4/21	No
83.41(2)(c)	NUTRITION: MENUS	10/10/21	Yes

Survey ID: 0136235 **End Date:** 3/16/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #34QS11 Served 5/18/2021

<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	10/4/21	Yes

Survey ID: 0135594 **End Date:** 2/4/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #NXMU11 Served 2/11/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION	3/28/21	
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	3/28/21	

Survey ID: 0134648 **End Date:** 8/24/2020 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 81 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (SYLVAN CROSSINGS AT CHAPEL VALLEY--0008561)

Date: 4/20/2023 **SOD #**QJIC11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---8.35(3)(e)

FORFEITURE---83.5(3)(a)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(1)(a)

FORFEITURE---83.38(1)(i)

Date: 4/6/2023 **SOD #**CFXD12 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---83.37(2)(d)

FORFEITURE---83.38(1)(g)

Date: 10/27/2022 **SOD #**Z9HR12 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

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

FORFEITURE---83.32(3)(h)

FORFEITURE---83.37(2)(d)

Date: 9/16/2022 **SOD #**CFXD11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.38(1)(b)

This is Page 82 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 8/10/2022 **SOD #HUJ713** **Appealed:**

Sanctions

ORDER TO COMPLY

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

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(g)

Date: 4/25/2022 **SOD #Z9HR11** **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

Date: 2/7/2022 **SOD #HUJ712** **Appealed:**

Sanctions

ORDER TO COMPLY

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

FORFEITURE---83.32(3)(h)

FORFEITURE---83.37(2)(d)

FORFEITURE---83.38(1)(g)

FORFEITURE---83.42(1)

Date: 7/19/2021 **SOD #HUJ711** **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.38(1)(h)

Date: 5/18/2021 **SOD #34QS11** **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

This is Page 83 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SYLVAN CROSSINGS AT CHAPEL VALLEY--0008561)

Date Complaint Received: 6/29/2022

Date Investigation Completed: 7/7/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

Z9HR12

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 4/8/2022

Date Investigation Completed: 5/5/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 1/14/2022

Date Investigation Completed: 1/27/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

Z9HR11

RESIDENT RIGHTS

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

Z9HR11

Date Complaint Received: 9/14/2021

Date Investigation Completed: 10/4/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

HUJ712

RESIDENT RIGHTS

SUBSTANTIATED

HUJ712

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

HUJ712

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

HUJ712

PROGRAM SERVICES

SUBSTANTIATED

HUJ712

Date Complaint Received: 6/28/2021

Date Investigation Completed: 6/22/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

HUJ711

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

This is Page 84 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 6/7/2021

Subject Area(s)
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 6/22/2021

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	HUJ711
SUBSTANTIATED	HUJ711

Date Complaint Received: 2/27/2021

Subject Area(s)
RESIDENT RIGHTS
RESIDENT RIGHTS

Date Investigation Completed: 3/16/2021

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	34QS11
SUBSTANTIATED	34QS11

Date Complaint Received: 1/6/2021

Subject Area(s)
PROGRAM SERVICES
OTHER

Date Investigation Completed: 2/2/2021

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

This is Page 85 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SYLVAN CROSSINGS OF FITCHBURG (110524)

Address: 5784 CHAPEL VALLEY RD, FITCHBURG, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 4/1/1997 12:00:00AM

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

Survey History

Survey ID: 0142147 **End Date:** 1/17/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KFI311 Served 2/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK		
83.31(4)(c)	INVOLUNTARY DISCHARGE NOTICE REQUIREMENTS		
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		
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		
83.42(1)	RESIDENT RECORD MAINTAINED		
83.45(3)	TOXIC SUBSTANCES		

This is Page 86 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142130 **End Date:** 10/26/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2G1Q13 Served 2/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT		
83.25	CONTINUING EDUCATION		
83.38(1)(c)	LEISURE TIME ACTIVITIES		
83.38(1)(j)	INFORMATION AND REFERRAL		
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED		
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS		
83.46(1)(a)	COMFORTABLE AND SAFE TEMPERATURES		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

Survey ID: 0140390 **End Date:** 5/2/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2G1Q12 Served 8/9/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	10/18/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/18/22	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	10/18/22	Yes

Survey ID: 0138537 **End Date:** 1/28/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 87 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0138472 **End Date:** 1/19/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138004 **End Date:** 11/11/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2G1Q11 Served 12/17/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(1)(b)	SOURCES USED FOR ASSESSMENT INFORMATION	5/2/22	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	5/2/22	No
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	5/2/22	No
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	5/2/22	Yes
83.45(3)	TOXIC SUBSTANCES	5/2/22	Yes

Survey ID: 0137820 **End Date:** 10/12/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DR2111 Served 11/30/2021

<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	1/28/22	Yes

This is Page 88 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136776 **End Date:** 6/22/2021 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #GLUG11 Served 7/19/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	9/2/21	Yes

Survey ID: 0136098 **End Date:** 4/13/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 89 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0135525 **End Date:** 12/23/2020 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LBS211 Served 2/3/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	4/13/21	Yes
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	4/13/21	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	4/13/21	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	4/13/21	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	4/13/21	Yes
83.25	CONTINUING EDUCATION	4/13/21	Yes
83.29(2)	ADMISSION AGREEMENT	4/13/21	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	4/13/21	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	4/13/21	Yes
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	4/13/21	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	4/13/21	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	4/13/21	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	4/13/21	Yes
83.47(2)(d)	FIRE DRILLS	4/13/21	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	4/13/21	Yes
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	4/13/21	Yes

Survey ID: 0135279 **End Date:** 10/1/2020 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 90 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (SYLVAN CROSSINGS OF FITCHBURG--110524)

Date: 2/14/2023 **SOD #**KFI311 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---50.09(1)(c)

FORFEITURE---83.25

FORFEITURE---83.32(3)(i)

FORFEITURE---83.35(1)(a)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37(3)(c)

FORFEITURE---83.38(1)(c)

FORFEITURE---83.38(1)(j)

FORFEITURE---83.45(3)

Date: 8/8/2022 **SOD #**2G1Q12 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.35(3)(b)

FORFEITURE---83.37(1)(i)

Date: 12/20/2021 **SOD #**2G1Q11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 11/19/2021 **SOD #**DR2111 **Appealed:** No

Sanctions

ORDER TO COMPLY

ACCRUING FORFEITURE

This is Page 91 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 7/19/2021

SOD #GLUG11

Appealed: No

Sanctions

ORDER TO COMPLY

Date: 2/3/2021

SOD #LBS211

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.12(2)(a)

FORFEITURE---83.12(3)

FORFEITURE---83.21(1-3)

FORFEITURE---83.22(1-4)

FORFEITURE---83.25

FORFEITURE---83.32(3)(d)

FORFEITURE---83.32(3)(i)

FORFEITURE---83.43(1)

FORFEITURE---83.47(2)(e)

FORFEITURE---83.59(2)(a)

This is Page 92 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SYLVAN CROSSINGS OF FITCHBURG--110524)

Date Complaint Received: 1/3/2023

Date Investigation Completed: 1/10/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

SUBSTANTIATED
NOT SUBSTANTIATED

KFI311

Date Complaint Received: 11/30/2022

Date Investigation Completed: 1/10/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 9/22/2022

Date Investigation Completed: 10/18/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

2G1Q13

Date Complaint Received: 9/27/2021

Date Investigation Completed: 11/11/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

2G1Q11

2G1Q11

Date Complaint Received: 6/28/2021

Date Investigation Completed: 11/11/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 5/25/2021

Date Investigation Completed: 6/22/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

This is Page 93 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 12/9/2020

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 12/23/2020

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	LBS211

Date Complaint Received: 12/1/2020

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Date Investigation Completed: 12/23/2020

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
SUBSTANTIATED	LBS211

Date Complaint Received: 7/13/2020

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 10/1/2020

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

This is Page 94 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SIENNA CREST MARSHALL (111052)

Address: 604 LEWELLEN STREET, MARSHALL, WI 53559

License Status: REGULAR

Licensed/Certified/Registered 7/31/1998 12:00:00AM

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

Survey History

Survey ID: 0137192 **End Date:** 8/30/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 95 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MariAnnes Elder House Inc (0019156)

Address: 6229 Renee Court, McFarland, WI 53558

License Status: PROBATIONARY

Licensed/Certified/Registered 8/16/2022 12:00:00AM

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

Survey History

Survey ID: 0142598 **End Date:** 3/27/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OCK712 Served 3/29/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(2)(a)	NUTRITION: DIET	5/13/23	Yes

Survey ID: 0141894 **End Date:** 1/4/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OCK711 Served 1/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW		
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED		
83.47(2)(d)	FIRE DRILLS		

Survey ID: 0140471 **End Date:** 8/16/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 96 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (MariAnnes Elder House Inc--0019156)

Date: 3/29/2023 **SOD #**OCK712 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 1/19/2023 **SOD #**OCK711 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (MariAnnes Elder House Inc--0019156)

Date Complaint Received: 2/23/2023

Date Investigation Completed: 3/24/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

OCK712

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

This is Page 97 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MCFARLAND VILLA ASSISTED LIVING (0015622)

Address: 5206 PAULSON CT, MCFARLAND, WI 53558

License Status: REGULAR

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

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

Survey History

Survey ID: 0142236 **End Date:** 2/15/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #QPZ911 Served 2/21/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.29(1)(a)	DEFINITION OF ENTRANCE FEE	2/15/23	Yes

Survey ID: 0142129 **End Date:** 2/1/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #BQCW14 Served 2/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(2)(b)	TOILET AND BATHING AREA	2/1/23	Yes
83.47(2)(d)	FIRE DRILLS	2/1/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	2/1/23	Yes

This is Page 98 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141460 **End Date:** 8/9/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BQCW13 Served 12/7/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT	2/1/23	Yes
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	2/1/23	Yes

Survey ID: 0139591 **End Date:** 4/27/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139255 **End Date:** 3/22/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139546 **End Date:** 1/13/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BQCW12 Served 5/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	8/9/22	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	8/9/22	Yes
83.39(1)	INFECTION CONTROL PROGRAM	8/9/22	Yes
83.41(3)(b)	FOOD SAFETY	8/9/22	Yes

This is Page 99 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137505 End Date: 7/23/2021 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BQCW11 Served 10/19/2021

<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	1/13/22	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	1/3/22	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	1/13/22	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	1/13/22	Yes

This is Page 100 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (MCFARLAND VILLA ASSISTED LIVING--0015622)

