

Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Green Lake County. The report is a PDF (Adobe Acrobat) document and includes a total of 30.00 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 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: EVERGREEN PINES (0014846)

Address: 343 E CUMBERLAND ST, BERLIN, WI 54923

License Status: REGULAR

Licensed/Certified/Registered 11/04/2013 12:00:00AM

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

Survey History

Survey ID: 0145928 **End Date:** 03/19/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 30 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 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: SCHULTZ AFH PRINCETON (0018337)

Address: W4861 VILLAGE ACRES LN, PRINCETON, WI 54968

License Status: REGULAR

Licensed/Certified/Registered 02/25/2021 12:00:00AM

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

Survey History

No survey activity during the period 3/28/21 to 3/27/24

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: BERLIN PINES INC (0014731)

Address: 642 BROADWAY ST, BERLIN, WI 54923

License Status: REGULAR

Licensed/Certified/Registered 05/04/2015 12:00:00AM

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

Survey History

Survey ID: 0141103 **End Date:** 10/21/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BROWN WILCOX RETIREMENT HOME (410143)

Address: 347 E HURON ST, BERLIN, WI 54923

License Status: REGULAR

Licensed/Certified/Registered 02/01/1980 12:00:00AM

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

Survey History

Survey ID: 0140946 **End Date:** 10/05/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MOUND STREET (0016057)

Address: 284 MOUND ST, BERLIN, WI 54923

License Status: REGULAR

Licensed/Certified/Registered 02/15/2017 12:00:00AM

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

Survey History

Survey ID: 0144036 **End Date:** 08/17/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #3FMU11 Served 08/29/2023

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--|----------------------------|------------------|
| 83.35(3)(d) | SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES | 10/28/23 | Yes |
| 83.43(1) | ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE | 10/28/23 | Yes |
| 83.44(2)(a) | ROOMS CLEAN AND FREE FROM ODORS | 10/28/23 | Yes |

Survey ID: 0137007 **End Date:** 08/12/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (MOUND STREET--0016057)

Date Complaint Received: 05/16/2023

Date Investigation Completed: 08/17/2023

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PATRIOT PLACE CBRF (0016752)

Address: 609 BROADWAY STREET, BERLIN, WI 54923

License Status: REGULAR

Licensed/Certified/Registered 03/01/2019 12:00:00AM

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

Survey History

Survey ID: 0145069 End Date: 09/15/2023 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L6KP11 Served 12/15/2023

| <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)(i) | RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT | | |
| 83.44(2)(a) | ROOMS CLEAN AND FREE FROM ODORS | | |
| 83.45(4) | PEST CONTROL | | |

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143853 **End Date:** 07/31/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZTH411 Served 08/07/2023

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---|----------------------------|------------------|
| 441.301(c)(4)(vi)(B) | RESIDENTIAL SETTING: PRIVATE ROOMS, LOCKS | | |
| 83.37(2)(d) | DOCUMENTATION OF MEDICATION ADMINISTRATION | | |
| 83.38(1)(b) | SUPERVISION | | |

Survey ID: 0142971 **End Date:** 04/26/2023 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142187 End Date: 01/03/2023 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5S2P14 Served 02/16/2023

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--|----------------------------|------------------|
| 50.09(1)(e) | TREATMENT | 4/26/23 | Yes |
| 83.12(2)(a) | CAREGIVER: INVESTIGATING ABUSE AND NEGLECT | 4/26/23 | Yes |
| 83.19 | ORIENTATION | 4/26/23 | Yes |
| 83.32(3)(d) | RIGHTS OF RESIDENTS: FREE OF MISTREATMENT | 4/26/23 | Yes |
| 83.32(3)(i) | RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT | 4/26/23 | Yes |
| 83.35(3)(d) | SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES | 4/26/23 | Yes |
| 83.37(2)(d) | DOCUMENTATION OF MEDICATION ADMINISTRATION | 4/26/23 | Yes |
| 83.38(1)(b) | SUPERVISION | 4/26/23 | Yes |

Survey ID: 0138473 End Date: 09/21/2021 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5S2P13 Served 01/26/2022

