

Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Jefferson

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 81.00 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 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Autumn Winds llc (0016509)

Address: N3767 Airport RD, CAMBRIDGE, WI 53523

License Status: REGULAR

Licensed/Certified/Registered 03/01/2018 12:00:00AM

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

Survey History

Survey ID: 0145633 **End Date:** 11/16/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FFKZ11 Served 02/16/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS		
83.37(2)(a)	SELF-ADMINISTERED BY RESIDENT		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.37(3)(a)	MEDICATION STORAGE: ORIGINAL CONTAINERS		
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION		
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED		
83.45(3)	TOXIC SUBSTANCES		
83.47(3)	FIRE INSPECTION		

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.47(4)(a) FIRE EXTINGUISHERS: TYPE AND INSPECTION
 83.59(2)(b) SOLID CORE WOOD DOORS OR EQUIVALENT

Survey ID: 0137412 End Date: 09/20/2021 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136502 End Date: 05/25/2021 Type: ABBREVIATED Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UTJG11 Served 06/17/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	9/20/21	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	9/20/21	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	9/20/21	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	9/20/21	Yes
83.25	CONTINUING EDUCATION	9/20/21	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	9/20/21	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	9/20/02	Yes
83.46(3)	PUBLIC WATER SUPPLY OR WELL WATER TEST	9/20/21	Yes
83.47(2)(d)	FIRE DRILLS	9/20/21	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	9/20/21	Yes

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (Autumn Winds llc--0016509)

Date: 02/16/2024 **SOD #**FFKZ11 **Appealed:** **Decision:** PENDING

Sanctions

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

Date: 06/17/2021 **SOD #**UTJG11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.21 (1-3) All Employee Training
FORFEITURE---83.22(1-4) Task Specific Training
FORFEITURE---83.25 Continuing Education
FORFEITURE---83.37(2)(e)

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LONDON LODGE I (310455)

Address: W9095 LONDON RD, CAMBRIDGE, WI 53523

License Status: REGULAR

Licensed/Certified/Registered 07/10/1996 12:00:00AM

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

Survey History

Survey ID: 0144002 **End Date:** 08/04/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LONDON LODGE II (310717)
Address: W9097 LONDON RD, CAMBRIDGE, WI 53523
License Status: REGULAR
Licensed/Certified/Registered 05/01/1999 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0140326 **End Date:** 07/28/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139014 **End Date:** 02/24/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PK4411 Served 03/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	7/28/22	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	7/28/22	Yes
83.46(3)	PUBLIC WATER SUPPLY OR WELL WATER TEST	7/28/22	Yes

Enforcement History (LONDON LODGE II--310717)

Date: 03/21/2022 **SOD #**PK4411 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: JEFFERSON MEMORY CARE LLC (0015378)
Address: 414 COUNTY HWY Y, JEFFERSON, WI 53549
License Status: REGULAR
Licensed/Certified/Registered: 11/01/2015 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0141896 **End Date:** 01/18/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141261 **End Date:** 10/27/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141256 **End Date:** 09/29/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BS5W12 Served 11/04/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	1/18/23	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	1/18/23	Yes

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141250 **End Date:** 08/11/2022 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ET2M11 Served 11/04/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	1/18/23	Yes
83.13(3)(a)	POSTING LICENSE, DEFICIENCIES, REVOCATIONS	1/18/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	1/18/23	Yes
83.25	CONTINUING EDUCATION	1/18/23	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	1/18/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	1/18/23	Yes
83.38(1)(b)	SUPERVISION	1/18/23	Yes

Survey ID: 0139980 **End Date:** 03/31/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BS5W11 Served 06/29/2022

<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	9/21/22	No
83.38(1)(g)	HEALTH MONITORING	9/21/22	Yes

Survey ID: 0137422 **End Date:** 09/30/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136831 End Date: 06/03/2021 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #II1Y13 Served 07/27/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY	9/30/21	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	9/30/21	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/30/21	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	9/30/21	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	9/30/21	Yes
83.39(1)	INFECTION CONTROL PROGRAM	9/30/21	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	9/30/21	Yes

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (JEFFERSON MEMORY CARE LLC--0015378)

Date: 11/04/2022 **SOD #**ET2M11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.12(4)(B)
FORFEITURE---83.14 (2)(j)
FORFEITURE---83.15(3)(a)
FORFEITURE---83.20(2)(a)-(d)
FORFEITURE---83.25
FORFEITURE---83.32 (3)(i)
FORFEITURE---83.35(.3)(c)
FORFEITURE---83.35(1)(a)
FORFEITURE---83.38(1)(b)

Date: 06/29/2022 **SOD #**BS5W11 **Appealed:**

Sanctions

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

Date: 07/26/2021 **SOD #**II1Y13 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.33(1)(d)
FORFEITURE---83.35(3)(c)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.39(1)

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 04/15/2021 SOD #IIIY12

Appealed:

