

Provider Inspection Summary

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

Fond Du Lac

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 26.00 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: ANCHOR COMMUNITIES II BRANDON (0017190)

Address: 603 E CLARK ST, BRANDON, WI 53919

License Status: REGULAR

Licensed/Certified/Registered 5/25/2018 12:00:00AM

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

Survey History

Survey ID: 0142303 **End Date:** 2/27/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138205 **End Date:** 9/10/2021 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ESE712 Served 1/10/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT	2/27/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	2/24/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	2/24/23	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	2/27/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	2/24/23	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	2/24/23	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	2/24/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	2/24/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.45(4)	PEST CONTROL	2/24/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	2/24/23	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	2/27/23	Yes

Enforcement History (ANCHOR COMMUNITIES II BRANDON--0017190)

Date: 1/10/2022 SOD #ESE712 Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---50.09(1)(e)
FORFEITURE---83.21(1)-(3)
FORFEITURE---83.22(1)-(4)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.43(1)
FORFEITURE---83.47(2)(e)

Complaint History (ANCHOR COMMUNITIES II BRANDON--0017190)

Date Complaint Received: 3/9/2022 Date Investigation Completed: 2/27/2023

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

Date Complaint Received: 10/22/2020 Date Investigation Completed: 9/10/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	ESE712
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SERENITY VILLA V (0017704)

Address: 280 N BAUMANN ST, CAMPBELLSPORT, WI 53010

License Status: REGULAR

Licensed/Certified/Registered 7/1/2019 12:00:00AM

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: MAHALAS HOPE (0016193)

Address: N 4590 HWY 45, EDEN, WI 53019

License Status: REGULAR

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

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

Survey History

Survey ID: 0140089 **End Date:** 6/29/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #VKJG11 Served 7/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.46(3)	PUBLIC WATER SUPPLY OR WELL WATER TEST	8/24/22	
83.47(2)(d)	FIRE DRILLS	8/24/22	
83.47(2)(e)	OTHER EVACUATION DRILLS	8/24/22	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: TOUCHSTONE LIVING CENTER LLC (0011312)

Address: 300 WINNEBAGO ST, N FOND DU LAC, WI 54937

License Status: REGULAR

Licensed/Certified/Registered 5/1/2006 12:00:00AM

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

Survey History

Survey ID: 0142385 **End Date:** 3/1/2023 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142183 **End Date:** 2/15/2023 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141790 **End Date:** 11/2/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #0INN11 Served 1/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	2/24/23	
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	2/24/23	
83.41(2)(c)	NUTRITION: MENUS	2/24/23	
83.41(3)(b)	FOOD SAFETY	2/24/23	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (TOUCHSTONE LIVING CENTER LLC--0011312)

Date Complaint Received: 3/18/2022

Date Investigation Completed: 11/2/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/25/2021

Date Investigation Completed: 11/2/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

0INN11

PROGRAM SERVICES

SUBSTANTIATED

0INN11

RESIDENT RIGHTS

SUBSTANTIATED

0INN11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BARRETT HOUSE OF RIPON (0016789)

Address: 632 HILLTOP LANE, RIPON, WI 54971

License Status: REGULAR

Licensed/Certified/Registered 9/1/2018 12:00:00AM

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

Survey History

Survey ID: 0142152 **End Date:** 2/13/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: BETHEL RIPON NORTH (0017977)

Address: 530 NORTH UNION STREET, RIPON, WI 54971

License Status: REGULAR

Licensed/Certified/Registered 7/22/2020 12:00:00AM

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

Survey History

Survey ID: 0140008 **End Date:** 6/21/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #0J9811 Served 7/1/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(6)(e)	INTEGRATED HEAT DETECTOR IN LAUNDRY ROOM	8/15/22	
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	8/15/22	

Survey ID: 0134438 **End Date:** 7/22/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (BETHEL RIPON NORTH--0017977)

Date Complaint Received: 8/17/2021

Date Investigation Completed: 6/21/2022

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: BETHEL RIPON SOUTH (0017976)