Date: 2/21/2023 **SOD #**QPZ911 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 2/13/2023 **SOD #**BQCW14 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 12/7/2022 **SOD #**BQCW13 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---50.09 (1)(e)

Date: 5/13/2022 **SOD #**BQCW12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.17(2)(a)

FORFEITURE---83.35(1)(a)

FORFEITURE---83.39(1)

Date: 10/18/2021 **SOD #**BQCW11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.35(1)(a)

This is Page 101 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (MCFARLAND VILLA ASSISTED LIVING--0015622)

Date Complaint Received: 2/10/2023

Date Investigation Completed: 2/15/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

QPZ911

Date Complaint Received: 7/28/2022

Date Investigation Completed: 8/9/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

BQCW13

RESIDENT RIGHTS

SUBSTANTIATED

BQCW13

Date Complaint Received: 7/20/2022

Date Investigation Completed: 8/9/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

BQCW13

RESIDENT RIGHTS

SUBSTANTIATED

BQCW13

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

BQCW13

Date Complaint Received: 4/11/2022

Date Investigation Completed: 4/25/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 3/18/2022

Date Investigation Completed: 3/22/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

This is Page 102 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ATTIC ANGEL PLACE (0017124)

Address: 8301 OLD SAUK RD, MIDDLETON, WI 53562

License Status: REGULAR

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

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

Survey History

Survey ID: 0140094 **End Date:** 6/28/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139267 **End Date:** 4/13/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136112 **End Date:** 4/28/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135549 **End Date:** 2/1/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #2CT211 Served 2/7/2021

Deficiencies Cited
83.47(2)(d)

Subject Area
FIRE DRILLS

Compliance
Verified
2/7/21

Corrected
Yes

This is Page 103 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (ATTIC ANGEL PLACE--0017124)

Date: 2/7/2021 SOD #2CT211 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (ATTIC ANGEL PLACE--0017124)

Date Complaint Received: 6/14/2022

Date Investigation Completed: 6/28/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 4/7/2022

Date Investigation Completed: 4/13/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 3/4/2021

Date Investigation Completed: 4/28/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 12/9/2020

Date Investigation Completed: 2/1/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

This is Page 104 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BROOKDALE MIDDLETON CENTURY AVE (111027)

Address: 6916 CENTURY AVE, MIDDLETON, WI 53562

License Status: REGULAR

Licensed/Certified/Registered 4/30/1998 12:00:00AM

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

Survey History

Survey ID: 0142905 **End Date:** 2/24/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RPY412 Served 4/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION		
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED		
83.35(4)	RESIDENT SATISFACTION EVALUATION		
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS		
83.37(1)(j)	PROOF-OF-USE RECORD		

This is Page 105 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141304 **End Date:** 7/19/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RPY411 Served 11/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.38(1)(g)	HEALTH MONITORING		

Survey ID: 0139795 **End Date:** 5/9/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137668 **End Date:** 10/7/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZK8R11 Served 11/5/2021

<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	5/9/22	

Survey ID: 0137207 **End Date:** 9/2/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135748 **End Date:** 2/22/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #E9CS11 Served 5/28/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	9/2/21	Yes

This is Page 106 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (BROOKDALE MIDDLETON CENTURY AVE--111027)

Date: 4/27/2023 **SOD #**RPY412 **Appealed:** No

Sanctions

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

Date: 11/9/2022 **SOD #**RPY411 **Appealed:** No

Sanctions

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

Date: 11/9/2021 **SOD #**ZK8R11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 5/28/2021 **SOD #**E9CS11 **Appealed:** No

Sanctions

ORDER TO COMPLY
FORFEITURE---83.17(1)

Complaint History (BROOKDALE MIDDLETON CENTURY AVE--111027)

Date Complaint Received: 9/24/2020

Date Investigation Completed: 2/22/2021

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

This is Page 107 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BROOKDALE MIDDLETON STONEFIELD (110304)

Address: 6701 STONEFIELD RD, MIDDLETON, WI 53562

License Status: REGULAR

Licensed/Certified/Registered 7/31/1994 12:00:00AM

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

Survey History

Survey ID: 0142135 **End Date:** 2/1/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140075 **End Date:** 6/27/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139908 **End Date:** 6/9/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139284 **End Date:** 12/6/2021 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7B3I11 Served 4/18/2022

<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	6/9/22	Yes
83.41(2)(a)	NUTRITION: DIET	6/9/22	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	6/9/22	Yes

This is Page 108 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137692 **End Date:** 11/2/2021 **Type:** OTHER **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134441 **End Date:** 7/31/2020 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (BROOKDALE MIDDLETON STONEFIELD--110304)

Date: 4/18/2022 **SOD #**7B3111 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.35(3)(d)
FORFEITURE---83.41(2)(a)2.
FORFEITURE---83.42(1)

This is Page 109 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (BROOKDALE MIDDLETON STONEFIELD--110304)

Date Complaint Received: 12/21/2022

Date Investigation Completed: 2/1/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 5/18/2022

Date Investigation Completed: 6/27/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 2/28/2022

Date Investigation Completed: 6/22/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 11/19/2021

Date Investigation Completed: 12/6/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

7B3I11

This is Page 110 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CARDINAL VIEW SENIOR LIVING (0018642)

Address: 3820 TRIBECA DRIVE, MIDDLETON, WI 53562

License Status: REGULAR

Licensed/Certified/Registered 9/22/2021 12:00:00AM

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

Survey History

Survey ID: 0137698 **End Date:** 9/22/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 111 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HERITAGE COURT MIDDLETON (0014200)

Address: 6234 MAYWOOD AVE, MIDDLETON, WI 53562

License Status: REGULAR

Licensed/Certified/Registered 1/2/2014 12:00:00AM

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

Survey History

Survey ID: 0142522 **End Date:** 2/17/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TRW411 Served 3/21/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE		
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY		
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
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		

This is Page 112 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES
83.38(1)(c)	LEISURE TIME ACTIVITIES
83.38(1)(g)	HEALTH MONITORING
83.41(2)(c)	NUTRITION: MENUS
83.41(3)(b)	FOOD SAFETY
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE
83.45(3)	TOXIC SUBSTANCES

Survey ID: 0141498 **End Date:** 11/11/2022 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #L3PT11 Served 12/7/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	11/11/22	Yes

Survey ID: 0136542 **End Date:** 6/15/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135769 **End Date:** 2/16/2021 **Type:** OTHER **Purpose:** SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5KQO12 Served 3/15/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(b)	SUPERVISION	6/15/21	Yes

This is Page 113 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0135007 **End Date:** 10/13/2020 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5KQO11 Served 10/26/2020

<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	12/10/20	Yes

This is Page 114 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (HERITAGE COURT MIDDLETON--0014200)

Date: 3/21/2023 **SOD #**TRW411 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.15(3)(a)

FORFEITURE---83.32(3)(d)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.32(3)(i)

FORFEITURE---83.35(1)(a)

FORFEITURE---83.35(3)(c)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(g)

Date: 12/7/2022 **SOD #**L3PT11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 3/11/2021 **SOD #**5KQO12 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.38(1)(b)

Date: 10/23/2020 **SOD #**5KQO11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.35(3)(d)

This is Page 115 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (HERITAGE COURT MIDDLETON--0014200)

Date Complaint Received: 1/25/2023

Date Investigation Completed: 2/14/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

TRW411

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

TRW411

Date Complaint Received: 1/10/2023

Date Investigation Completed: 2/14/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 1/3/2023

Date Investigation Completed: 2/14/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

TRW411

Date Complaint Received: 12/8/2022

Date Investigation Completed: 2/14/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

TRW411

Date Complaint Received: 10/7/2022

Date Investigation Completed: 11/11/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 9/24/2020

Date Investigation Completed: 10/7/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

This is Page 116 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Sage Meadows of Middleton (0019366)

Address: 5340 Century Ave, Middleton, WI 53562

License Status: REGULAR

Licensed/Certified/Registered 5/24/2023 12:00:00AM

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

This is Page 117 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Sage Meadows of Middleton (0019367)

Address: 5330 Century Ave, Middleton, WI 53562

License Status: PROBATIONARY

Licensed/Certified/Registered 5/24/2023 12:00:00AM

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

This is Page 118 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BASCOM HALL (0014202)

Address: 111 OWEN RD, MONONA, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 11/1/2013 12:00:00AM

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

Survey History

Survey ID: 0141634 **End Date:** 12/13/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140931 **End Date:** 10/3/2022 **Type:** INITIAL **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140221 **End Date:** 6/21/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1GHH11 Served 7/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.39(1)	INFECTION CONTROL PROGRAM	10/3/22	
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	10/3/22	Yes

Survey ID: 0137511 **End Date:** 9/30/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 119 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136768 **End Date:** 7/6/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136163 **End Date:** 4/1/2021 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q9TV11 Served 5/5/2021

<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	9/30/21	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	9/30/21	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/30/21	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	9/30/21	Yes

Enforcement History (BASCOM HALL--0014202)

Date: 7/25/2022 **SOD #**1GHH11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 5/5/2021 **SOD #**Q9TV11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---

This is Page 120 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (BASCOR HALL--0014202)

Date Complaint Received: 11/22/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 12/13/2022

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 6/8/2022

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 7/11/2022

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 5/17/2021

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Date Investigation Completed: 7/6/2021

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 121 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CAPITAL SQUARE (0014203)

Address: 111 OWEN RD, MONONA, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 11/1/2013 12:00:00AM

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

Survey History

Survey ID: 0142781 **End Date:** 3/30/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141806 **End Date:** 12/15/2022 **Type:** OTHER **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OSQF11 Served 1/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(d)	RETAIN WRITTEN REPORT OF ASSESSMENT	3/30/23	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	3/30/23	Yes
83.44(1)(b)	SEPARATE LAUNDRY STORAGE AREAS OR CONTAINERS	3/30/23	Yes

This is Page 122 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141426 **End Date:** 8/12/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VBOZ13 Served 11/28/2022

<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		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		

Survey ID: 0139658 **End Date:** 1/27/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WCUQ11 Served 5/26/2022

<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	8/11/22	No

Survey ID: 0137855 **End Date:** 11/29/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137788 **End Date:** 10/7/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MUOC11 Served 11/17/2021

<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

This is Page 123 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136220 **End Date:** 3/30/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VB0Z12 Served 5/14/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	8/11/22	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	8/11/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/11/22	Yes
83.39(3)	HAND WASHING	8/11/22	Yes