Sanctions

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

Complaint History (JEFFERSON MEMORY CARE LLC--0015378)

Date Complaint Received: 08/23/2022

Date Investigation Completed: 09/29/2022

Subject Area(s)
PROGRAM SERVICES

Result SOD #
SUBSTANTIATED BS5W12

Date Complaint Received: 07/27/2022

Date Investigation Completed: 08/11/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS
RESIDENT RIGHTS

Result SOD #
SUBSTANTIATED ET2M11
SUBSTANTIATED ET2M11
NOT SUBSTANTIATED

Date Complaint Received: 03/10/2022

Date Investigation Completed: 03/31/2022

Subject Area(s)
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result SOD #
SUBSTANTIATED BS5W11
SUBSTANTIATED BS5W11

Date Complaint Received: 06/02/2021

Date Investigation Completed: 06/03/2021

Subject Area(s)
PROGRAM SERVICES

Result SOD #
SUBSTANTIATED IIIY13

Date Complaint Received: 05/11/2021

Date Investigation Completed: 06/03/2021

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result SOD #
SUBSTANTIATED IIIY13
SUBSTANTIATED IIIY13

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: LUEDER HOUSE (310460)

Address: 1473 ANNEX RD, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 08/01/1996 12:00:00AM

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

Survey History

Survey ID: 0145534 **End Date:** 12/14/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZOVI11 Served 02/09/2024

<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		

Survey ID: 0139549 **End Date:** 04/14/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0138339 End Date: 11/11/2021 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #77KC11 Served 01/15/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	4/14/22	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	4/14/22	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	4/14/22	Yes
83.47(2)(d)	FIRE DRILLS	4/14/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	4/14/22	Yes
83.59(7)(b)	REQUIRED EXIT SIGNS LIGHTED	4/14/22	Yes

Enforcement History (LUEDER HOUSE--310460)

Date: 02/08/2024 SOD #ZOV111 Appealed: Decision: PENDING

Sanctions

ORDER TO COMPLY
 FORFEITURE---83.20(2)(a-d)
 FORFEITURE---83.21(1-3)

Date: 01/15/2022 SOD #77KC11 Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: RESCARE HYER (0016942)

Address: 411 HYER DRIVE, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 11/01/2017 12:00:00AM

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

Survey History

Survey ID: 0143401 **End Date:** 06/15/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138666 **End Date:** 10/14/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9VKN12 Served 02/10/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	4/14/22	Yes

Survey ID: 0139544 **End Date:** 04/14/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136853 **End Date:** 06/11/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9VKN11 Served 08/05/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(1)-(3)	ALL EMPLOYEE TRAINING	10/14/21	Yes
83.35(1)(d)	RETAIN WRITTEN REPORT OF ASSESSMENT	10/14/21	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	10/14/21	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	10/14/21	No
83.38(1)(c)	LEISURE TIME ACTIVITIES	10/14/21	Yes

Enforcement History (RESCARE HYER--0016942)

Date: 02/10/2022 **SOD #**9VKN12 **Appealed:**

Sanctions

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

Date: 07/28/2021 **SOD #**9VKN11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.21(1)-(3)

Complaint History (RESCARE HYER--0016942)

Date Complaint Received: 05/30/2023

Date Investigation Completed: 06/15/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ST COLETTA OF WI DOWER CBRF (0013042)
Address: 528 S KRANZ AVE, Jefferson, WI 53549
License Status: REGULAR
Licensed/Certified/Registered 12/11/2009 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0139117 **End Date:** 03/01/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #SH0811 Served 03/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED	5/15/22	Yes

Enforcement History (ST COLETTA OF WI DOWER CBRF--0013042)

Date: 03/31/2022 **SOD #**SH0811 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ST COLETTA OF WI JACOBA (0012782)

Address: 640 E THEODORE ST, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 05/04/2009 12:00:00AM

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

Survey History

Survey ID: 0144904 **End Date:** 11/20/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138185 **End Date:** 11/09/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ST COLETTA OF WI LOURDES (310538)

Address: 140 S KRANZ AVE, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 08/30/1986 12:00:00AM

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

Survey History

Survey ID: 0144149 **End Date:** 09/05/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #990I11 Served 09/07/2023

<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	10/22/23	Yes

Survey ID: 0137225 **End Date:** 09/09/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (ST COLETTA OF WI LOURDES--310538)

Date: 09/07/2023 **SOD #**990I11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ST COLETTA OF WI PADUA HEIGHTS (0009098)

Address: 724 E RACINE ST, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 07/10/2000 12:00:00AM

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

Survey History

Survey ID: 0142139 **End Date:** 02/08/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ST COLETTA OF WI SAN DAMIANO (310540)

Address: 128 S KRANZ AVE, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 10/01/1985 12:00:00AM

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

Survey History

Survey ID: 0140495 **End Date:** 07/22/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: ST COLETTA OF WI ST AGNES (310542)

