

Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Green County.

The report is a PDF (Adobe Acrobat) document and includes a total of 41.00 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 5/16/2020 to 5/16/2023

Adult Day Care Center

Facility Information

Facility Name: HAND IN HAND ADULT DAY CENTER (0008562)

Address: 2227 4TH ST, MONROE, WI 53566

License Status: REGULAR

Licensed/Certified/Registered 11/15/1991 12:00:00AM

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

Survey History

Survey ID: 0135010 **End Date:** 10/15/2020 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Adult Family Home

Facility Information

Facility Name: GREENCO HOUSE I (199018)

Address: 2506 2508 16TH AVE, MONROE, WI 53566

License Status: REGULAR

Licensed/Certified/Registered 7/1/1997 12:00:00AM

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

Survey History

Survey ID: 0138929 **End Date:** 3/7/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Adult Family Home

Facility Information

Facility Name: GREENCO HOUSE II (0010120)

Address: 1652 25TH ST, MONROE, WI 53566

License Status: REGULAR

Licensed/Certified/Registered 7/1/2003 12:00:00AM

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

Survey History

Survey ID: 0142367 **End Date:** 2/16/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8YWA11 Served 3/6/2023

Deficiencies Cited
88.06(3)(d)

Subject Area
INDIVIDUAL SERVICE PLAN

Compliance
Verified

Corrected

Survey ID: 0134581 **End Date:** 8/17/2020 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (GREENCO HOUSE II--0010120)

Date: 3/6/2023 **SOD #**8YWA11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Adult Family Home

Facility Information

Facility Name: GREENCO HOUSE III (199059)

Address: 2520 16TH AVE, MONROE, WI 53566

License Status: REGULAR

Licensed/Certified/Registered 4/1/1999 12:00:00AM

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

Survey History

Survey ID: 0142544 **End Date:** 3/17/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #950N11 Served 3/23/2023

Deficiencies Cited
88.06(3)(d)

Subject Area
INDIVIDUAL SERVICE PLAN

Compliance
Verified
3/17/23

Corrected
Yes

Survey ID: 0134595 **End Date:** 8/17/2020 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (GREENCO HOUSE III--199059)

Date: 3/23/2023 **SOD #**950N11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Adult Family Home

Facility Information

Facility Name: GREENCO HOUSE IV (0010441)

Address: 2647 10TH AVE, MONROE, WI 53566

License Status: REGULAR

Licensed/Certified/Registered 1/21/2004 12:00:00AM

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

Survey History

Survey ID: 0142378 **End Date:** 2/28/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134590 **End Date:** 8/17/2020 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Adult Family Home

Facility Information

Facility Name: GREENCO HOUSE V (0012900)

Address: 2636 14TH ST, MONROE, WI 53566

License Status: REGULAR

Licensed/Certified/Registered 8/24/2009 12:00:00AM

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

Survey History

Survey ID: 0142545 **End Date:** 3/17/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OZQG11 Served 3/23/2023

Deficiencies Cited
88.05(3)(a)

Subject Area
HOME ENVIRONMENT

Compliance
Verified
3/17/23

Corrected
Yes

Survey ID: 0135794 **End Date:** 3/3/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134591 **End Date:** 8/17/2020 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (GREENCO HOUSE V--0012900)

Date: 3/23/2023 **SOD #**OZQG11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Adult Family Home

Facility Information

Facility Name: RAABS ADULT FAMILY HOME I (190082)

Address: 1210 10TH ST, MONROE, WI 53566

License Status: REGULAR

Licensed/Certified/Registered 4/11/1996 12:00:00AM

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

Survey History

Survey ID: 0139076 **End Date:** 3/14/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: RAABS ADULT FAMILY HOME II (199013)

Address: 1202 10TH ST, MONROE, WI 53566

License Status: REGULAR

Licensed/Certified/Registered 4/30/1999 12:00:00AM

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

Survey History

Survey ID: 0139026 **End Date:** 3/14/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ALBANY OAKS ASSISTED LIVING (0016902)

Address: 750 Carolan Dr, ALBANY, WI 53502

License Status: REGULAR

Licensed/Certified/Registered 1/2/2018 12:00:00AM

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

Survey History

Survey ID: 0142524 **End Date:** 1/5/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UZYU11 Served 3/21/2023