Survey ID: 0135530 **End Date:** 1/27/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VB0Z11 Served 2/4/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	3/29/21	No
83.39(3)	HAND WASHING	3/29/22	No
83.41(3)(b)	FOOD SAFETY	3/30/21	Yes
83.46(4)(e)	ELECTRICAL OUTLETS	3/29/21	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	3/29/21	Yes

Survey ID: 0135065 **End Date:** 10/26/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 124 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (CAPITAL SQUARE--0014203)

Date: 1/11/2023

SOD #OSQF11

Appealed: No

Sanctions

ORDER TO COMPLY

Date: 11/28/2022

SOD #VBOZ13

Appealed:

Decision: PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

FORFEITURE---83.37 (2)(d)

Date: 5/26/2022

SOD #WCUQ11

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

Date: 11/17/2021

SOD #MUOC11

Appealed: No

Sanctions

ORDER TO COMPLY

ACCRUING FORFEITURE

Date: 5/13/2021

SOD #VB0Z12

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.17(2)(a)

FORFEITURE---83.21(1-3)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.39(3)

This is Page 125 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 2/3/2021

SOD #VB0Z11

Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (CAPITAL SQUARE--0014203)

Date Complaint Received: 12/21/2021

Date Investigation Completed: 1/27/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 3/16/2021

Date Investigation Completed: 3/29/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

VB0Z12

Date Complaint Received: 1/15/2021

Date Investigation Completed: 1/27/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

This is Page 126 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HERITAGE MONONA CBRF (0012891)

Address: 111 OWEN RD, MONONA, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 12/1/2010 12:00:00AM

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

Survey History

Survey ID: 0143048 **End Date:** 4/21/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142426 **End Date:** 12/19/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4G9011 Served 3/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(m)	RIGHTS OF RESIDENTS: RECORDING AND FILMING	4/21/23	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	4/21/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	4/21/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	4/21/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	4/21/23	Yes

This is Page 127 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140576 **End Date: 8/18/2022** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140231 **End Date: 7/14/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140232 **End Date: 6/22/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #QJH811 Served 7/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
12.04(1)	CONTRACTING BACKGROUND CHECKS ALLOWED	9/8/22	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	9/8/22	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	9/8/22	Yes
83.43(2)(b)	CLEAN, COMFORTABLE MATTRESS AND PAD	9/8/22	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	9/8/22	Yes

Survey ID: 0136716 **End Date: 7/6/2021** **Type: STANDARD** **Purpose: SURVEY**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135515 **End Date: 1/27/2021** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134539 **End Date: 8/10/2020** **Type: STANDARD** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 128 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (HERITAGE MONONA CBRF--0012891)

Date: 3/9/2023

SOD #4G9011

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(m)

FORFEITURE---83.43(1)

Date: 7/25/2022

SOD #QJH811

Appealed: No

Sanctions

ORDER TO COMPLY

This is Page 129 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (HERITAGE MONONA CBRF--0012891)		
Date Complaint Received: 12/6/2022	Date Investigation Completed: 12/13/2022	
<u>Subject Area(s)</u> ADMINISTRATION PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED NOT SUBSTANTIATED	<u>SOD #</u>
Date Complaint Received: 11/23/2022	Date Investigation Completed: 12/13/2022	
<u>Subject Area(s)</u> RESIDENT RIGHTS STAFF TRAINING AND PROFICIENCY	<u>Result</u> SUBSTANTIATED SUBSTANTIATED	<u>SOD #</u> 4G9011 4G9011
Date Complaint Received: 8/10/2022	Date Investigation Completed: 8/18/2022	
<u>Subject Area(s)</u> PROGRAM SERVICES RESIDENT RIGHTS STAFF TRAINING AND PROFICIENCY	<u>Result</u> NOT SUBSTANTIATED -migrated data - NOT SUBSTANTIATED	<u>SOD #</u> NOT RECORDED
Date Complaint Received: 7/8/2022	Date Investigation Completed: 7/25/2022	
<u>Subject Area(s)</u> PROGRAM SERVICES RESIDENT RIGHTS	<u>Result</u> NOT SUBSTANTIATED NOT SUBSTANTIATED	<u>SOD #</u>
Date Complaint Received: 6/3/2022	Date Investigation Completed: 6/22/2022	
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>
Date Complaint Received: 1/15/2021	Date Investigation Completed: 1/27/2021	
<u>Subject Area(s)</u> RESIDENT RIGHTS	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>

This is Page 130 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: TELLURIAN ADULT RESIDENTIAL SERVICES (110522)

Address: 300 FEMRITE DR, MONONA, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 2/5/1997 12:00:00AM

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

Survey History

Survey ID: 0142927 **End Date:** 1/25/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IPJ111 Served 5/4/2023

Deficiencies Cited
83.20(2)(a)-(d)

Subject Area
DEPARTMENT-APPROVED TRAINING COURSE

Compliance
Verified

Corrected

Survey ID: 0137796 **End Date:** 11/9/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138592 **End Date:** 9/22/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 131 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136330 **End Date:** 5/18/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #RMPT11 Served 7/16/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	8/30/21	Yes

Enforcement History (TELLURIAN ADULT RESIDENTIAL SERVICES--110522)

Date: 5/4/2023 **SOD #** IPJ111 **Appealed:** **Decision:** PENDING

Sanctions

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

Date: 5/26/2021 **SOD #** RMPT11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (TELLURIAN ADULT RESIDENTIAL SERVICES--110522)

Date Complaint Received: 10/14/2021 **Date Investigation Completed:** 11/9/2021

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

This is Page 132 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BeeHive Homes of Mt Horeb (0019361)

Address: 325 North 8th St, Mount Horeb, WI 53572

License Status: PROBATIONARY

Licensed/Certified/Registered 4/1/2023 12:00:00AM

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

Survey History

Survey ID: 0142857 **End Date:** 3/31/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

This is Page 133 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: GIRLIES MANOR (0010746)

Address: 104 LINCOLN CRT, MOUNT HOREB, WI 53572

License Status: REGULAR

Licensed/Certified/Registered 5/1/2005 12:00:00AM

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

Survey History

Survey ID: 0142297 **End Date:** 2/6/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #D9QK11 Served 2/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(2)	TEMPORARY SERVICE PLAN		
83.37(1)(d)	DOCUMENTATION		
83.41(3)(b)	FOOD SAFETY		

This is Page 134 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142246 End Date: 1/13/2023 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZI4K12 Served 2/21/2023

<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		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED		
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.38(1)(a)	PERSONAL CARE		
83.38(1)(c)	LEISURE TIME ACTIVITIES		
83.38(1)(g)	HEALTH MONITORING		
83.38(1)(h)	MEDICATION ADMINISTRATION		
83.41(2)(b)	NUTRITION: MEALS		
83.41(2)(c)	NUTRITION: MENUS		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.46(1)(a)	COMFORTABLE AND SAFE TEMPERATURES		

This is Page 135 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140824 **End Date:** 8/31/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZI4K11 Served 9/22/2022

Deficiencies Cited

83.35(3)(d)

Subject Area

SERVICE PLANS UPDATED ANNUALLY OR ON
CHANGES

Compliance

Verified

1/13/23

Corrected

No

Survey ID: 0137001 **End Date:** 8/5/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 136 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136300 End Date: 5/5/2021 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4R3D11 Served 5/25/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	8/5/21	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	8/5/21	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	8/5/21	Yes
83.25	CONTINUING EDUCATION	8/5/21	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/5/21	Yes
83.35(4)	RESIDENT SATISFACTION EVALUATION	8/5/21	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	8/5/21	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	8/5/21	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	8/5/21	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	8/5/21	Yes
83.47(2)(d)	FIRE DRILLS	8/5/21	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	8/5/21	Yes
83.47(3)	FIRE INSPECTION	8/5/21	Yes

This is Page 137 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (GIRLIES MANOR--0010746)

Date: 2/28/2023 **SOD #**D9QK11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 2/21/2023 **SOD #**ZI4K12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(.3)(c)
FORFEITURE---83.35(3)(a)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(g)

Date: 9/22/2022 **SOD #**ZI4K11 **Appealed:**

Sanctions

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

Date: 5/24/2021 **SOD #**4R3D11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.21(1-3)
FORFEITURE---83.22(1-4)
FORFEITURE---83.25
FORFEITURE---83.35(3)(a)

This is Page 138 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (GIRLIES MANOR--0010746)

Date Complaint Received: 2/3/2023

Date Investigation Completed: 2/6/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

D9QK11

RESIDENT RIGHTS

SUBSTANTIATED

D9QK11

Date Complaint Received: 1/5/2023

Date Investigation Completed: 1/13/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

ZI4K12

Date Complaint Received: 11/7/2022

Date Investigation Completed: 11/14/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

ZI4K12

PROGRAM SERVICES

SUBSTANTIATED

ZI4K12

Date Complaint Received: 11/2/2022

Date Investigation Completed: 11/14/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

ZI4K12

Date Complaint Received: 8/23/2022

Date Investigation Completed: 8/31/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

This is Page 139 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: INGLEHAVEN (0015157)

Address: 512 ALAN DRIVE, MOUNT HOREB, WI 53572

License Status: REGULAR

Licensed/Certified/Registered 8/1/2015 12:00:00AM

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

Survey History

Survey ID: 0143103 **End Date:** 5/4/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142918 **End Date:** 4/14/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #L76812 Served 4/28/2023

Deficiencies Cited
83.35(3)(b)

Subject Area
SERVICE PLAN DEVELOPMENT: PARTIES
INVOLVED

Compliance
Verified
6/12/23

Corrected
Yes

Survey ID: 0142298 **End Date:** 2/8/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TQXH11 Served 2/28/2023

Deficiencies Cited
83.41(2)(a)

Subject Area
NUTRITION: DIET

Compliance
Verified
2/8/23

Corrected
Yes

This is Page 140 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141564 **End Date:** 11/29/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	5/4/23	Yes
-----------------	-------------------------------------	--------	-----

Survey ID: 0142051 **End Date:** 10/6/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L76811 Served 2/7/2023

<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	4/14/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	4/14/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/14/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	4/14/23	Yes
83.38(1)(g)	HEALTH MONITORING	4/14/23	Yes

Survey ID: 0141070 **End Date:** 7/12/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DX6G11 Served 10/18/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	11/29/22	No