Address: 900 E RACINE ST, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 09/01/1995 12:00:00AM

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

Survey History

Survey ID: 0143717 **End Date:** 07/13/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137114 **End Date:** 08/13/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ST COLETTA OF WI ST ISIDORE (310548)
Address: 124 ORCHARD VIEW COURT, JEFFERSON, WI 53549
License Status: REGULAR
Licensed/Certified/Registered 07/01/1988 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143738 **End Date:** 07/20/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142583 **End Date:** 03/20/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4ZY211 Served 03/28/2023

<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	7/20/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	7/20/23	Yes

Enforcement History (ST COLETTA OF WI ST ISIDORE--310548)

Date: 03/28/2023 **SOD #**4ZY211 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: ST COLETTA OF WI ST JOHN THE BAPTIST (310549)

Address: W5078 HWY 18, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 05/31/1993 12:00:00AM

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

Survey History

Survey ID: 0145777 **End Date:** 02/20/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144769 **End Date:** 09/07/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VBNN11 Served 11/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	2/20/24	Yes

Survey ID: 0136273 **End Date:** 05/04/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (ST COLETTA OF WI ST JOHN THE BAPTIST--310549)

Date: 11/10/2023 **SOD #**VBNN11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ST COLETTA OF WI ST MARTHA (310546)

Address: W5092 HWY 18, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 03/31/1981 12:00:00AM

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

Survey History

Survey ID: 0140417 **End Date:** 07/22/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ST COLETTA OF WI ST MICHAEL (310551)
Address: 822 E RACINE ST, JEFFERSON, WI 53549
License Status: REGULAR
Licensed/Certified/Registered 10/01/1986 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142369 **End Date:** 02/28/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #W7L811 Served 03/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(g)	DISPOSITION OF MEDICATIONS	4/20/23	Yes

Survey ID: 0137122 **End Date:** 08/13/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (ST COLETTA OF WI ST MICHAEL--310551)

Date: 03/06/2023 **SOD #**W7L811 **Appealed:** No

Sanctions
ORDER TO COMPLY

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (ST COLETTA OF WI ST MICHAEL--310551)

Date Complaint Received: 02/20/2023

Date Investigation Completed: 02/28/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ST COLETTA OF WI TAU (0012786)

Address: 621 E SPRING ST, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 05/12/2009 12:00:00AM

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

Survey History

Survey ID: 0143523 **End Date:** 06/20/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136272 **End Date:** 05/04/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SUNSET RIDGE JEFFERSON (0016540)

Address: 826 REINEL STREET, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 03/27/2017 12:00:00AM

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

Survey History

Survey ID: 0145548 **End Date:** 11/20/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #T3OE11 Served 02/12/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	4/3/24	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	4/3/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	4/3/24	Yes

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144793 **End Date: 08/17/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #61OL11 Served 11/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(a)	REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN	4/3/24	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	4/3/24	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	4/3/24	Yes
83.15(3)(b)	ADMINISTRATOR RESPONSIBLE FOR STAFF TRAINING	4/3/24	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	4/3/24	Yes
83.23	EMPLOYEE SUPERVISION	4/3/24	Yes
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY	4/3/24	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	4/3/24	Yes
83.38(1)(b)	SUPERVISION	4/3/24	Yes
83.41(2)(c)	NUTRITION: MENUS	4/3/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	4/3/24	Yes

Survey ID: 0142689 **End Date: 04/05/2023** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141801 End Date: 10/05/2022 Type: OTHER Purpose: SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L37L12 Served 01/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	4/5/23	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	4/5/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	4/5/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/5/23	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	4/5/23	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	4/5/23	Yes
83.47(2)(d)	FIRE DRILLS	4/5/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	4/5/23	Yes

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139957 **End Date: 04/14/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L37L11 Served 06/27/2022

<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	10/5/23	No
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	10/5/22	No
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	10/5/22	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	10/5/22	Yes
83.41(2)(c)	NUTRITION: MENUS	10/5/22	Yes

Survey ID: 0139618 **End Date: 02/15/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NSP411 Served 05/23/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(j)	PROOF-OF-USE RECORD	10/5/22	Yes

Survey ID: 0137214 **End Date: 09/02/2021** **Type: OTHER** **Purpose: COMPLAINT/VV**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136596 End Date: 06/02/2021 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VZYX13 Served 06/25/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/2/21	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	9/2/21	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	9/2/21	Yes
83.47(2)(d)	FIRE DRILLS	9/2/21	Yes

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (SUNSET RIDGE JEFFERSON--0016540)

Date: 11/13/2023 **SOD #**61OL11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.12(4)(a)
FORFEITURE---83.12(5)(a)
FORFEITURE---83.14(2)(a)
FORFEITURE---83.20(2)(a-d)
FORFEITURE---83.23
FORFEITURE---83.35(1)(C)
FORFEITURE---83.38(1)(b)