Deficiencies Cited
83.38(1)(d)

Subject Area
COMMUNITY ACTIVITIES

Compliance
Verified

Corrected

Survey ID: 0136835 **End Date:** 7/21/2021 **Type:** OTHER **Purpose:** SELF REPORT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136237 End Date: 4/22/2021 Type: STANDARD Purpose: SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9U0G12 Served 5/18/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	7/21/21	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	7/21/21	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	7/21/21	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	7/21/21	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	7/21/21	Yes
83.41(3)(b)	FOOD SAFETY	7/21/21	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	7/21/21	Yes
83.45(3)	TOXIC SUBSTANCES	7/21/21	Yes
83.47(3)	FIRE INSPECTION	7/21/21	Yes

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (ALBANY OAKS ASSISTED LIVING--0016902)

Date: 3/21/2023 **SOD #**UZYU11 **Appealed:** **Decision:** PENDING

Sanctions

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

Date: 5/18/2021 **SOD #**9U0G12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.15(3)(a)
FORFEITURE---83.21(1-3)
FORFEITURE---83.22(1-4)
FORFEITURE---83.32(3)(d)
FORFEITURE---83.41(3)(b)

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (ALBANY OAKS ASSISTED LIVING--0016902)

Date Complaint Received: 11/8/2022

Date Investigation Completed: 11/14/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 10/28/2022

Date Investigation Completed: 11/14/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

UZYU11

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 8/18/2020

Date Investigation Completed: 4/22/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

9U0G12

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

9U0G12

OTHER

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HEARTSONG ASSISTED LIVING (0011573)

Address: 415 EAST AVE, BELLEVILLE, WI 53508

License Status: REGULAR

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

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

Survey History

Survey ID: 0140928 **End Date:** 9/26/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139963 **End Date:** 4/29/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MWN112 Served 6/29/2022

Deficiencies Cited
83.32(3)(d)

Subject Area
RIGHTS OF RESIDENTS: FREE OF
MISTREATMENT

Compliance
Verified
9/8/22

Corrected
Yes

Survey ID: 0137754 **End Date:** 8/10/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MWN111 Served 11/12/2021

Deficiencies Cited
83.37(3)(g)

Subject Area
MEDICATION STORAGE: CONTROLLED
SUBSTANCES

Compliance
Verified
4/29/22

Corrected
Yes

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136417 **End Date:** 6/4/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135398 **End Date:** 12/8/2020 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4K7E11 Served 1/10/2021

<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	6/4/21	Yes
83.39(3)	HAND WASHING	6/4/21	Yes
83.41(1)(b)	EQUIPMENT	2/24/21	
83.41(3)(b)	FOOD SAFETY	2/24/21	
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	6/4/21	Yes
83.47(2)(d)	FIRE DRILLS	6/4/21	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	6/4/21	Yes

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (HEARTSONG ASSISTED LIVING--0011573)

Date: 6/29/2022 **SOD #**MWNI12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(1)(d)

Date: 11/12/2021 **SOD #**MWNI11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---FEE FOR CITE 83.37(3)(G)

Date: 1/11/2021 **SOD #**4K7E11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (HEARTSONG ASSISTED LIVING--0011573)

Date Complaint Received: 2/12/2022 **Date Investigation Completed:** 4/29/2022

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 7/21/2021 **Date Investigation Completed:** 9/18/2021

Subject Area(s)

PROGRAM SERVICES
RESIDENT RIGHTS

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

MWNI11

Date Complaint Received: 11/19/2020 **Date Investigation Completed:** 12/8/2020

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

4K7E11

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COLLINWOOD MEMORY CARE (0016901)

Address: 703 GREEN STREET, BRODHEAD, WI 53520

License Status: REGULAR

Licensed/Certified/Registered 1/23/2018 12:00:00AM

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

Survey History

Survey ID: 0140048 **End Date:** 6/16/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138685 **End Date:** 1/6/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137531 **End Date:** 7/29/2021 **Type:** OTHER **Purpose:** SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BW3W12 Served 10/20/2021

Deficiencies Cited
83.37(1)(i)

Subject Area
PRN PSYCHOTROPIC MEDICATION

Compliance
Verified
1/6/22

Corrected
Yes

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136326 **End Date:** 5/13/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BW3W11 Served 5/26/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	7/29/21	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	7/29/21	Yes