This is Page 141 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140810 End Date: 4/18/2022 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VLFJ13 Served 9/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.39(1)	INFECTION CONTROL PROGRAM	12/12/22	Yes
83.47(2)(d)	FIRE DRILLS	12/12/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	12/12/22	Yes

Survey ID: 0138441 End Date: 9/10/2021 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VLFJ12 Served 1/24/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	4/18/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	4/18/22	No
83.47(2)(f)	HORIZONTAL EVACUATION	4/18/22	Yes

This is Page 142 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136592 End Date: 5/20/2021 Type: ABBREVIATED Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VLFJ11 Served 6/25/2021

<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	9/10/21	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	9/10/21	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	9/10/21	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	9/10/21	Yes
83.41(3)(b)	FOOD SAFETY	9/10/21	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	9/10/21	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	9/10/21	Yes
83.47(2)(d)	FIRE DRILLS	9/10/21	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	9/10/21	No
83.47(3)	FIRE INSPECTION	9/10/21	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	9/10/21	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	9/10/21	Yes

This is Page 143 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (INGLEHAVEN--0015157)

Date: 4/28/2023 **SOD #**L76812 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 2/28/2023 **SOD #**TQXH11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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

Date: 2/7/2023 **SOD #**L76811 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.32(3)(d)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37 (2)(d)

FORFEITURE---83.38(1)(g)

Date: 10/18/2022 **SOD #**DX6G11 **Appealed:**

Sanctions

ORDER TO COMPLY

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

Date: 9/21/2022 **SOD #**VLFJ13 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.47(2)(d)

FORFEITURE---83.47(2)(e)

This is Page 144 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 1/24/2022

SOD # VLFJ12

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.46(1)(c)

FORFEITURE---83.47(2)(e)

Date: 6/25/2021

SOD # VLFJ11

Appealed:

Sanctions

ORDER TO COMPLY

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

FORFEITURE---83.47(2)(d)

FORFEITURE---83.47(2)(e)

FORFEITURE---83.47(3)

Complaint History (INGLEHAVEN--0015157)

Date Complaint Received: 1/4/2023

Date Investigation Completed: 2/8/2023

Subject Area(s)

ADMINISTRATION

PHYSICAL ENVIRONMENT/SAFETY

RESIDENT RIGHTS

Result

SUBSTANTIATED

SUBSTANTIATED

SUBSTANTIATED

SOD #

TQXH11

TQXH11

TQXH11

Date Complaint Received: 9/29/2022

Date Investigation Completed: 11/14/2022

Subject Area(s)

RESIDENT RIGHTS

STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED

SUBSTANTIATED

SOD #

L76811

L76811

Date Complaint Received: 6/30/2022

Date Investigation Completed: 10/18/2022

Subject Area(s)

ADMINISTRATION

PROGRAM SERVICES

RESIDENT RIGHTS

STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED

SUBSTANTIATED

NOT SUBSTANTIATED

SUBSTANTIATED

SOD #

DX6G11

DX6G11

This is Page 145 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BEEHIVE HOMES OF OREGON WI (0018009)
Address: 151 NORTH BERGAMONT BOULEVARD, OREGON, WI 53575
License Status: REGULAR
Licensed/Certified/Registered 4/3/2021 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143019 **End Date:** 3/21/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RTIL11 Served 5/11/2023

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

Survey ID: 0135556 **End Date:** 2/4/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (BEEHIVE HOMES OF OREGON WI--0018009)

Date: 5/11/2023 **SOD #**RTIL11 **Appealed:** No

Sanctions
ORDER TO COMPLY
FORFEITURE---83.25

This is Page 146 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BEEHIVE HOMES OF OREGON (0016291)

Address: 101 N BERGAMONT BLVD, OREGON, WI 53575

License Status: REGULAR

Licensed/Certified/Registered 5/1/2018 12:00:00AM

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

Survey History

Survey ID: 0141500 **End Date:** 11/2/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5FEK11 Served 12/5/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.59(4)(b)	DELAYED EGRESS: LOCKING DEVICE SIGN POSTED	1/19/23	Yes

Survey ID: 0137163 **End Date:** 8/26/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134937 **End Date:** 9/29/2020 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (BEEHIVE HOMES OF OREGON--0016291)

Date: 12/5/2022 **SOD #**5FEK11 **Appealed:** No

Sanctions

ORDER TO COMPLY

This is Page 147 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (BEEHIVE HOMES OF OREGON--0016291)

Date Complaint Received: 8/10/2021

Date Investigation Completed: 8/11/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 9/2/2020

Date Investigation Completed: 9/29/2020

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

This is Page 148 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OREGON HEALTHCARE AND REHABILITATION CENTER (0018237)

Address: 354 N MAIN STREET, OREGON, WI 53575

License Status: REGULAR

Licensed/Certified/Registered 7/27/2021 12:00:00AM

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

Survey History

Survey ID: 0142894 **End Date:** 3/23/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KUE311 Served 4/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN		
83.47(2)(d)	FIRE DRILLS		
83.47(2)(e)	OTHER EVACUATION DRILLS		

Survey ID: 0135580 **End Date:** 2/9/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134787 **End Date:** 8/3/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

This is Page 149 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (OREGON HEALTHCARE AND REHABILITATION CENTER--0018237)

Date: 4/26/2023

SOD #KUE311

Appealed: Yes

Decision: DISMISSED

Sanctions

ORDER TO COMPLY

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

This is Page 150 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SIENNA CREST OREGON (111073)

Address: 981 PARK STREET, OREGON, WI 53575

License Status: REGULAR

Licensed/Certified/Registered 3/25/1999 12:00:00AM

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

Survey History

Survey ID: 0140932 **End Date:** 6/27/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H75G13 Served 10/5/2022

Deficiencies Cited
83.38(1)(g)

Subject Area
HEALTH MONITORING

Compliance
Verified

Corrected

Survey ID: 0139354 **End Date:** 1/13/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H75G12 Served 4/26/2022

Deficiencies Cited
83.25

Subject Area
CONTINUING EDUCATION

Compliance
Verified
6/24/22

Corrected
No

Survey ID: 0137418 **End Date:** 9/24/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 151 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137779 **End Date:** 8/12/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H75G11 Served 11/16/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	1/13/22	Yes

Enforcement History (SIENNA CREST OREGON--111073)

Date: 10/5/2022 **SOD #**H75G13 **Appealed:** **Decision:** PENDING

Sanctions

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

Date: 4/26/2022 **SOD #**H75G12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25 Continuing Education

Date: 11/16/2021 **SOD #**H75G11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

This is Page 152 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SIENNA MEADOWS OF OREGON (0009869)

Address: 989 PARK ST, OREGON, WI 53575

License Status: REGULAR

Licensed/Certified/Registered 1/1/2004 12:00:00AM

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

Survey History

Survey ID: 0142003 **End Date:** 1/26/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137658 **End Date:** 10/28/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136997 **End Date:** 8/10/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 153 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136351 **End Date:** 5/18/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QPKD11 Served 6/2/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19	ORIENTATION	8/10/21	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	8/10/21	Yes
83.25	CONTINUING EDUCATION	8/10/21	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	8/10/21	Yes
83.47(2)(d)	FIRE DRILLS	8/10/21	Yes

Enforcement History (SIENNA MEADOWS OF OREGON--0009869)

Date: 6/2/2021 **SOD #**QPKD11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.19
FORFEITURE---83.21(1-3)
FORFEITURE---83.25
FORFEITURE---83.35(3)(a)

Complaint History (SIENNA MEADOWS OF OREGON--0009869)

Date Complaint Received: 1/5/2023 **Date Investigation Completed:** 1/26/2023

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

Date Complaint Received: 10/21/2021 **Date Investigation Completed:** 10/28/2021

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

This is Page 154 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AZURA MEMORY CARE OF STOUGHTON (0013404)

Address: 1221 East MAIN ST, STOUGHTON, WI 53589

License Status: REGULAR

Licensed/Certified/Registered 8/1/2011 12:00:00AM

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

Survey History

Survey ID: 0136781 **End Date:** 7/12/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136185 **End Date:** 4/27/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7IH911 Served 5/11/2021

Deficiencies Cited

83.37(1)(h)

Subject Area

SCHEDULED PSYCHOTROPIC MEDICATIONS

Compliance

Verified

7/12/21

Corrected

Yes

Survey ID: 0135281 **End Date:** 12/7/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134023 **End Date:** 6/30/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 155 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (AZURA MEMORY CARE OF STOUGHTON--0013404)

Date: 5/11/2021 SOD #7IH911 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (AZURA MEMORY CARE OF STOUGHTON--0013404)

Date Complaint Received: 4/15/2021

Date Investigation Completed: 4/26/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 9/22/2020

Date Investigation Completed: 12/7/2020

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

This is Page 156 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HERITAGE CENTER (111086)

Address: 400 NORTH MORRIS ST, STOUGHTON, WI 53589

License Status: REGULAR

Licensed/Certified/Registered 1/31/1999 12:00:00AM

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

Survey History

Survey ID: 0142066 **End Date:** 10/19/2022 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JW1W11 Served 2/7/2023

Deficiencies Cited
83.32(3)(h)

Subject Area
RIGHTS OF RESIDENTS: TO RECEIVE
MEDICATION

Compliance
Verified

Corrected

Survey ID: 0140272 **End Date:** 7/20/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 157 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139541 **End Date:** 2/2/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JGE612 Served 5/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	7/28/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	7/20/22	Yes
83.38(1)(g)	HEALTH MONITORING	7/20/22	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	7/20/22	Yes

Survey ID: 0137633 **End Date:** 9/27/2021 **Type:** OTHER **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JGE611 Served 11/3/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	2/2/22	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	2/2/22	Yes
83.41(3)(b)	FOOD SAFETY	2/2/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	2/2/22	Yes
83.47(2)(d)	FIRE DRILLS	2/2/22	Yes
83.47(2)(f)	HORIZONTAL EVACUATION	2/2/22	Yes

Survey ID: 0135484 **End Date:** 1/22/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 158 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0135067 **End Date:** 10/20/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #016611 Served 11/3/2020

Deficiencies Cited

83.37(2)(d)

Subject Area

DOCUMENTATION OF MEDICATION
ADMINISTRATION

Compliance

Verified

1/21/21

Corrected

Yes

Enforcement History (HERITAGE CENTER--111086)

Date: 2/7/2023

SOD #JW1W11

Appealed:

Decision: PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32 (3)(h)

Date: 5/12/2022

SOD #JGE612

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---83.35(1)(C)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(g)