Date: 02/12/2023 **SOD #**T3OE11 **Appealed:** No

Sanctions

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

Date: 01/11/2023 **SOD #**L37L12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NNAO EXTENDED
ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.37(1)(i)
FORFEITURE---83.47(2)(d)
FORFEITURE---83.47(2)(e)

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 06/27/2022 **SOD #**L37L11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.36(1)(a)
FORFEITURE---83.37(2)(d)

Date: 05/20/2022 **SOD #**NSP411 **Appealed:**

Sanctions

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

Date: 06/25/2021 **SOD #**VZYX13 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35(3)(d)
FORFEITURE---83.37(1)(i)
FORFEITURE---83.37(2)(d)
FORFEITURE---83.47(2)(d)

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SUNSET RIDGE JEFFERSON--0016540)

Date Complaint Received: 01/09/2024

Date Investigation Completed: 04/03/2024

Subject Area(s)
 PROGRAM SERVICES

Result
 NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/26/2023

Date Investigation Completed: 11/20/2023

Subject Area(s)
 PROGRAM SERVICES

Result
 SUBSTANTIATED

SOD #
 T3OE11

Date Complaint Received: 08/08/2023

Date Investigation Completed: 08/09/2023

Subject Area(s)
 PROGRAM SERVICES

Result
 SUBSTANTIATED

SOD #
 61OL11

Date Complaint Received: 08/03/2023

Date Investigation Completed: 08/09/2023

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

Result
 SUBSTANTIATED
 SUBSTANTIATED
 SUBSTANTIATED
 SUBSTANTIATED
 SUBSTANTIATED

SOD #
 61OL11
 61OL11
 61OL11
 61OL11
 61OL11

Date Complaint Received: 07/10/2023

Date Investigation Completed: 08/09/2023

Subject Area(s)
 PROGRAM SERVICES

Result
 SUBSTANTIATED

SOD #
 61OL11

Date Complaint Received: 09/30/2022

Date Investigation Completed: 10/05/2022

Subject Area(s)
 PHYSICAL ENVIRONMENT/SAFETY

Result
 NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 09/16/2022

Date Investigation Completed: 10/05/2022

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 02/08/2022

Date Investigation Completed: 02/15/2022

Subject Area(s)
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result SOD #
SUBSTANTIATED NSP411
SUBSTANTIATED NSP411

Date Complaint Received: 04/29/2021

Date Investigation Completed: 06/02/2021

Subject Area(s)
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SUNSET RIDGE MEMORY CARE (0015292)
Address: 816 E REINEL ST, JEFFERSON, WI 53549
License Status: REGULAR
Licensed/Certified/Registered 11/01/2015 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145210 **End Date:** 12/20/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144298 **End Date:** 09/13/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144000 **End Date:** 08/09/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143447 **End Date:** 04/05/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #708Y11 Served 06/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	9/13/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	9/13/23	Yes
83.25	CONTINUING EDUCATION	9/13/23	Yes
83.38(1)(g)	HEALTH MONITORING	9/13/23	Yes

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140967 End Date: 10/05/2022 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137213 End Date: 09/02/2021 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136402 End Date: 05/13/2021 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8LZL11 Served 06/04/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/2/21	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	9/2/21	Yes

Enforcement History (SUNSET RIDGE MEMORY CARE--0015292)

Date: 06/22/2023 SOD #708Y11 Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
 ORDER TO COMPLY
 FORFEITURE---83.20(2)(a)-(d)
 FORFEITURE---83.25
 FORFEITURE---83.38

Date: 06/04/2021 SOD #8LZL11 Appealed:

Sanctions

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

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SUNSET RIDGE MEMORY CARE--0015292)

Date Complaint Received: 12/06/2023

Date Investigation Completed: 12/20/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/31/2023

Date Investigation Completed: 04/04/2023

Subject Area(s)
PROGRAM SERVICES
PROGRAM SERVICES

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
7O8Y11

Date Complaint Received: 05/12/2021

Date Investigation Completed: 05/19/2021

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/29/2021

Date Investigation Completed: 05/19/2021

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
8LZL11

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SYLVAN CROSSINGS OF JEFFERSON (310666)

Address: 279 N JACKSON AVE, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 06/01/1998 12:00:00AM

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

Survey History

Survey ID: 0144814 **End Date:** 11/03/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144108 **End Date:** 08/30/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143623 **End Date:** 06/19/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PSV111 Served 07/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(2)(c)	REPORT TO LAW ENFORCEMENT AND CORONER	8/30/23	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	8/30/23	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	8/30/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	8/30/23	Yes

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143561 **End Date: 04/25/2023** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0TLN12 Served 07/05/2023

<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	8/30/23	Yes
83.25	CONTINUING EDUCATION	8/30/23	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	8/30/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	8/30/23	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	8/30/23	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	8/30/23	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	8/30/23	Yes
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	8/30/23	Yes
83.48(3)(b)	SENSITIVITY TESTING PERFORMED	8/30/23	Yes