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--|----------------------------|------------------|
| 83.12(2)(a) | CAREGIVER: INVESTIGATING ABUSE AND NEGLECT | 1/3/23 | |
| 83.14(2)(a) | LICENSEE ENSURES FACILITY COMPLIES WITH LAWS | 11/14/22 | Yes |
| 83.14(2)(h) | POSTING: LICENSE, DEFICIENCIES, REVOCATIONS | 11/14/22 | Yes |

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136628 End Date: 06/09/2021 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5S2P12 Served 06/29/2021

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--|----------------------------|------------------|
| 83.12(2)(a) | CAREGIVER: INVESTIGATING ABUSE AND NEGLECT | 9/21/21 | No |
| 83.12(5)(a) | NOTIFICATION: INCIDENT, INJURY, CHANGES | 9/21/21 | Yes |
| 83.22(1)-(4) | TASK SPECIFIC TRAINING | 9/21/21 | Yes |
| 83.32(3)(h) | RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION | 9/21/21 | Yes |
| 83.39(1) | INFECTION CONTROL PROGRAM | 9/21/21 | Yes |

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (PATRIOT PLACE CBRF--0016752)

Date: 12/15/2023 **SOD #**L6KP11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---N 214 83.15(3)(a)
FORFEITURE---N 353 83.32(3)(i)
FORFEITURE---N 489 83.44(2)(a)

Date: 02/16/2023 **SOD #**5S2P14 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---50.09 1e
FORFEITURE---83.12 2a
FORFEITURE---83.19
FORFEITURE---83.32 3d
FORFEITURE---83.32 3i
FORFEITURE---83.35 3a
FORFEITURE---83.37 2d
FORFEITURE---83.38 1b

Date: 01/26/2022 **SOD #**5S2P13 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.12(2)(a)
FORFEITURE---83.14(2)(a)

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 06/29/2021

SOD #5S2P12

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---83.12(2)(a)

FORFEITURE---83.22(1)-(4)

FORFEITURE---83.32(3)(h)

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (PATRIOT PLACE CBRF--0016752)

Date Complaint Received: 08/22/2023

Date Investigation Completed: 09/15/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 06/07/2023

Date Investigation Completed: 07/31/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 12/06/2022

Date Investigation Completed: 01/03/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

5S2P14

Date Complaint Received: 11/30/2022

Date Investigation Completed: 01/03/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

5S2P14

Date Complaint Received: 11/06/2022

Date Investigation Completed: 01/03/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

5S2P14

Date Complaint Received: 10/10/2022

Date Investigation Completed: 01/03/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

5S2P14

RESIDENT RIGHTS

SUBSTANTIATED

5S2P14

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 07/07/2022

Date Investigation Completed: 01/03/2023

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/27/2022

Date Investigation Completed: 01/03/2023

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

Result
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #
5S2P14
5S2P14
5S2P14
5S2P14

Date Complaint Received: 06/07/2021

Date Investigation Completed: 06/09/2021

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

Result
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #
5S2P12
5S2P12
5S2P12

Date Complaint Received: 04/20/2021

Date Investigation Completed: 06/09/2021

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result
SUBSTANTIATED

SOD #
5S2P12

Date Complaint Received: 04/11/2021

Date Investigation Completed: 06/09/2021

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Barrett House of Green Lake (0019951)

Address: 860 Sunnyside Rd., Green Lake, WI 54941

License Status: REGULAR

Licensed/Certified/Registered 02/29/2024 12:00:00AM

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

Survey History

Survey ID: 0145773 **End Date:** 02/29/2024 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BARRETT HOUSE OF MARKESAN (0016788)

Address: 185 E JOHN STREET, MARKESAN, WI 53946

License Status: REGULAR

Licensed/Certified/Registered 09/01/2018 12:00:00AM

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

Survey History

Survey ID: 0142333 **End Date:** 02/28/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138865 **End Date:** 03/01/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (BARRETT HOUSE OF MARKESAN--0016788)

Date Complaint Received: 01/12/2023

Date Investigation Completed: 02/28/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Marthas II CBRF (0018908)

Address: 404 W Water St, Princeton, WI 54968

License Status: REGULAR

Licensed/Certified/Registered 09/09/2022 12:00:00AM

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

Survey History

Survey ID: 0140699 **End Date:** 09/09/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: HEARTSONG (0017743)
Address: 123 S PEARL ST, BERLIN, WI 54923
License Status: REGULAR
Licensed/Certified/Registered 06/17/2019 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0145819 **End Date:** 02/21/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #54FH12 Served 03/07/2024