Address: 530 NORTH UNION STREET, RIPON, WI 54971

License Status: REGULAR

Licensed/Certified/Registered 7/22/2020 12:00:00AM

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

Survey History

Survey ID: 0140029 **End Date:** 6/21/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #LG5Q11 Served 7/6/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(g)	DISPOSITION OF MEDICATIONS	8/20/22	
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	8/20/22	
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	8/20/22	

Survey ID: 0134439 **End Date:** 7/22/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PLEASANT PARK PLACE (0017897)

Address: 1450 N PLEASANT ST, RIPON, WI 54971

License Status: REGULAR

Licensed/Certified/Registered 11/13/2019 12:00:00AM

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

Survey History

Survey ID: 0142568 **End Date:** 2/13/2023 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1MV112 Served 3/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(3)(b)	FOOD SAFETY		
83.42(2)	RESIDENT RECORDS SAFEGUARDED		
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS		
83.45(3)	TOXIC SUBSTANCES		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141080 **End Date:** 7/19/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1MV111 Served 10/19/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.19	ORIENTATION	2/13/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	2/13/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	2/13/23	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	2/13/23	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	2/13/23	Yes
83.41(2)(c)	NUTRITION: MENUS	2/13/23	Yes
83.41(3)(b)	FOOD SAFETY	2/13/23	No
83.42(2)	RESIDENT RECORDS SAFEGUARDED	2/13/23	No
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	2/13/23	No
83.44(2)(b)	TOILET AND BATHING AREA	2/13/23	Yes
83.45(3)	TOXIC SUBSTANCES	2/13/23	No
83.46(1)(f)	COMBUSTIBLES	2/13/23	Yes
83.59(4)(b)	DELAYED EGRESS: LOCKING DEVICE SIGN POSTED	2/13/23	Yes
83.59(4)(e)	DELAYED EGRESS: IRREVERSIBLE PROCESS RELEASE	2/13/23	Yes

Survey ID: 0134920 **End Date:** 9/30/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0134845 **End Date:** 9/11/2020 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CTI712 Served 9/21/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	9/30/20	Yes
83.19	ORIENTATION	9/30/20	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	9/30/20	Yes

Enforcement History (PLEASANT PARK PLACE--0017897)

Date: 3/27/2023 **SOD #**1MV112 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 10/19/2022 **SOD #**1MV111 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.19 2nd cite

FORFEITURE---83.211)-(3) 2nd cite

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(c)

FORFEITURE---83.38(1)(c)

Date: 7/15/2020 **SOD #**CTI711 **Appealed:**

Sanctions

FORFEITURE---83.38(1)(b)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (PLEASANT PARK PLACE--0017897)

Date Complaint Received: 1/2/2023

Date Investigation Completed: 2/13/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 12/15/2022

Date Investigation Completed: 2/13/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 7/11/2022

Date Investigation Completed: 7/19/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 6/23/2022

Date Investigation Completed: 7/19/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

1MV111

PROGRAM SERVICES

SUBSTANTIATED

1MV111

RESIDENT RIGHTS

SUBSTANTIATED

1MV111

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

1MV111

Date Complaint Received: 6/15/2022

Date Investigation Completed: 10/19/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

1MV111

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 4/5/2022

Subject Area(s)

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

Date Investigation Completed: 7/19/2022

Result

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

1MV111
1MV111
1MV111

Date Complaint Received: 3/29/2022

Subject Area(s)

STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 7/19/2022

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/27/2021

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 7/19/2022

Result

SUBSTANTIATED

SOD #

1MV111

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PRAIRIE PLACE CBRF (0014486)

Address: 745 E OSHKOSH ST, RIPON, WI 54971

License Status: REGULAR

Licensed/Certified/Registered 2/1/2014 12:00:00AM

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

Survey History

Survey ID: 0143085 **End Date:** 2/14/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XZ9Z11 Served 5/17/2023

<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		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS		

Survey ID: 0140968 **End Date:** 10/4/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137995 **End Date:** 9/15/2021 **Type:** ABBREVIATED **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #E88412 Served 12/16/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.39(1)	INFECTION CONTROL PROGRAM		

Survey ID: 0136234 **End Date:** 5/3/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #E88411 Served 5/18/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	8/3/21	Yes