Survey ID: 0142354 **End Date: 02/14/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #0TLN11 Served 03/03/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	4/17/23	Yes
83.12(3)(b)	DOCUMENTATION OF INVESTIGATIONS OF INJURIES	4/17/23	Yes

Survey ID: 0141926 **End Date: 01/17/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137224 **End Date:** 09/09/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (SYLVAN CROSSINGS OF JEFFERSON--310666)

Date: 07/13/2023 **SOD #**PSV111 **Appealed:**

Sanctions

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

Date: 07/05/2023 **SOD #**0TLN12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a)-(d)
FORFEITURE---83.25
FORFEITURE---83.35(1)(a)
FORFEITURE---83.37(1)(k)
FORFEITURE---83.38(1)(h)

Date: 03/03/2023 **SOD #**0TLN11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: RESCARE 141 MICHELLE (0016945)
Address: 141 MICHELLE DR, JOHNSON CREEK, WI 53038
License Status: REGULAR
Licensed/Certified/Registered 11/01/2017 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143869 **End Date:** 07/28/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142914 **End Date:** 02/17/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT
Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZMQV12 Served 04/28/2023

<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	7/28/23	Yes

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141585 **End Date: 09/07/2022** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZMQV11 Served 12/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	2/17/23	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	2/17/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	2/17/23	Yes

Survey ID: 0136279 **End Date: 05/11/2021** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (RESCARE 141 MICHELLE--0016945)

Date: 04/28/2023 **SOD #ZMQV12** **Appealed:**

Sanctions

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

Date: 12/13/2022 **SOD #ZMQV11** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.37(2)(d)

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (RESCARE 141 MICHELLE--0016945)

Date Complaint Received: 09/02/2022

Date Investigation Completed: 09/07/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SUNSET RIDGE ASSISTED LIVING (0014539)
Address: 1275 REMMEL DRIVE, JOHNSON CREEK, WI 53038
License Status: REGULAR
Licensed/Certified/Registered 06/01/2014 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145275 **End Date:** 12/20/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144880 **End Date:** 09/12/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I9TX11 Served 11/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.31(4)(c)	INVOLUNTARY DISCHARGE NOTICE REQUIREMENTS	4/3/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/3/24	Yes
83.38(1)(g)	HEALTH MONITORING	4/3/24	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	4/3/24	Yes

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143918 **End Date: 06/22/2023** **Type: OTHER** **Purpose: COMPLAINT/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y15312 Served 08/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	12/20/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	12/20/23	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	12/20/23	Yes

Survey ID: 0142628 **End Date: 01/12/2023** **Type: OTHER** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y15311 Served 04/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	6/22/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	6/22/23	Yes
83.25	CONTINUING EDUCATION	6/22/23	Yes
83.28(6)	RESIDENT RIGHTS, GRIEVANCE PROCEDURE, RULES	6/22/23	Yes
83.29(2)	ADMISSION AGREEMENT	6/22/23	Yes
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY	6/22/23	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	6/22/23	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	6/22/23	Yes
83.45(3)	TOXIC SUBSTANCES	6/22/23	Yes
83.47(2)(d)	FIRE DRILLS	6/22/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	6/22/23	Yes

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0138293 **End Date: 01/13/2022** **Type: OTHER** **Purpose: DESK REVIEW**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138007 **End Date: 10/06/2021** **Type: OTHER** **Purpose: DESK REVIEW**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #D6E011 Served 12/20/2021

<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	1/13/22	Yes

Survey ID: 0136850 **End Date: 06/30/2021** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #94GI13 Served 07/28/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	9/11/21	Yes

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (SUNSET RIDGE ASSISTED LIVING--0014539)

Date: 11/27/2023 **SOD #**I9TX11 **Appealed:** No

Sanctions

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

Date: 08/22/2023 **SOD #**Y15312 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a-d)
FORFEITURE---83.32(3)(i)

Date: 04/05/2023 **SOD #**Y15311 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a-d)
FORFEITURE---83.21(1)-(3)
FORFEITURE---83.25
FORFEITURE---83.36(1)(a)
FORFEITURE---83.47(2)(d)
FORFEITURE---83.47(2)(e)

Date: 12/17/2021 **SOD #**D6E011 **Appealed:** No

Sanctions

ORDER TO COMPLY
ACCRUING FORFEITURE

Date: 07/28/2021 **SOD #**94G113 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 04/06/2021 SOD #94GI12

Appealed:

Sanctions

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

Complaint History (SUNSET RIDGE ASSISTED LIVING--0014539)

Date Complaint Received: 08/03/2023

Date Investigation Completed: 08/10/2023

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
I9TX11

Date Complaint Received: 07/28/2023

Date Investigation Completed: 08/10/2023

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
I9TX11

Date Complaint Received: 05/09/2023

Date Investigation Completed: 06/22/2023

Subject Area(s)
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
Y15312
Y15312