Date: 11/3/2021

SOD #JGE611

Appealed: No

Sanctions

ORDER TO COMPLY

Date: 11/3/2020

SOD #016611

Appealed: No

Sanctions

ORDER TO COMPLY

This is Page 159 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (HERITAGE CENTER--111086)

Date Complaint Received: 6/13/2022

Date Investigation Completed: 7/20/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 12/22/2021

Date Investigation Completed: 2/2/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

JGE612

Date Complaint Received: 9/30/2020

Date Investigation Completed: 10/22/2020

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

This is Page 160 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: KETTLE PARK SENIOR LIVING INC (0017669)

Address: 2600 JACKSON ST, STOUGHTON, WI 53589

License Status: REGULAR

Licensed/Certified/Registered 8/28/2020 12:00:00AM

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

Survey History

Survey ID: 0139136 **End Date:** 3/22/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137390 **End Date:** 7/27/2021 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4V3211

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(b)	SUPERVISION	3/22/22	Yes

Survey ID: 0134175 **End Date:** 7/7/2020 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (KETTLE PARK SENIOR LIVING INC--0017669)

Date: 12/27/2021 **SOD #**4V3211 **Appealed:** **Decision:** PENDING

Sanctions

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

This is Page 161 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (KETTLE PARK SENIOR LIVING INC--0017669)

Date Complaint Received: 6/1/2020

Date Investigation Completed: 7/7/2020

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

This is Page 162 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MAGNOLIA GARDENS (0016611)

Address: 400 N MORRIS STREET, STOUGHTON, WI 53589

License Status: REGULAR

Licensed/Certified/Registered 6/1/2018 12:00:00AM

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

Survey History

Survey ID: 0138877 **End Date:** 1/12/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137477 **End Date:** 9/27/2021 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PMDG11 Served 10/14/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	1/12/22	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	1/12/22	Yes
83.41(3)(b)	FOOD SAFETY	1/12/22	Yes
83.44(2)(b)	TOILET AND BATHING AREA	1/12/22	Yes
83.47(2)(d)	FIRE DRILLS	1/12/22	Yes
83.47(2)(f)	HORIZONTAL EVACUATION	1/12/22	Yes

Survey ID: 0135013 **End Date:** 10/20/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 163 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (MAGNOLIA GARDENS--0016611)

Date: 10/14/2021 **SOD #**PMDG11 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
ORDER TO COMPLY

Complaint History (MAGNOLIA GARDENS--0016611)

Date Complaint Received: 8/10/2021 **Date Investigation Completed:** 9/27/2021

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 10/15/2020 **Date Investigation Completed:** 10/15/2020

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

This is Page 164 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MILESTONE SENIOR LIVING STOUGHTON CBRF (0017056)

Address: 2220 LINCOLN AVE, STOUGHTON, WI 53589

License Status: REGULAR

Licensed/Certified/Registered 5/18/2018 12:00:00AM

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

Survey History

Survey ID: 0142807 **End Date:** 2/20/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #59MG15 Served 4/18/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE		

Survey ID: 0142627 **End Date:** 1/17/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BL1M12 Served 4/5/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR		
83.32(3)(h)	CHANGE RIGHTS OF RESIDENTS: TO RECEIVE		
83.37(2)(d)	MEDICATION DOCUMENTATION OF MEDICATION		
	ADMINISTRATION		

This is Page 165 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141575 **End Date:** 9/12/2022 **Type:** OTHER **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #59MG14 Served 12/13/2022

<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	2/20/23	No
83.21(1)-(3)	ALL EMPLOYEE TRAINING	2/20/23	Yes
83.25	CONTINUING EDUCATION	2/20/23	Yes
83.41(3)(b)	FOOD SAFETY	2/20/23	Yes

Survey ID: 0140507 **End Date:** 7/5/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BL1M11 Served 8/19/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE	1/17/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	1/17/23	No

Survey ID: 0140703 **End Date:** 4/13/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 166 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139824 **End Date:** 3/3/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #59MG13 Served 6/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(1)-(3)	ALL EMPLOYEE TRAINING	9/12/22	No
83.41(3)(b)	FOOD SAFETY	9/12/22	

Survey ID: 0138468 **End Date:** 1/25/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138367 **End Date:** 10/21/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L4HN11 Served 1/19/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.09	BIENNIAL REPORT AND FEES	1/25/22	Yes

Survey ID: 0138239 **End Date:** 9/21/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #59MG12 Served 1/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT	3/2/22	Yes

This is Page 167 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136726 **End Date:** 6/16/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #59MG11 Served 7/12/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.21(1)-(3)	ALL EMPLOYEE TRAINING	9/21/21	No
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	9/21/21	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	9/21/21	Yes

Survey ID: 0135935 **End Date:** 3/17/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135454 **End Date:** 1/13/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 168 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (MILESTONE SENIOR LIVING STOUGHTON CBRF--0017056)

Date: 4/18/2023 **SOD #**59MG15 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---50.065 (2)(bb)

Date: 4/5/2023 **SOD #**BL1M12 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(h)
FORFEITURE---83.37(2)(d)

Date: 12/13/2022 **SOD #**59MG14 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.21(1)-(3)
FORFEITURE---83.25
FORFEITURE---83.41(3)(b)

Date: 8/19/2022 **SOD #**BL1M11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 6/10/2022 **SOD #**59MG13 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.21(1)-(3)

This is Page 169 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 1/19/2022

SOD #L4HN11

Appealed:

Sanctions

NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.09

Date: 1/11/2022

SOD #59MG12

Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---83.21(1-3)

Date: 7/10/2021

SOD #59MG11

Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---83.21(1-3)
FORFEITURE---83.32(3)(h)

This is Page 170 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (MILESTONE SENIOR LIVING STOUGHTON CBRF--0017056)

Date Complaint Received: 6/29/2022

Date Investigation Completed: 7/5/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

BL1M11

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

BL1M11

PROGRAM SERVICES

SUBSTANTIATED

BL1M11

RESIDENT RIGHTS

SUBSTANTIATED

BL1M11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

BL1M11

Date Complaint Received: 10/11/2021

Date Investigation Completed: 10/21/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 7/7/2021

Date Investigation Completed: 9/21/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 5/20/2021

Date Investigation Completed: 6/14/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

59MG11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

59MG11

Date Complaint Received: 3/8/2021

Date Investigation Completed: 3/17/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 1/4/2021

Date Investigation Completed: 1/13/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

This is Page 171 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: STOUGHTON MEADOWS ASSISTED LIVING (0015620)

Address: 2321 JACKSON ST, STOUGHTON, WI 53589

License Status: REGULAR

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

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

Survey History

Survey ID: 0142126 **End Date:** 1/27/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #UOVI13 Served 2/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	1/27/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	1/27/23	Yes

Survey ID: 0140947 **End Date:** 9/13/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UOVI12 Served 10/6/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.31(4)(a)	NOTICE OF FACILITY INITIATED DISCHARGES	1/27/23	Yes

This is Page 172 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139602 **End Date:** 2/8/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UOVI11 Served 5/19/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	9/13/22	Yes

Survey ID: 0137617 **End Date:** 10/4/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135988 **End Date:** 4/12/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135548 **End Date:** 12/14/2020 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KFJM12 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	4/12/21	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	4/12/21	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	4/12/21	Yes
83.25	CONTINUING EDUCATION	4/12/21	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	4/12/21	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	4/12/21	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	4/12/21	Yes

This is Page 173 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0135008 **End Date:** 10/20/2020 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134432 **End Date:** 7/17/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ELVN11 Served 8/7/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	10/14/20	Yes
83.38(1)(g)	HEALTH MONITORING	10/14/20	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	10/14/20	Yes

This is Page 174 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (STOUGHTON MEADOWS ASSISTED LIVING--0015620)

Date: 2/13/2023 **SOD #**UOVI13 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 10/6/2022 **SOD #**UOVI12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 5/19/2022 **SOD #**UOVI11 **Appealed:**

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(i)

Date: 2/7/2021 **SOD #**KFJM12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a-d)
FORFEITURE---83.21(1-3)
FORFEITURE---83.22(1-4)
FORFEITURE---83.25
FORFEITURE---83.32(3)(h)

Date: 8/7/2020 **SOD #**ELVN11 **Appealed:**

Sanctions

OTHER SANCTION
FORFEITURE---83.12(4)(c)
FORFEITURE---83.38(1)(g)
FORFEITURE---83.42(1)

This is Page 175 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 7/5/2020

SOD #KFJM11

Appealed: No

Sanctions

OTHER SANCTION

This is Page 176 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (STOUGHTON MEADOWS ASSISTED LIVING--0015620)

Date Complaint Received: 6/17/2022

Date Investigation Completed: 9/13/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

UOVI12

PROGRAM SERVICES

SUBSTANTIATED

UOVI12

RESIDENT RIGHTS

SUBSTANTIATED

UOVI12

Date Complaint Received: 1/31/2022

Date Investigation Completed: 2/3/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

UOVI11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

UOVI11

Date Complaint Received: 9/16/2021

Date Investigation Completed: 10/4/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

XKUJ11

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 11/24/2020

Date Investigation Completed: 12/14/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

KFJM12

Date Complaint Received: 9/29/2020

Date Investigation Completed: 12/14/2020

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

KFJM12

This is Page 177 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 9/8/2020

Subject Area(s)

PROGRAM SERVICES
PROGRAM SERVICES

Date Investigation Completed: 10/14/2020

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 6/9/2020

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 7/17/2020

Result

SUBSTANTIATED

SOD #

ELVN11

This is Page 178 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BROOKDALE SUN PRAIRIE (110491)

Address: 650 BROADWAY DR, SUN PRAIRIE, WI 53590

License Status: REGULAR

Licensed/Certified/Registered 4/30/1998 12:00:00AM

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

Survey History

Survey ID: 0143127 **End Date:** 3/17/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YWN011 Served 5/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.25	CONTINUING EDUCATION		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		

Survey ID: 0137373 **End Date:** 9/13/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 179 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137020 **End Date:** 8/6/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135298 **End Date:** 12/4/2020 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (BROOKDALE SUN PRAIRIE--110491)

Date Complaint Received: 8/16/2021

Date Investigation Completed: 9/13/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 7/23/2021

Date Investigation Completed: 8/6/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/3/2020

Date Investigation Completed: 12/4/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

This is Page 180 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HYLAND CROSSINGS (0017238)