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|----------------------------|------------------|
| 89.23(2)(c) | SERVICES | | |
| 89.23(4)(b)1 | SERVICES | | |
| 89.26(4) | ANNUAL REVIEW | | |
| 89.34(16) | TENANT RIGHTS | | |
| 89.34(17) | TENANT RIGHTS | | |
| 89.34(18) | TENANT RIGHTS | | |
| 89.34(3) | TENANT RIGHTS | | |

Survey ID: 0142523 **End Date:** 03/16/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0143020 End Date: 02/14/2023 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #54FH11 Served 05/11/2023

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance</u> | |
|---------------------------|--|-------------------|------------------|
| | | <u>Verified</u> | <u>Corrected</u> |
| 50.065(6)(am) | FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT | 1/9/24 | Yes |
| 89.23(2)(a)2.c | SERVICES | 12/18/23 | Yes |
| 89.34(16) | TENANT RIGHTS | 2/21/24 | No |
| 89.34(18) | TENANT RIGHTS | 2/21/24 | No |

Enforcement History (HEARTSONG--0017743)

Date: 03/07/2024 SOD #54FH12 Appealed: Decision: PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
 NO NEW ADMISSIONS
 ORDER TO COMPLY
 FORFEITURE---89.23 2c
 FORFEITURE---89.23 4b1
 FORFEITURE---89.26 4
 FORFEITURE---89.34 16
 FORFEITURE---89.34 17
 FORFEITURE---89.34 18
 FORFEITURE---89.34 3

Date: 05/11/2023 SOD #54FH11 Appealed: Decision: PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
 ORDER TO COMPLY
 FORFEITURE---89.23 2a2c
 FORFEITURE---89.34 16
 FORFEITURE---89.34 18

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024
Residential Care Apartment Complex (CERTIFIED)

Complaint History (HEARTSONG--0017743)

| | | |
|---|--|--|
| Date Complaint Received: 01/03/2024 | Date Investigation Completed: 02/21/2024 | |
| <u>Subject Area(s)</u> PROGRAM SERVICES | <u>Result</u> NOT SUBSTANTIATED | <u>SOD #</u> |
| Date Complaint Received: 12/21/2023 | Date Investigation Completed: 02/21/2024 | |
| <u>Subject Area(s)</u> PROGRAM SERVICES | <u>Result</u> NOT SUBSTANTIATED | <u>SOD #</u> |
| Date Complaint Received: 12/11/2023 | Date Investigation Completed: 02/21/2024 | |
| <u>Subject Area(s)</u> ADMINISTRATION RESIDENT RIGHTS | <u>Result</u> SUBSTANTIATED SUBSTANTIATED | <u>SOD #</u> 54FH12 54FH12 |
| Date Complaint Received: 11/01/2023 | Date Investigation Completed: 02/21/2024 | |
| <u>Subject Area(s)</u> ADMINISTRATION PROGRAM SERVICES RESIDENT RIGHTS | <u>Result</u> SUBSTANTIATED SUBSTANTIATED SUBSTANTIATED | <u>SOD #</u> 54FH12 54FH12 54FH12 |
| Date Complaint Received: 10/17/2023 | Date Investigation Completed: 02/21/2024 | |
| <u>Subject Area(s)</u> STAFF TRAINING AND PROFICIENCY | <u>Result</u> SUBSTANTIATED | <u>SOD #</u> 54FH12 |
| Date Complaint Received: 09/14/2023 | Date Investigation Completed: 02/21/2024 | |
| <u>Subject Area(s)</u> ADMINISTRATION RESIDENT RIGHTS | <u>Result</u> SUBSTANTIATED SUBSTANTIATED | <u>SOD #</u> 54FH12 54FH12 |

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Residential Care Apartment Complex (CERTIFIED)

Date Complaint Received: 08/07/2023

Date Investigation Completed: 02/21/2024

| <u>Subject Area(s)</u> | <u>Result</u> | <u>SOD #</u> |
|------------------------|---------------|--------------|
| PROGRAM SERVICES | SUBSTANTIATED | 54FH12 |
| RESIDENT RIGHTS | SUBSTANTIATED | 54FH12 |