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: VIEW AT JOHNSON CREEK (THE) (0018030)
Address: 1 HARTWIG DRIVE, JOHNSON CREEK, WI 53038
License Status: REGULAR
Licensed/Certified/Registered 04/24/2020 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143975 **End Date:** 07/14/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CFUV11 Served 08/21/2023

<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	7/14/23	Yes

Survey ID: 0143368 **End Date:** 05/31/2023 **Type:** OTHER **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142498 End Date: 01/12/2023 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9BVI11 Served 03/17/2023

<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	5/31/23	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	5/31/23	Yes

Survey ID: 0140629 End Date: 08/30/2022 Type: STANDARD Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (VIEW AT JOHNSON CREEK (THE)--0018030)

Date: 08/21/2023 SOD #CFUV11 Appealed: Yes Decision: WITHDRAWN APPEAL (NO STIPULATION)

Sanctions
 ORDER TO COMPLY

Date: 03/17/2023 SOD #9BVI11 Appealed:

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

Complaint History (VIEW AT JOHNSON CREEK (THE)--0018030)

Date Complaint Received: 01/03/2023 Date Investigation Completed: 01/11/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	9BVI11

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BROOK GARDENS PLACE (0014652)
Address: 300 O'NEIL ST, LAKE MILLS, WI 53551
License Status: REGULAR
Licensed/Certified/Registered 07/01/2014 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0141374 **End Date:** 11/07/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140476 **End Date:** 07/28/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139352 **End Date:** 04/29/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139168 **End Date:** 03/24/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DRFJ12 Served 04/06/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	4/25/22	Yes

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139683 **End Date: 03/02/2022** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0FQ611 Served 05/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	7/24/22	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	7/28/22	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	7/28/22	Yes

Survey ID: 0138469 **End Date: 01/21/2022** **Type: OTHER** **Purpose: DESK REVIEW**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DRFJ11 Served 01/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	3/24/22	No

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (BROOK GARDENS PLACE--0014652)

Date: 05/31/2022 **SOD #**0FQ611 **Appealed:**

Sanctions

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

Date: 04/06/2022 **SOD #**DRFJ12 **Appealed:** No

Sanctions

NO NEW ADMISSIONS
ORDER TO COMPLY
ACCRUING FORFEITURE

Date: 01/25/2022 **SOD #**DRFJ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (BROOK GARDENS PLACE--0014652)

Date Complaint Received: 10/24/2022

Date Investigation Completed: 11/03/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Lilac Springs Assisted Living LLC (0019044)
Address: 403 ONEil Street, Lake Mills, WI 535511384
License Status: REGULAR
Licensed/Certified/Registered 10/28/2022 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145848 **End Date:** 01/24/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZOLI11 Served 03/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.38(1)(g)	HEALTH MONITORING		

Survey ID: 0144139 **End Date:** 09/05/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143641 **End Date:** 06/23/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S9RD11 Served 07/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	9/5/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	9/5/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	9/5/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/5/23	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	9/5/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	9/5/23	Yes
83.46(1)(f)	COMBUSTIBLES	9/5/23	Yes

Survey ID: 0141885 **End Date:** 01/11/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #B2XG11 Served 01/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(b)	DOCUMENTATION OF INVESTIGATIONS OF INJURIES	1/11/23	Yes

Survey ID: 0141166 **End Date:** 09/13/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (Lilac Springs Assisted Living LLC--0019044)

Date: 03/13/2024 **SOD #**ZOLI11 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.20(2)(a)-(d)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.37(2)(d)
FORFEITURE---83.38(1)(g)

Date: 07/17/2023 **SOD #**S9RD11 **Appealed:**

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---83.35(3)(d)

Date: 01/19/2023 **SOD #**B2XG11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (Lilac Springs Assisted Living LLC--0019044)

Date Complaint Received: 12/21/2023

Date Investigation Completed: 01/17/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

ZOLI11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

ZOLI11

Date Complaint Received: 01/10/2023

Date Investigation Completed: 01/10/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 10/26/2022

Date Investigation Completed: 01/10/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

B2XG11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

B2XG11

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Timberwood Lodge Lake Mills (0018891)

Address: 510 Owen Street, Lake Mills, WI 53551

License Status: REGULAR

Licensed/Certified/Registered 05/01/2023 12:00:00AM

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

Survey History

Survey ID: 0145865 **End Date:** 02/22/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #G6L311 Served 03/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	4/7/24	Yes
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES	4/7/24	Yes

Survey ID: 0142790 **End Date:** 04/06/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141884 **End Date: 01/12/2023** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #T7XR11 Served 01/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(1)-(3)	ALL EMPLOYEE TRAINING	4/6/23	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	4/6/23	Yes
83.41(3)(b)	FOOD SAFETY	4/6/23	Yes
83.46(1)(f)	COMBUSTIBLES	4/6/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	4/6/23	Yes
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	4/6/23	Yes