Address: 1249 SCHOOL ST, SUN PRAIRIE, WI 53590

License Status: REGULAR

Licensed/Certified/Registered 11/1/2018 12:00:00AM

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

Survey History

Survey ID: 0143142 **End Date:** 3/17/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4N3U11 Served 5/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.22(1)-(4)	TASK SPECIFIC TRAINING		
83.25	CONTINUING EDUCATION		
83.47(2)(a)	EMERGENCY AND DISASTER PLAN CONTENTS		
83.47(2)(d)	FIRE DRILLS		
83.47(3)	FIRE INSPECTION		
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72		

Survey ID: 0139960 **End Date:** 6/13/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 181 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139740 **End Date:** 3/15/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #Y16W11 Served 6/2/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	6/2/22	No

Survey ID: 0135968 **End Date:** 3/31/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135442 **End Date:** 12/18/2020 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R9G911 Served 12/15/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.39(1)	INFECTION CONTROL PROGRAM	3/31/21	Yes
83.47(2)(d)	FIRE DRILLS	3/31/21	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	3/31/21	Yes

Enforcement History (HYLAND CROSSINGS--0017238)

Date: 6/2/2022 **SOD #**Y16W11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 1/14/2021 **SOD #**R9G911 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

This is Page 182 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (HYLAND CROSSINGS--0017238)

Date Complaint Received: 6/8/2022

Date Investigation Completed: 6/13/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 12/7/2020

Date Investigation Completed: 12/15/2020

Subject Area(s)

Result

SOD #

OTHER

NOT SUBSTANTIATED

This is Page 183 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: NEW PERSPECTIVE SUN PRAIRIE (0015199)
Address: 222 S BRISTOL STREET, SUN PRAIRIE, WI 53590
License Status: REGULAR
Licensed/Certified/Registered 7/25/2014 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142518 **End Date:** 3/14/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143347 **End Date:** 1/12/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9PKX11 Served 6/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d) 83.36(1)(b)	DEPARTMENT-APPROVED TRAINING COURSE QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		

This is Page 184 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141456 **End Date:** 8/29/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LHXR11 Served 12/15/2022

<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		
83.38(1)(g)	HEALTH MONITORING		
83.42(1)	RESIDENT RECORD MAINTAINED		

Survey ID: 0141163 **End Date:** 6/24/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ND1D11 Served 10/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(1)(b)	DEATH REPORTING RELATED TO ACCIDENT OR INJURY		
83.32(3)(c)	RIGHTS OF RESIDENTS: FREE FROM LABOR		
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION		
83.38(1)(i)	BEHAVIOR MANAGEMENT		
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS		

Survey ID: 0137911 **End Date:** 11/29/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137693 **End Date:** 11/2/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 185 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137769 **End Date:** 10/14/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #B8VW11 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: 0135592 **End Date:** 2/4/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5DNC12 Served 2/11/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	3/28/21	Yes

This is Page 186 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (NEW PERSPECTIVE SUN PRAIRIE--0015199)

Date: 12/15/2022 **SOD #LHXR11** **Appealed: Yes** **Decision: PENDING**

Sanctions

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

Date: 11/2/2022 **SOD #ND1D11** **Appealed: Yes** **Decision: PENDING**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32 (3)(i)
FORFEITURE---83.32 (3)(k)
FORFEITURE---83.32(3)(c)
FORFEITURE---83.38 (1)(i)

Date: 11/15/2021 **SOD #B8VW11** **Appealed: No**

Sanctions

ORDER TO COMPLY
ACCRUING FORFEITURE

This is Page 187 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (NEW PERSPECTIVE SUN PRAIRIE--0015199)

Date Complaint Received: 2/21/2023

Date Investigation Completed: 3/14/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 12/19/2022

Date Investigation Completed: 1/10/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

9PKX11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

9PKX11

Date Complaint Received: 11/30/2022

Date Investigation Completed: 1/10/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 8/23/2022

Date Investigation Completed: 8/29/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

LHXR11

RESIDENT RIGHTS

SUBSTANTIATED

LHXR11

Date Complaint Received: 8/1/2022

Date Investigation Completed: 8/30/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

This is Page 188 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 4/19/2022

Subject Area(s)

PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 6/24/2022

Result

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

ND1D11
ND1D11
ND1D11

Date Complaint Received: 10/21/2021

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 11/2/2021

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 1/8/2021

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 2/2/2021

Result

SUBSTANTIATED

SOD #

NOT RECORDED

This is Page 189 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OAK RIDGE LIVING SUN PRAIRIE (0016303)
Address: 605 WOOD VIOLET LN, SUN PRAIRIE, WI 53590
License Status: REGULAR
Licensed/Certified/Registered 10/1/2017 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142633 **End Date:** 1/18/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZYSU11 Served 4/3/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

Survey ID: 0139568 **End Date:** 4/20/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 190 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0138060 **End Date:** 12/2/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QS1N11 Served 12/22/2021

Deficiencies Cited
83.40

Subject Area
OXYGEN STORAGE

Compliance
Verified
4/20/22

Corrected
Yes

Survey ID: 0139505 **End Date:** 8/18/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136161 **End Date:** 4/14/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3M9311 Served 5/5/2021

Deficiencies Cited
83.46(1)(f)

Subject Area
COMBUSTIBLES

Compliance
Verified
8/18/21

Corrected
Yes

This is Page 191 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (OAK RIDGE LIVING SUN PRAIRIE--0016303)

Date: 4/3/2023 **SOD #**ZYSU11 **Appealed:** **Decision:** PENDING

Sanctions

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

Date: 12/22/2021 **SOD #**QS1N11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 5/5/2021 **SOD #**3M9311 **Appealed:**

Sanctions

COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.46(1)(f)

Complaint History (OAK RIDGE LIVING SUN PRAIRIE--0016303)

Date Complaint Received: 4/7/2022 **Date Investigation Completed:** 4/20/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 2/7/2021 **Date Investigation Completed:** 4/14/2021

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

This is Page 192 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PRAIRIE GARDENS (0010589)

Address: 900 OKEEFFE AVE, SUN PRAIRIE, WI 53590

License Status: REGULAR

Licensed/Certified/Registered 11/1/2004 12:00:00AM

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

Survey History

Survey ID: 0137961 **End Date:** 12/13/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137361 **End Date:** 9/1/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MB6H11 Served 10/1/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(1)(b)	DEATH REPORTING RELATED TO ACCIDENT OR INJURY	12/13/21	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	12/13/21	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	12/13/21	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	12/13/21	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	12/13/21	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	12/13/21	Yes

This is Page 193 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137321 **End Date:** 7/21/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UTLD16 Served 9/30/2021

<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	12/13/21	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	12/13/21	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	12/13/21	Yes

Survey ID: 0136222 **End Date:** 4/28/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UTLD15 Served 5/14/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	7/21/22	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	12/13/21	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	12/13/21	Yes
83.25	CONTINUING EDUCATION	7/21/22	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	7/21/22	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	12/13/21	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	7/21/22	Yes

This is Page 194 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (PRAIRIE GARDENS--0010589)

Date: 9/30/2021 **SOD #**MB6H11 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.12(1)(b)

FORFEITURE---83.14(2)(a)

FORFEITURE---83.17(1)

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

FORFEITURE---83.32(3)(n)

FORFEITURE---83.35(1)(c)

FORFEITURE---83.38(1)(h)

Date: 5/13/2021 **SOD #**UTLD15 **Appealed:**

Sanctions

ORDER TO COMPLY

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

FORFEITURE---83.25

FORFEITURE---83.38(1)(h)

This is Page 195 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (PRAIRIE GARDENS--0010589)

Date Complaint Received: 11/19/2021

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 12/13/2021

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 8/23/2021

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 8/25/2021

Result

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

MB6H11
MB6H11
MB6H11

Date Complaint Received: 3/31/2021

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 4/28/2021

Result

NOT SUBSTANTIATED

SOD #

This is Page 196 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: TALAMORE SENIOR LIVING SUN PRAIRIE (0018374)

Address: 275 NORTH CITY STATION DRIVE, SUN PRAIRIE, WI 53590

License Status: REGULAR

Licensed/Certified/Registered 10/1/2022 12:00:00AM

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

Survey History

Survey ID: 0140257 **End Date:** 7/19/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138756 **End Date:** 2/17/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138368 **End Date:** 9/8/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

This is Page 197 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CEDARHURST SENIOR LIVING (0014805)

Address: 143 PRAIRIE OAKS DRIVE, VERONA, WI 53593

License Status: REGULAR

Licensed/Certified/Registered 11/1/2014 12:00:00AM

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

Survey History

Survey ID: 0143146 **End Date:** 5/10/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142737 **End Date:** 3/31/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141661 **End Date:** 12/20/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142280 **End Date:** 11/7/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #56XX11 Served 2/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	3/31/23	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	3/31/23	Yes

This is Page 198 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140864 End Date: 9/21/2022 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5UV912 Served 9/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	12/20/22	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	12/20/22	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	12/20/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	12/20/22	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	12/20/22	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	12/20/22	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	12/20/22	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	12/20/22	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	12/20/22	Yes
83.38(1)(g)	HEALTH MONITORING	12/20/22	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	12/20/22	Yes
83.41(1)(c)	DISHWASHING	12/20/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	12/20/22	Yes
83.47(2)(d)	FIRE DRILLS	12/20/22	Yes
83.47(3)	FIRE INSPECTION	12/20/22	Yes

This is Page 199 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139973 **End Date:** 4/7/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5UV911 Served 6/28/2022

<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	9/14/22	No
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT	9/14/22	Yes
83.25	CONTINUING EDUCATION	9/14/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/14/22	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	9/14/22	No
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	9/14/22	No
83.38(1)(a)	PERSONAL CARE	9/14/22	Yes
83.38(1)(g)	HEALTH MONITORING	9/14/22	No
83.41(2)(c)	NUTRITION: MENUS	9/14/22	No
83.42(1)	RESIDENT RECORD MAINTAINED	9/14/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	9/14/22	Yes
83.47(3)	FIRE INSPECTION	9/14/22	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	9/28/22	Yes

Survey ID: 0135479 **End Date:** 1/21/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 200 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0135244 End Date: 10/8/2020 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G94T12 Served 12/5/2020