Enforcement History (COLLINWOOD MEMORY CARE--0016901)

Date: 10/20/2021 **SOD #**BW3W12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.37(1)(i)

Date: 5/25/2021 **SOD #**BW3W11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (COLLINWOOD MEMORY CARE--0016901)

Date Complaint Received: 5/26/2022

Date Investigation Completed: 6/16/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: MORNING SUN CARE HOME (0015373)

Address: N4166 COUNTY ROAD E, BROADHEAD, WI 53520

License Status: REGULAR

Licensed/Certified/Registered 3/12/2015 12:00:00AM

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

Survey History

Survey ID: 0142029 **End Date:** 10/11/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TV7213 Served 2/3/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.04(2)(a)	CLASS A AMBULATORY (AA)		
83.15(3)(c)	QUALIFIED STAFF DESIGNATED AS IN CHARGE		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS		
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW		
83.47(3)	FIRE INSPECTION		
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY		
83.48(3)(b)	SENSITIVITY TESTING PERFORMED		

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0140200 **End Date:** 4/18/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TV7212 Served 7/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.25	CONTINUING EDUCATION	9/22/22	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	10/11/22	No
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	10/11/22	No
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	10/11/22	No
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	9/22/22	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	10/11/22	Yes
83.46(3)	PUBLIC WATER SUPPLY OR WELL WATER TEST	10/11/22	No
83.47(3)	FIRE INSPECTION	10/11/22	No
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	10/11/22	No
83.48(3)(b)	SENSITIVITY TESTING PERFORMED	10/11/22	No

Survey ID: 0139135 **End Date:** 3/21/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138419 **End Date:** 1/19/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QRYJ11 Served 1/20/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	3/21/22	

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0138152 End Date: 8/5/2021 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TV7211 Served 1/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	4/14/22	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	4/14/22	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	4/14/22	Yes
83.25	CONTINUING EDUCATION	4/14/22	No
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	4/14/22	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	4/14/22	Yes
83.35(2)	TEMPORARY SERVICE PLAN	4/14/22	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	4/14/22	No
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	4/14/22	No
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	4/14/22	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	4/14/22	No
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	4/14/22	No
83.41(3)(b)	FOOD SAFETY	4/14/22	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	4/14/22	Yes
83.46(3)	PUBLIC WATER SUPPLY OR WELL WATER TEST	4/14/22	No
83.47(3)	FIRE INSPECTION	4/14/22	Yes
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	4/14/22	Yes

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	4/14/22	Yes
83.48(3)(b)	SENSITIVITY TESTING PERFORMED	4/14/02	No
83.59(7)(b)	REQUIRED EXIT SIGNS LIGHTED	4/14/22	Yes

Enforcement History (MORNING SUN CARE HOME--0015373)

Date: 2/3/2023

Appealed: No

Sanctions

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

Date: 7/25/2022

SOD #TV7212

Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25
FORFEITURE---83.35(3)(a)
FORFEITURE---83.35(5)(b)
FORFEITURE---83.37(1)(e)
FORFEITURE---83.37(1)(e)

Date: 1/21/2022

SOD #QRYJ11

Appealed: No

Sanctions

ORDER TO COMPLY

Date: 1/5/2022

SOD #TV7211

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.25
FORFEITURE---83.28(4)(a)
FORFEITURE---83.35(3)(a)
FORFEITURE---83.35(5)(a)

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AZURA MEMORY CARE MONROE 2 (0013408)

Address: 2810 6TH AVE, MONROE, WI 53566

License Status: REGULAR

Licensed/Certified/Registered 8/1/2011 12:00:00AM

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

Survey History

Survey ID: 0138688 **End Date:** 2/2/2022 **Type:** INITIAL **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137755 **End Date:** 8/11/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #T2QI11 Served 11/15/2021

Deficiencies Cited

83.32(3)(h)

Subject Area

RIGHTS OF RESIDENTS: TO RECEIVE
MEDICATION

Compliance

Verified

2/14/22

Corrected

Yes

Survey ID: 0133968 **End Date:** 6/11/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (AZURA MEMORY CARE MONROE 2--0013408)

Date: 11/12/2021

SOD #T2QI11

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (AZURA MEMORY CARE MONROE 2--0013408)