Survey ID: 0139300 **End Date: 04/19/2022** **Type: INITIAL** **Purpose: CHOW--LICENSURE**

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (Timberwood Lodge Lake Mills--0018891)

Date: 03/13/2024 **SOD #G6L311** **Appealed: No**

Sanctions

ORDER TO COMPLY

Date: 01/18/2023 **SOD #T7XR11** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.21(1-3)
FORFEITURE---83.22(1-4)

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (Timberwood Lodge Lake Mills--0018891)

Date Complaint Received: 02/12/2024

Date Investigation Completed: 02/22/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

G6L311

Date Complaint Received: 02/08/2024

Date Investigation Completed: 02/22/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

G6L311

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: MARGARET RUTH HOME (310407)

Address: N8007 LAKEVIEW DR, TOWN OF IXONIA, WI 53036

License Status: REGULAR

Licensed/Certified/Registered 02/01/1990 12:00:00AM

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

Survey History

Survey ID: 0144851 **End Date:** 11/13/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137810 **End Date:** 11/04/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: VICTORY VISION COMMUNITY LIVING EAST (0018368)

Address: 968 E MADISON STREET, WATERLOO, WI 53594

License Status: REGULAR

Licensed/Certified/Registered 12/15/2020 12:00:00AM

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

Survey History

Survey ID: 0145407 **End Date:** 10/27/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N7X611 Served 01/29/2024

<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)(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)(g)	HEALTH MONITORING		
83.38(1)(h)	MEDICATION ADMINISTRATION		

Survey ID: 0144318 **End Date:** 09/18/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143610 **End Date:** 05/09/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #F1EK12 Served 07/12/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	9/18/23	Yes
83.58(1)(c)	SELF-CLOSING 1-3/4-INCH SOLID CORE WOOD DOOR	9/18/23	Yes

Survey ID: 0142477 **End Date:** 02/22/2023 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #F1EK11 Served 03/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	5/9/23	Yes
83.35(4)	RESIDENT SATISFACTION EVALUATION	5/9/23	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	5/9/23	No
83.37(1)(g)	DISPOSITION OF MEDICATIONS	5/9/23	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	5/9/23	Yes
83.41(2)(c)	NUTRITION: MENUS	5/9/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	5/9/23	Yes
83.46(1)(a)	COMFORTABLE AND SAFE TEMPERATURES	5/9/23	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	5/9/23	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	5/9/23	Yes
83.59(7)(b)	REQUIRED EXIT SIGNS LIGHTED	5/9/23	Yes

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (VICTORY VISION COMMUNITY LIVING EAST--0018368)

Date: 01/29/2024 **SOD #**N7X611 **Appealed:** **Decision:** PENDING

Sanctions

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

Date: 07/12/2023 **SOD #**F1EK12 **Appealed:**

Sanctions

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

Date: 03/16/2023 **SOD #**F1EK11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (VICTORY VISION COMMUNITY LIVING EAST--0018368)

Date Complaint Received: 09/25/2023

Date Investigation Completed: 10/25/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	N7X611
RESIDENT RIGHTS	SUBSTANTIATED	N7X611
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	N7X611
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 01/03/2023

Date Investigation Completed: 02/14/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	F1EK11

Date Complaint Received: 12/20/2022

Date Investigation Completed: 02/14/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	F1EK11

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: VICTORY VISION COMMUNITY LIVING NORTH (0018367)

Address: 734 NORTH MONROE STREET, WATERLOO, WI 53594

License Status: REGULAR

Licensed/Certified/Registered 12/15/2020 12:00:00AM

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

Survey History

Survey ID: 0145228 **End Date:** 10/10/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YUJP12 Served 01/11/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(3)(a)	POSTING LICENSE, DEFICIENCIES, REVOCATIONS		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN		
83.38(1)(i)	BEHAVIOR MANAGEMENT		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED		

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143871 End Date: 07/25/2023 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143546 End Date: 04/12/2023 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YUJP11 Served 07/03/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.19	ORIENTATION	10/10/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	10/10/23	No
83.22(1)-(4)	TASK SPECIFIC TRAINING	10/10/23	Yes
83.25	CONTINUING EDUCATION	10/10/23	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	10/10/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	10/10/23	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/10/23	No
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	10/10/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	10/10/23	No
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	10/10/23	Yes
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION	10/10/23	Yes
83.41(3)(b)	FOOD SAFETY	10/10/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	10/10/23	Yes
83.58(1)(c)	SELF-CLOSING 1-3/4-INCH SOLID CORE WOOD DOOR	10/10/23	Yes
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT	10/10/23	Yes

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140598 **End Date: 08/22/2022** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139586 **End Date: 04/25/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139580 **End Date: 02/03/2022** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #65W914 Served 05/17/2022

<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	8/22/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	8/22/23	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	8/22/23	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	8/22/23	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	8/22/23	Yes