<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	1/21/21	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	1/21/21	Yes
83.14(2)(h)	POSTING: LICENSE, DEFICIENCIES, REVOCATIONS	1/21/21	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	1/21/21	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	1/21/21	Yes
83.19	ORIENTATION	1/21/21	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	1/21/21	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	1/21/21	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	1/21/21	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	1/21/21	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	1/21/21	Yes
83.59(4)(f)	DELAYED EGRESS: DEPARTMENT APPROVAL	1/21/21	Yes

This is Page 201 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0134473 End Date: 6/30/2020 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G94T11 Served 8/13/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(1)(b)	DEATH REPORTING RELATED TO ACCIDENT OR INJURY	10/1/20	Yes
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	10/1/20	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	10/1/20	No
83.32(3)(a)	RIGHTS OF RESIDENTS: COMMUNICATIONS	10/1/20	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	10/1/20	Yes

This is Page 202 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (CEDARHURST SENIOR LIVING--0014805)

Date: 2/23/2023 **SOD #**56XX11 **Appealed:**

Sanctions

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

Date: 9/28/2022 **SOD #**5UV912 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.12(3)(a)
FORFEITURE---83.14(2)(a)
FORFEITURE---83.17(2)(a)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.37(1)(h)
FORFEITURE---83.38(1)(g)
FORFEITURE---83.38(1)(h)
FORFEITURE---83.41(2)(c)
FORFEITURE---83.43(1)
FORFEITURE---83.47(3)

Date: 6/28/2022 **SOD #**5UV911 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.17(2)(a)
FORFEITURE---83.25
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(g)
FORFEITURE---83.43(1)

This is Page 203 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 12/3/2020

SOD #G94T12

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.19

FORFEITURE---83.21(1-3)

FORFEITURE---83.22(1-4)

FORFEITURE---83.32(3)(i)

FORFEITURE---83.32(3)(n)

Date: 8/12/2020

SOD #G94T11

Appealed:

Sanctions

OTHER SANCTION

FORFEITURE---83.12(1)(b)

FORFEITURE---83.12(4)(b)

FORFEITURE---83.32(3)(a)

FORFEITURE---83.35(3)(a)

This is Page 204 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CEDARHURST SENIOR LIVING--0014805)

Date Complaint Received: 3/28/2023

Date Investigation Completed: 5/10/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/26/2022

Date Investigation Completed: 11/1/2022

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
56XX11

Date Complaint Received: 8/30/2022

Date Investigation Completed: 9/14/2022

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

Result
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #
5UV912
5UV912
5UV912

Date Complaint Received: 7/21/2022

Date Investigation Completed: 9/14/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
5UV912
5UV912

Date Complaint Received: 3/15/2022

Date Investigation Completed: 4/7/2022

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

Result
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #
5UV911
5UV911
5UV911

Date Complaint Received: 9/10/2020

Date Investigation Completed: 10/1/2020

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
G94T12
G94T12

This is Page 205 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 6/10/2020

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 6/30/2020

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 6/3/2020

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 6/30/2020

Result SOD #
SUBSTANTIATED G94T11

This is Page 206 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: EVERGREEN HOME CARE LLC (0014896)

Address: 1003 TAMARACK WAY, VERONA, WI 53593

License Status: REGULAR

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

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

Survey History

Survey ID: 0138970 **End Date:** 2/17/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #44CE11 Served 3/14/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.29(2)	ADMISSION AGREEMENT	4/28/22	Yes
83.31(4)(c)	INVOLUNTARY DISCHARGE NOTICE REQUIREMENTS	4/28/22	Yes

Survey ID: 0138555 **End Date:** 1/25/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137620 **End Date:** 10/14/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 207 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137441 **End Date:** 7/20/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZBKC11 Served 10/11/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(a)	REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN	1/25/22	Yes
83.38(1)(b)	SUPERVISION	1/25/22	Yes

Survey ID: 0136581 **End Date:** 6/2/2021 **Type:** OTHER **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S2I512 Served 6/24/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.28(5)	TEMPORARY SERVICE PLAN	10/14/21	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	10/14/21	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	10/14/21	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/14/21	Yes
83.35(4)	RESIDENT SATISFACTION EVALUATION	10/14/21	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	10/14/21	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	10/14/21	Yes
83.41(2)(c)	NUTRITION: MENUS	10/14/21	Yes
83.41(3)(b)	FOOD SAFETY	10/14/21	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	10/14/21	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	10/14/21	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	10/14/21	Yes
83.47(4)(b)	FIRE EXTINGUISHERS: LOCATIONS	10/14/21	Yes

This is Page 208 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0134895 **End Date:** 9/14/2020 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135210 **End Date:** 8/28/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S2I511 Served 11/24/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(a)	RIGHTS OF RESIDENTS: COMMUNICATIONS		
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS		

Enforcement History (EVERGREEN HOME CARE LLC--0014896)

Date: 3/14/2022 **SOD #**44CE11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 10/11/2021 **SOD #**ZBKC11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.12(4)(a)

FORFEITURE---83.38(1)(b)

Date: 6/24/2021 **SOD #**S2I512 **Appealed:**

Sanctions

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

OTHER SANCTION

FORFEITURE---83.35(3)(a)

This is Page 209 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (EVERGREEN HOME CARE LLC--0014896)

Date Complaint Received: 1/24/2022

Date Investigation Completed: 1/25/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 8/19/2020

Date Investigation Completed: 8/28/2020

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

S2I511

RESIDENT RIGHTS

SUBSTANTIATED

S2I511

This is Page 210 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: FOUR WINDS LODGE (110368)

Address: 309 SCHWEITZER DRIVE, VERONA, WI 53593

License Status: REGULAR

Licensed/Certified/Registered 5/24/1994 12:00:00AM

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

Survey History

Survey ID: 0137791 **End Date:** 11/17/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137734 **End Date:** 10/13/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #901P11 Served 11/11/2021

Deficiencies Cited
83.14(2)(a)

Subject Area
LICENSEE ENSURES FACILITY COMPLIES
WITH LAWS

Compliance
Verified
11/16/21

Corrected
Yes

Survey ID: 0137400 **End Date:** 9/23/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 211 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136724 **End Date:** 6/8/2021 **Type:** OTHER **Purpose:** SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #98Q412 Served 7/12/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	9/23/21	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	9/23/21	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	9/23/21	Yes

Survey ID: 0135939 **End Date:** 2/25/2021 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #98Q411 Served 4/7/2021

<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	6/8/21	Yes

Survey ID: 0134654 **End Date:** 8/13/2020 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 212 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (FOUR WINDS LODGE--110368)

Date: 11/10/2021 **SOD #**901P11 **Appealed:** No

Sanctions

ORDER TO COMPLY
ACCRUING FORFEITURE

Date: 7/12/2021 **SOD #**98Q412 **Appealed:**

Sanctions

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

Date: 4/7/2021 **SOD #**98Q411 **Appealed:**

Sanctions

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

This is Page 213 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: J & B ASSISTED LIVING INC (0016597)

Address: 1013 GATEWAY PASS, VERONA, WI 53593

License Status: REGULAR

Licensed/Certified/Registered 6/1/2018 12:00:00AM

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

Survey History

Survey ID: 0142313 **End Date:** 2/27/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141563 **End Date:** 9/12/2022 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LVX112 Served 12/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	2/27/23	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	2/27/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	2/27/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	2/27/23	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	2/27/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	2/27/23	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	2/27/23	Yes
83.41(2)(c)	NUTRITION: MENUS	2/27/23	Yes

This is Page 214 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.42(1)	RESIDENT RECORD MAINTAINED	2/27/23	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	2/27/23	Yes
83.46(1)(f)	COMBUSTIBLES	2/27/23	Yes
83.47(3)	FIRE INSPECTION	2/27/23	Yes
83.47(4)(b)	FIRE EXTINGUISHERS: LOCATIONS	2/23/23	Yes
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	2/27/23	Yes

Survey ID: 0139767 **End Date:** 3/23/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LVX111 Served 6/6/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.31(4)(a)	NOTICE OF FACILITY INITIATED DISCHARGES	9/9/02	Yes
83.31(4)(b)	ALLOWABLE REASONS FOR INVOLUNTARY DISCHARGE	9/9/22	Yes
83.31(4)(c)	INVOLUNTARY DISCHARGE NOTICE REQUIREMENTS	9/9/22	Yes
83.32(3)(m)	RIGHTS OF RESIDENTS: RECORDING AND FILMING	9/9/22	Yes

Survey ID: 0139518 **End Date:** 3/15/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 215 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0138947 **End Date:** 1/3/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NQJH11 Served 3/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	9/12/22	No
83.38(1)(c)	LEISURE TIME ACTIVITIES	9/12/22	No
83.41(2)(c)	NUTRITION: MENUS	9/12/22	No
83.41(3)(b)	FOOD SAFETY	9/12/22	Yes

Survey ID: 0137792 **End Date:** 10/25/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LRSR11 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	3/15/22	Yes

Survey ID: 0136958 **End Date:** 7/29/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 216 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0135589 End Date: 1/27/2021 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EF4611 Served 2/11/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	7/29/21	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	7/29/21	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	7/29/21	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	7/29/21	Yes
83.47(2)(d)	FIRE DRILLS	7/29/21	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	7/29/21	Yes
83.47(3)	FIRE INSPECTION	7/29/21	Yes

This is Page 217 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (J & B ASSISTED LIVING INC--0016597)

Date: 12/12/2022 **SOD #**LVX112 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.21(1-3)
FORFEITURE---83.22(1-4)

Date: 6/6/2022 **SOD #**LVX111 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.31(4)(c)
FORFEITURE---83.32(3)(m)

Date: 3/11/2022 **SOD #**NQJH11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 11/17/2021 **SOD #**LRSR11 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
ORDER TO COMPLY
ACCRUING FORFEITURE

Date: 2/11/2021 **SOD #**EF4611 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a-d)
FORFEITURE---83.21(1-3)
FORFEITURE---83.22(1-4)
FORFEITURE---83.47(3)

This is Page 218 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (J & B ASSISTED LIVING INC--0016597)

Date Complaint Received: 3/16/2022

Date Investigation Completed: 3/23/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 2/17/2022

Date Investigation Completed: 3/23/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

LVX111

LVX111

Date Complaint Received: 12/21/2021

Date Investigation Completed: 1/3/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 7/15/2021

Date Investigation Completed: 7/29/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 12/9/2020

Date Investigation Completed: 1/27/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

This is Page 219 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LEGACY AT NOEL MANOR (THE) (0017383)