Date Complaint Received: 03/13/2023

Date Investigation Completed: 03/16/2023

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

Date Complaint Received: 01/24/2023

Date Investigation Completed: 02/14/2023

| <u>Subject Area(s)</u> | <u>Result</u> | <u>SOD #</u> |
|------------------------|---------------|--------------|
| ADMINISTRATION | SUBSTANTIATED | 54FH11 |
| RESIDENT RIGHTS | SUBSTANTIATED | 54FH11 |
| ADMINISTRATION | SUBSTANTIATED | 54FH11 |
| PROGRAM SERVICES | SUBSTANTIATED | 54FH11 |

Date Complaint Received: 01/11/2023

Date Investigation Completed: 02/14/2023

| <u>Subject Area(s)</u> | <u>Result</u> | <u>SOD #</u> |
|------------------------|---------------|--------------|
| ADMINISTRATION | SUBSTANTIATED | 54FH11 |
| RESIDENT RIGHTS | SUBSTANTIATED | 54FH11 |

Date Complaint Received: 10/24/2022

Date Investigation Completed: 02/14/2023

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

Date Complaint Received: 10/19/2022

Date Investigation Completed: 02/14/2023

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

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: PATRIOT PLACE RCAC (0016746)

Address: 609 BROADWAY STREET, BERLIN, WI 54923

License Status: REGULAR

Licensed/Certified/Registered 01/05/2018 12:00:00AM

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

Survey History

Survey ID: 0145640 **End Date:** 02/14/2024 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145074 **End Date:** 12/13/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TJJR11 Served 12/15/2023

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|----------------------------|------------------|
| 89.28(6) | RISK AGREEMENT | 2/14/24 | Yes |

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0145027 **End Date: 09/15/2023** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WJ7112 Served 12/11/2023

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance</u> | |
|---------------------------|----------------------------------|-------------------|------------------|
| | | <u>Verified</u> | <u>Corrected</u> |
| 89.23(2)(a)2.b | SERVICES | 2/14/24 | Yes |
| 89.23(2)(a)2.c | SERVICES | 2/14/24 | Yes |
| 89.23(4)(b)1 | SERVICES | 2/14/24 | Yes |
| 89.29(3)(a)2 | ADMISSION & RETENTION OF TENANTS | 2/14/24 | Yes |
| 89.34(1) | TENANT RIGHTS | 2/14/24 | Yes |

Survey ID: 0142979 **End Date: 04/26/2023** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142667 **End Date: 12/14/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WJ7111 Served 04/05/2023

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance</u> | |
|---------------------------|---------------------|-------------------|------------------|
| | | <u>Verified</u> | <u>Corrected</u> |
| 89.23(2)(a)2.b | SERVICES | 9/15/23 | No |
| 89.23(2)(a)2.c | SERVICES | 9/15/23 | No |
| 89.23(4)(b)1 | SERVICES | 9/15/23 | No |
| 89.34(18) | TENANT RIGHTS | 9/15/23 | Yes |

Survey ID: 0138658 **End Date: 02/07/2022** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0137732 **End Date: 09/20/2021** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WT0E13 Served 11/12/2021

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance</u> <u>Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|--------------------------------------|------------------|
| 89.23(4)(b)1 | SERVICES | 12/27/21 | |

Survey ID: 0136611 **End Date: 06/03/2021** **Type: OTHER** **Purpose: COMPLAINT/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WT0E12 Served 06/28/2021

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance</u> <u>Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|--------------------------------------|------------------|
| 89.23(2)(a)2.c | SERVICES | 9/20/21 | Yes |
| 89.23(4)(b)1 | SERVICES | 9/20/21 | Yes |
| 89.34(18) | TENANT RIGHTS | 9/20/21 | Yes |

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024
Residential Care Apartment Complex (CERTIFIED)

Enforcement History (PATRIOT PLACE RCAC--0016746)

Date: 12/11/2023 **SOD #**WJ7112 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---U 117 89.23(2)(a)2b
FORFEITURE---U 118 89.23(2)(a)2c
FORFEITURE---U 131 89.23(4)(b)1
FORFEITURE---U 229 89.29(3)(a)2
FORFEITURE---U 252 89.34(1)