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137795 **End Date: 07/22/2021** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #65W913 Served 11/18/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	2/3/22	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	2/3/22	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	2/3/22	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	2/3/22	Yes

Survey ID: 0136296 **End Date: 04/29/2021** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #65W912 Served 05/24/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	7/22/21	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	7/22/21	No
83.35(5)(c)	STAFF NOTIFIED OF EVACUATION ASSISTANCE NEEDS	7/22/21	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	7/22/21	No
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	7/22/21	No

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (VICTORY VISION COMMUNITY LIVING NORTH--0018367)

Date: 01/11/2024 **SOD #**YUJP12 **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---83.35(3)(d)
FORFEITURE---83.37(2)(d)
FORFEITURE---83.37(2)(e)
FORFEITURE---83.38(1)(i)

Date: 07/05/2023 **SOD #**YUJP11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.19
FORFEITURE---83.20(2)(a)-(d)
FORFEITURE---83.22 (1)-(4)
FORFEITURE---83.25
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.37 (2)(d)

Date: 05/18/2022 **SOD #**65W914 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(3)(b)
FORFEITURE---83.37(1)(i)

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 11/18/2021 **SOD #65W913** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.35(3)(b)
FORFEITURE---83.37(1)(i)
FORFEITURE---83.37(2)(d)

Date: 05/24/2021 **SOD #65W912** **Appealed:**

Sanctions

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

Complaint History (VICTORY VISION COMMUNITY LIVING NORTH--0018367)

Date Complaint Received: 06/26/2023

Date Investigation Completed: 07/25/2023

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/19/2022

Date Investigation Completed: 04/25/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CLOVERCREST (0018569)

Address: 503 CLOVERCREST COURT, WATERTOWN, WI 53094

License Status: REGULAR

Licensed/Certified/Registered 06/21/2021 12:00:00AM

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

Survey History

Survey ID: 0143818 **End Date:** 07/27/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142736 **End Date:** 03/21/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141489 **End Date:** 10/28/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1BXT11 Served 12/07/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	3/21/23	Yes
83.45(3)	TOXIC SUBSTANCES	4/19/23	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	3/21/23	Yes

Survey ID: 0136698 **End Date:** 06/21/2021 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (CLOVERCREST--0018569)

Date: 12/07/2022 **SOD #**1BXT11 **Appealed:** No

Sanctions
ORDER TO COMPLY

Complaint History (CLOVERCREST--0018569)

Date Complaint Received: 07/06/2023 **Date Investigation Completed:** 07/26/2023

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

Date Complaint Received: 10/10/2022 **Date Investigation Completed:** 10/28/2022

<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 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: DOHERTY HOME (0011631)

Address: N7855 LITTLE COFFEE RD, WATERTOWN, WI 53094

License Status: REGULAR

Licensed/Certified/Registered 04/01/2007 12:00:00AM

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

Survey History

Survey ID: 0145032 **End Date:** 12/01/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #4P3811 Served 12/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(4)(b)	FIRE EXTINGUISHERS: LOCATIONS	12/1/23	Yes

Survey ID: 0137376 **End Date:** 09/14/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (DOHERTY HOME--0011631)

Date: 12/11/2023 **SOD #**4P3811 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: EAST HAVEN (0018562)

Address: 208 EAST HAVEN, WATERTOWN, WI 53904

License Status: REGULAR

Licensed/Certified/Registered 06/21/2021 12:00:00AM

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

Survey History

Survey ID: 0144590 **End Date:** 09/10/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ESCW11 Served 10/31/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	9/10/23	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	9/10/23	Yes

Survey ID: 0136699 **End Date:** 06/21/2021 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (EAST HAVEN--0018562)

Date: 10/31/2023 **SOD #**ESCW11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: EICKSTAEDT (0018568)

Address: 101 EICKSTAEDT LANE, WATERTOWN, WI 53094

License Status: REGULAR

Licensed/Certified/Registered 06/21/2021 12:00:00AM

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

Survey History

Survey ID: 0136675 **End Date:** 06/21/2021 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MILFORD (0018558)

Address: 557 MILFORD STREET, WATERTOWN, WI 53094

License Status: REGULAR

Licensed/Certified/Registered 06/21/2021 12:00:00AM

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

Survey History

Survey ID: 0146156 **End Date:** 03/28/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #O9C611 Served 04/17/2024

<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		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

Survey ID: 0136709 **End Date:** 06/21/2021 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: MY PLACE OF WATERTOWN (0016727)
Address: N8761 OVERLAND DRIVE, WATERTOWN, WI 53094
License Status: REGULAR
Licensed/Certified/Registered 12/31/2018 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0140843 **End Date:** 09/21/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139987 **End Date:** 04/12/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8VNH11 Served 06/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	9/21/22	Yes
83.47(2)(d)	FIRE DRILLS	9/21/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	9/21/22	Yes

Enforcement History (MY PLACE OF WATERTOWN--0016727)

Date: 06/29/2022 **SOD #**8VNH11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

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