Address: 435 Prairie Oaks Drive, VERONA, WI 53593

License Status: REGULAR

Licensed/Certified/Registered 1/22/2019 12:00:00AM

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

Survey History

Survey ID: 0142359 **End Date:** 2/15/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142430 **End Date:** 12/30/2022 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1IUL11 Served 3/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED		
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		
83.38(1)(g)	HEALTH MONITORING		

This is Page 220 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.44(2)(a) ROOMS CLEAN AND FREE FROM ODORS
83.45(3) TOXIC SUBSTANCES

Survey ID: 0136988 **End Date:** 8/5/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136297 **End Date:** 5/3/2021 **Type:** OTHER **Purpose:** SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KZJY12 Served 5/24/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	8/5/21	Yes

Survey ID: 0135809 **End Date:** 2/18/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KZJY11 Served 3/16/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	5/3/21	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	5/3/21	Yes

This is Page 221 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (LEGACY AT NOEL MANOR (THE)--0017383)

Date: 3/13/2023 **SOD #**1IUL11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(3)(c)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(g)

Date: 5/22/2021 **SOD #**KZJY12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 3/16/2021 **SOD #**KZJY11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (LEGACY AT NOEL MANOR (THE)--0017383)

Date Complaint Received: 2/7/2023 **Date Investigation Completed:** 2/15/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

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

Date Complaint Received: 12/7/2022 **Date Investigation Completed:** 12/30/2022

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

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	1IUL11
SUBSTANTIATED	1IUL11
SUBSTANTIATED	1IUL11

This is Page 222 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AT HOME AGAIN WAUNAKEE MEMORY CARE (0016885)

Address: 1120 CONNERY COVE, WAUNAKEE, WI 53597

License Status: REGULAR

Licensed/Certified/Registered 11/3/2017 12:00:00AM

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

Survey History

Survey ID: 0140020 **End Date:** 6/22/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #78IJ12 Served 7/5/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	8/19/22	Yes

Enforcement History (AT HOME AGAIN WAUNAKEE MEMORY CARE--0016885)

Date: 7/5/2022 **SOD #**78IJ12 **Appealed:** No

Sanctions

ORDER TO COMPLY

This is Page 223 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Brightstar Senior Living of Waunakee (0017372)
Address: 1001 QUINN DRIVE, WAUNAKEE, WI 53597
License Status: REGULAR
Licensed/Certified/Registered 11/6/2018 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0141683 **End Date:** 12/19/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137643 **End Date:** 10/14/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136943 **End Date:** 7/22/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136387 **End Date:** 5/20/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WLL511 Served 6/3/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.21(1)-(3)	ALL EMPLOYEE TRAINING	7/22/21	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	7/22/21	Yes
83.25	CONTINUING EDUCATION	7/22/21	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	7/22/21	Yes

This is Page 224 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (Brightstar Senior Living of Waunakee--0017372)

Date: 6/3/2021 **SOD #**WLL511 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.21(1-3)

FORFEITURE---83.22(1-4)

FORFEITURE---83.25

Complaint History (Brightstar Senior Living of Waunakee--0017372)

Date Complaint Received: 11/10/2022

Date Investigation Completed: 12/13/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 4/26/2021

Date Investigation Completed: 5/25/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

This is Page 225 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HOMESTEAD LIVING INC (0012266)

Address: 1040 QUINN DR, WAUNAKEE, WI 53597

License Status: REGULAR

Licensed/Certified/Registered 1/1/2010 12:00:00AM

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

Survey History

Survey ID: 0141856 **End Date:** 12/21/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140252 **End Date:** 6/28/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139351 **End Date:** 1/12/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LJFI12 Served 4/26/2022

Deficiencies Cited
83.39(3)

Subject Area
HAND WASHING

Compliance
Verified
6/28/22

Corrected
Yes

This is Page 226 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137499 **End Date:** 7/26/2021 **Type:** INITIAL **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LJFI11 Served 10/15/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(b)	SUPERVISION	1/12/22	Yes
83.39(3)	HAND WASHING	1/12/22	Yes

Enforcement History (HOMESTEAD LIVING INC--0012266)

Date: 4/26/2022 **SOD #** LJFI12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.39 (3) Hand Washing

Date: 10/15/2021 **SOD #** LJFI11 **Appealed:**

Sanctions

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

Complaint History (HOMESTEAD LIVING INC--0012266)

Date Complaint Received: 11/29/2022

Date Investigation Completed: 12/21/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 7/9/2021

Date Investigation Completed: 7/26/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

LJFI11

This is Page 227 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SIENNA CREST WAUNAKEE (0014866)

Address: 200 CROSS ST, WAUNAKEE, WI 53597

License Status: REGULAR

Licensed/Certified/Registered 12/2/2013 12:00:00AM

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

Survey History

Survey ID: 0143166 **End Date:** 3/22/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MHOZ11 Served 5/24/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.25	CONTINUING EDUCATION		
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT		

This is Page 228 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0135178 **End Date:** 10/27/2020 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ORU611 Served 11/15/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	12/30/21	
83.41(3)(b)	FOOD SAFETY	12/30/21	
83.44(2)(b)	TOILET AND BATHING AREA	12/30/21	
83.59(7)(b)	REQUIRED EXIT SIGNS LIGHTED	12/30/21	

Enforcement History (SIENNA CREST WAUNAKEE--0014866)

Date: 11/15/2020 **SOD #**ORU611 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (SIENNA CREST WAUNAKEE--0014866)

Date Complaint Received: 9/16/2020

Date Investigation Completed: 10/27/2020

Subject Area(s)

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD

ORU611

This is Page 229 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SYLVAN CROSSINGS IN WESTSHIRE VILLAGE (0010729)

Address: 5475 WESTSHIRE CIRCLE, WAUNAKEE, WI 53597

License Status: REGULAR

Licensed/Certified/Registered 6/1/2005 12:00:00AM

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

Survey History

Survey ID: 0142793 **End Date:** 1/31/2023 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PG8311 Served 4/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		
83.38(1)(g)	HEALTH MONITORING		
83.41(2)(c)	NUTRITION: MENUS		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.45(3)	TOXIC SUBSTANCES		

This is Page 230 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139732 **End Date: 4/27/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137396 **End Date: 9/28/2021** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138020 **End Date: 9/2/2021** **Type: OTHER** **Purpose: COMPLAINT/VV**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136208 **End Date: 4/8/2021** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #67T117 Served 5/12/2021

<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	9/2/21	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	9/2/21	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/2/21	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	9/2/21	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	7/28/21	Withdrawn
83.39(3)	HAND WASHING	9/2/21	Yes
83.41(3)(b)	FOOD SAFETY	7/28/21	Withdrawn
83.42(1)	RESIDENT RECORD MAINTAINED	9/2/21	Yes
83.44(2)(b)	TOILET AND BATHING AREA	7/28/21	Withdrawn
83.59(1)(f)	EXIT PASSAGEWAYS, STAIRWAYS: WIDTH MAINTAINED	7/28/21	Withdrawn

This is Page 231 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0135579 **End Date:** 1/22/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #67T116 Served 2/10/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(a)	REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN	4/26/21	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	4/26/21	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	3/30/21	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	4/8/22	No
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	4/8/21	Yes
83.25	CONTINUING EDUCATION	3/29/21	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	3/29/21	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	3/30/21	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/8/21	No
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	4/8/21	Yes
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS	3/30/21	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	3/29/21	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	4/8/21	No
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	3/30/21	Yes
83.38(1)(b)	SUPERVISION	3/29/21	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	3/30/21	Yes

This is Page 232 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0134390 **End Date:** 7/17/2020 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 233 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (SYLVAN CROSSINGS IN WESTSHIRE VILLAGE--0010729)

Date: 4/17/2023

SOD #PG8311

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---83.35(3)(d)

FORFEITURE---83.37(1)(i)

FORFEITURE---83.38(1)(g)

Date: 5/12/2021

SOD #67T117

Appealed: Yes

Decision: STIPULATION

Sanctions

REVOKE LICENSE

NNAO EXTENDED

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.15(3)(a)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.36(1)(a)

FORFEITURE---83.37(2)(d)

FORFEITURE---83.59(1)(f)

FORFEITURE---Stip. forfeiture null/void d/t nonpaymen

FORFEITURE---Stipulation - Tag N454 83.42(1)

This is Page 234 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 2/10/2021

SOD #67T116

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.15(3)(a)

FORFEITURE---83.25

FORFEITURE---83.32(3)(h)

FORFEITURE---83.32(3)(i)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.36(1)(a)

FORFEITURE---83.37(2)(d)

FORFEITURE---83.37(2)(e)

FORFEITURE---83.38(1)(b)

Date: 6/21/2020

SOD #67T115

Appealed:

Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---83.09(1)(e)

FORFEITURE---83.32(3)(h)

This is Page 235 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SYLVAN CROSSINGS IN WESTSHIRE VILLAGE--0010729)

Date Complaint Received: 1/4/2023

Date Investigation Completed: 1/25/2023

Subject Area(s)

Result

SOD #

OTHER

NOT SUBSTANTIATED

Date Complaint Received: 5/2/2022

Date Investigation Completed: 4/27/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 9/7/2021

Date Investigation Completed: 9/28/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 5/10/2021

Date Investigation Completed: 9/2/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 10/22/2020

Date Investigation Completed: 2/10/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

67T116

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

67T116

Date Complaint Received: 7/14/2020

Date Investigation Completed: 7/17/2020

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

This is Page 236 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WAUNAKEE MANOR CBRF RETIREMENT WING (0017010)

Address: 801 S KLEIN DRIVE, WAUNAKEE, WI 53597

License Status: REGULAR

Licensed/Certified/Registered 1/3/2019 12:00:00AM

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

Survey History

Survey ID: 0142629 **End Date:** 2/1/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PMJM11 Served 4/3/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.22(1)-(4)	TASK SPECIFIC TRAINING		
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS		

Survey ID: 0141237 **End Date:** 10/19/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136014 **End Date:** 3/31/2021 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 237 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (WAUNAKEE MANOR CBRF RETIREMENT WING--0017010)

Date: 4/3/2023 **SOD #** PMJM11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY

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

FORFEITURE---83.21(1-3)

FORFEITURE---83.22(1-4)

Complaint History (WAUNAKEE MANOR CBRF RETIREMENT WING--0017010)

Date Complaint Received: 1/24/2023

Date Investigation Completed: 2/1/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 10/6/2022

Date Investigation Completed: 10/19/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 3/19/2021

Date Investigation Completed: 3/31/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

This is Page 238 of 238 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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