Date Complaint Received: 8/5/2021

Date Investigation Completed: 8/11/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AZURA MEMORY CARE MONROE (0013409)
Address: 2800 6TH AVE, MONROE, WI 53566
License Status: REGULAR
Licensed/Certified/Registered 8/1/2011 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0141721 **End Date:** 9/22/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #K0EK11 Served 1/3/2023

Deficiencies Cited
83.35(3)(c)

Subject Area
IMPLEMENT, FOLLOW THE INDIVIDUAL
SERVICE PLAN

Compliance
Verified

Corrected

Survey ID: 0140070 **End Date:** 6/21/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138707 **End Date:** 2/3/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137677 **End Date:** 8/12/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #49QO12 Served 11/10/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(g)	HEALTH MONITORING	2/2/22	Yes

Survey ID: 0136785 **End Date:** 7/9/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135816 **End Date:** 2/18/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #49QO11 Served 4/6/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	8/12/21	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	8/12/21	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	8/12/21	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	8/12/21	Yes
83.38(1)(g)	HEALTH MONITORING	8/12/21	No
83.47(2)(d)	FIRE DRILLS	7/29/21	Withdrawn

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (AZURA MEMORY CARE MONROE--0013409)

Date: 1/3/2023 **SOD #**K0EK11 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

ORDER TO COMPLY

FORFEITURE---83.35(3)(c)

FORFEITURE---83.35(3)(c)

Date: 11/8/2021 **SOD #**49QO12 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.38(1)(g)

Date: 3/17/2021 **SOD #**49QO11 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

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

FORFEITURE---83.21(1-3)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.37(2)(e)

FORFEITURE---83.38(1)(g)

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (AZURA MEMORY CARE MONROE--0013409)

Date Complaint Received: 9/7/2022

Date Investigation Completed: 9/22/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

K0EK11
K0EK11
K0EK11

Date Complaint Received: 6/8/2022

Date Investigation Completed: 6/21/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 2/1/2022

Date Investigation Completed: 2/3/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 1/3/2022

Date Investigation Completed: 2/3/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 4/13/2021

Date Investigation Completed: 7/9/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 1/29/2021

Date Investigation Completed: 2/18/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

49QO11

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COMMUNITY LIVING HOME OPTIONS LLC (0012717)

Address: 215 3RD ST, MONROE, WI 53566

License Status: REGULAR

Licensed/Certified/Registered 4/1/2010 12:00:00AM

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

Survey History

Survey ID: 0142153 **End Date:** 2/1/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #D6FQ11 Served 2/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN		
83.44(1)(a)	ADEQUATE LAUNDRY APPLIANCES AVAILABLE		
83.45(3)	TOXIC SUBSTANCES		
83.47(3)	FIRE INSPECTION		
83.48(4)(a)	SMOKE DETECTOR AT TOP OF OPEN STAIRWAYS		

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136256 **End Date:** 5/3/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #R8QT11 Served 5/19/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	7/3/21	Yes

Enforcement History (COMMUNITY LIVING HOME OPTIONS LLC--0012717)

Date: 2/14/2023 **SOD #**D6FQ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 5/19/2021 **SOD #**R8QT11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (COMMUNITY LIVING HOME OPTIONS LLC--0012717)

Date Complaint Received: 1/26/2023

Date Investigation Completed: 1/31/2023

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

D6FQ11

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: GRACELAND MANOR II (110515)

Address: 320 W 17TH ST, MONROE, WI 53566

License Status: REGULAR

Licensed/Certified/Registered 12/31/1996 12:00:00AM

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

Survey History

Survey ID: 0138930 **End Date:** 3/7/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PLEASANT VIEW OROURKE DEMENTIA STABILIZATION UNIT (0018440)

Address: N3150 HIGHWAY 81, MONROE, WI 53566

License Status: REGULAR

Licensed/Certified/Registered 7/1/2021 12:00:00AM

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

Survey History

Survey ID: 0138847 **End Date:** 2/23/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136983 **End Date:** 7/1/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: RACHELS CHOICE (0017243)

Address: 316 3RD AVE, MONROE, WI 53566

License Status: REGULAR

Licensed/Certified/Registered 3/12/2020 12:00:00AM

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

Survey History

Survey ID: 0139251 **End Date:** 3/17/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #G30G11 Served 4/15/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(c)	LEISURE TIME ACTIVITIES	5/25/22	Yes