Enforcement History (PRAIRIE PLACE CBRF--0014486)

Date: 12/16/2021 **SOD #E88412** **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 5/18/2021 **SOD #E88411** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (PRAIRIE PLACE CBRF--0014486)

Date Complaint Received: 6/9/2022

Date Investigation Completed: 2/14/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	XZ9Z11
PROGRAM SERVICES	SUBSTANTIATED	XZ9Z11
RESIDENT RIGHTS	SUBSTANTIATED	XZ9Z11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	XZ9Z11

Date Complaint Received: 1/18/2022

Date Investigation Completed: 10/4/2022

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Ripon Copperleaf AL Operations LLC (0019130)

Address: 1002 Eureka Street, Ripon, WI 54971

License Status: REGULAR

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

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

Survey History

Survey ID: 0141662 **End Date:** 12/19/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WOLVERTON GLEN ASSISTED LIVING (0018075)

Address: 50 SUNSET AVENUE, RIPON, WI 54971

License Status: REGULAR

Licensed/Certified/Registered 5/12/2020 12:00:00AM

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

Survey History

Survey ID: 0140847 **End Date:** 9/15/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8NF511 Served 9/27/2022

Deficiencies Cited
83.35(3)(d)

Subject Area
SERVICE PLANS UPDATED ANNUALLY OR ON
CHANGES

Compliance
Verified

Corrected

Survey ID: 0135823 **End Date:** 3/11/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (WOLVERTON GLEN ASSISTED LIVING--0018075)

Date: 9/26/2022

SOD #8NF511

Appealed:

Decision: PENDING

Sanctions

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (WOLVERTON GLEN ASSISTED LIVING--0018075)

Date Complaint Received: 8/26/2022

Date Investigation Completed: 9/15/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Tower View Assisted Living (0019131)

Address: 401 N Grant St, Rosendale, WI 54974

License Status: PROBATIONARY

Licensed/Certified/Registered 11/1/2022 12:00:00AM

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

Survey History

Survey ID: 0142112 **End Date:** 11/2/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MARVINS MANOR IV (0013617)

Address: 10 PLUIM DR, WAUPUN, WI 53963

License Status: REGULAR

Licensed/Certified/Registered 1/31/2011 12:00:00AM

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

Survey History

Survey ID: 0142640 **End Date:** 1/25/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #S7O211 Served 4/4/2023

<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	5/19/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	5/19/23	Yes
83.37(3)(a)	MEDICATION STORAGE: ORIGINAL CONTAINERS	5/19/23	Yes

Survey ID: 0141726 **End Date:** 12/28/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140179 **End Date:** 6/7/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6DZK11 Served 7/20/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	12/27/22	Yes
83.31(4)(c)	INVOLUNTARY DISCHARGE NOTICE REQUIREMENTS	12/27/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	12/27/22	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	12/27/22	Yes

Survey ID: 0135551 **End Date:** 2/1/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0133785 **End Date:** 6/1/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (MARVINS MANOR IV--0013617)

Date: 7/20/2022 **SOD #**6DZK11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.12(2)(a)2
FORFEITURE---83.31(4)(c)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(h)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (MARVINS MANOR IV--0013617)

Date Complaint Received: 1/6/2023

Date Investigation Completed: 1/25/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

S7O211

PROGRAM SERVICES

SUBSTANTIATED

S7O211

Date Complaint Received: 8/16/2022

Date Investigation Completed: 12/28/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 5/17/2022

Date Investigation Completed: 6/7/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

6DZK11

RESIDENT RIGHTS

SUBSTANTIATED

6DZK11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

6DZK11

Date Complaint Received: 5/4/2022

Date Investigation Completed: 6/7/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

6DZK11

PROGRAM SERVICES

SUBSTANTIATED

6DZK11

RESIDENT RIGHTS

SUBSTANTIATED

6DZK11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

6DZK11

Date Complaint Received: 2/28/2022

Date Investigation Completed: 12/28/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 12/10/2021

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 6/7/2022

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 2/2/2021

Subject Area(s)

ADMINISTRATION

Date Investigation Completed: 2/1/2021

Result

NOT SUBSTANTIATED

SOD #

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