Date: 04/05/2023 **SOD #**WJ7111 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.34 18
FORFEITURE---89.23 2a2.b
FORFEITURE---89.23 2a2.c
FORFEITURE---89.23 4b1

Date: 06/28/2021 **SOD #**WT0E12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---89.23(2)(c)
FORFEITURE---89.34(18)

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024
Residential Care Apartment Complex (CERTIFIED)

Complaint History (PATRIOT PLACE RCAC--0016746)

Date Complaint Received: 02/07/2024

Date Investigation Completed: 02/14/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/22/2023

Date Investigation Completed: 12/13/2023

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

Result
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #
TJJR11
TJJR11
TJJR11
TJJR11

Date Complaint Received: 10/03/2023

Date Investigation Completed: 12/13/2023

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

Result
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #
TJJR11
TJJR11
TJJR11

Date Complaint Received: 07/12/2023

Date Investigation Completed: 09/15/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
WJ7112
WJ7112

Date Complaint Received: 04/10/2023

Date Investigation Completed: 04/06/2023

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/06/2022

Date Investigation Completed: 12/14/2022

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
WJ7111

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Residential Care Apartment Complex (CERTIFIED)

Date Complaint Received: 11/02/2022

Date Investigation Completed: 12/14/2022

| <u>Subject Area(s)</u> | <u>Result</u> | <u>SOD #</u> |
|--------------------------------|---------------|--------------|
| ADMINISTRATION | SUBSTANTIATED | WJ7111 |
| PROGRAM SERVICES | SUBSTANTIATED | WJ7111 |
| STAFF TRAINING AND PROFICIENCY | SUBSTANTIATED | WJ7111 |

Date Complaint Received: 10/19/2022

Date Investigation Completed: 12/14/2022

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

Date Complaint Received: 10/10/2022

Date Investigation Completed: 12/14/2022

| <u>Subject Area(s)</u> | <u>Result</u> | <u>SOD #</u> |
|--------------------------------|---------------|--------------|
| ADMINISTRATION | SUBSTANTIATED | WJ7111 |
| PROGRAM SERVICES | SUBSTANTIATED | WJ7111 |
| RESIDENT RIGHTS | SUBSTANTIATED | WJ7111 |
| STAFF TRAINING AND PROFICIENCY | SUBSTANTIATED | WJ7111 |

Date Complaint Received: 10/05/2022

Date Investigation Completed: 12/14/2022

| <u>Subject Area(s)</u> | <u>Result</u> | <u>SOD #</u> |
|--------------------------------|---------------|--------------|
| PROGRAM SERVICES | SUBSTANTIATED | WJ7111 |
| RESIDENT RIGHTS | SUBSTANTIATED | WJ7111 |
| STAFF TRAINING AND PROFICIENCY | SUBSTANTIATED | WJ7111 |

Date Complaint Received: 09/26/2022

Date Investigation Completed: 12/14/2022

| <u>Subject Area(s)</u> | <u>Result</u> | <u>SOD #</u> |
|------------------------|---------------|--------------|
| PROGRAM SERVICES | SUBSTANTIATED | WJ7111 |

Date Complaint Received: 07/11/2022

Date Investigation Completed: 12/14/2022

| <u>Subject Area(s)</u> | <u>Result</u> | <u>SOD #</u> |
|------------------------|-------------------|--------------|
| ADMINISTRATION | NOT SUBSTANTIATED | |

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024
Residential Care Apartment Complex (CERTIFIED)

Date Complaint Received: 05/12/2021

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 06/03/2021

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: Barrett House of Green Lake RCAC (0019952)
Address: 850 Sunnyside Rd., Green Lake, WI 54941
License Status: REGULAR
Licensed/Certified/Registered 02/29/2024 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0145772 **End Date:** 02/29/2024 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: NORTH TERRACE ASSISTED LIVING (0012685)

Address: 1130 N MARGARET ST, MARKESAN, WI 539468516

License Status: REGULAR

Licensed/Certified/Registered 01/26/2009 12:00:00AM

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

Survey History

Survey ID: 0136317 **End Date:** 05/18/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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