Enforcement History (RACHELS CHOICE--0017243)

Date: 4/15/2022 **SOD #G30G11** **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: ASTER ASSISTED LIVING OF MONROE (0012238)

Address: 616 8TH AVE, MONROE, WI 53566

License Status: REGULAR

Licensed/Certified/Registered 1/8/2008 12:00:00AM

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

Survey History

Survey ID: 0141334 **End Date:** 10/11/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #PWEW11 Served 11/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.27(3)(d)	SERVICE AGREEMENT	12/26/22	Yes

Survey ID: 0137199 **End Date:** 9/8/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135606 **End Date:** 2/5/2021 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0134569 End Date: 7/28/2020 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #XXFI11 Served 8/20/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
89.26(4)	ANNUAL REVIEW	2/5/21	Yes
89.27(4)	SERVICE AGREEMENT	2/5/21	Yes

Enforcement History (ASTER ASSISTED LIVING OF MONROE--0012238)

Date: 11/11/2022 SOD #PWEW11 Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023
Residential Care Apartment Complex (CERTIFIED)

Complaint History (ASTER ASSISTED LIVING OF MONROE--0012238)

Date Complaint Received: 9/28/2022

Date Investigation Completed: 10/11/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 9/23/2022

Date Investigation Completed: 10/11/2022

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

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 9/2/2021

Date Investigation Completed: 9/8/2021

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 8/27/2021

Date Investigation Completed: 9/8/2021

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 7/9/2020

Date Investigation Completed: 7/30/2020

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: ST CLARE FRIEDENSHEIM (0010297)
Address: 2003 4TH ST, MONROE, WI 53566
License Status: REGULAR
Licensed/Certified/Registered 4/18/2000 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0140539 **End Date:** 8/9/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139452 **End Date:** 2/21/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV
Results: ENFORCEMENT ACTION

Statement of Deficiency: #DO6W12 Served 5/6/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.26(4)	ANNUAL REVIEW	8/9/22	Yes
89.29(3)(c)1.a	ADMISSION & RETENTION OF TENANTS	8/9/22	Yes

Survey ID: 0137835 **End Date:** 11/11/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION

Statement of Deficiency: #DO6W11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.27(1)	SERVICE AGREEMENT	2/21/22	No

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023
Residential Care Apartment Complex (CERTIFIED)

Enforcement History (ST CLARE FRIEDENSHEIM--0010297)

Date: 5/5/2022 **SOD #**DO6W12 **Appealed:**

Sanctions
ORDER TO COMPLY
FORFEITURE---89.26(4)

Date: 11/23/2021 **SOD #**DO6W11 **Appealed:** No

Sanctions
ORDER TO COMPLY

Complaint History (ST CLARE FRIEDENSHEIM--0010297)

Date Complaint Received: 2/11/2022

Date Investigation Completed: 2/21/2022

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
DO6W12
DO6W12

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: GLARNER LODGE (0016075)
Address: 900 GLARNER DR, NEW GLARUS, WI 53574
License Status: REGULAR
Licensed/Certified/Registered 9/1/2016 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142826 **End Date:** 4/18/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141897 **End Date:** 12/5/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140838 **End Date:** 6/22/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8DKM12 Served 9/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
89.23(2)(a)2.c	SERVICES	12/5/22	Yes
89.27(4)	SERVICE AGREEMENT	12/5/22	Yes
89.28(5)	RISK AGREEMENT	12/5/22	Yes
89.29(3)(a)1	ADMISSION & RETENTION OF TENANTS	12/5/22	Yes
89.29(3)(b)	ADMISSION & RETENTION OF TENANTS	12/5/22	Yes

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023
Residential Care Apartment Complex (CERTIFIED)

Enforcement History (GLARNER LODGE--0016075)

Date: 9/26/2022 **SOD #**8DKM12 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---89.23(2)(a)2.c

FORFEITURE---89.27(4)

FORFEITURE---89.28(5)

Complaint History (GLARNER LODGE--0016075)

Date Complaint Received: 3/15/2023

Date Investigation Completed: 4/18/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 6/8/2022

Date Investigation Completed: 6/8/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

8DKM12

RESIDENT RIGHTS

SUBSTANTIATED

8DKM12

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