

Provider Inspection Summary

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

Kenosha

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 64.00 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer.

Otherwise you will be printing all pages in the document.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: ADVOCATE HOMES LLC (0012373)

Address: 6555 PERSHING BLVD, KENOSHA, WI 53142

License Status: REGULAR

Licensed/Certified/Registered 5/8/2008 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139896 **End Date:** 2/8/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YHE511 Served 6/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT		
83.25	CONTINUING EDUCATION		
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS		
83.37(1)(g)	DISPOSITION OF MEDICATIONS		
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN		
83.41(3)(b)	FOOD SAFETY		
83.42(1)	RESIDENT RECORD MAINTAINED		
83.45(3)	TOXIC SUBSTANCES		
83.47(2)(d)	FIRE DRILLS		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (ADVOCATE HOMES LLC--0012373)

Date: 6/21/2022

SOD #YHE511

Appealed:

Decision: PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---(N277) 83.25

FORFEITURE---(N416) 83.37(2)(e)

FORFEITURE---(N454) 83.42(1)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AN INNOVATIVE CARE SOUTH WINDS (0018496)

Address: 6305 7TH AVE, KENOSHA, WI 53143

License Status: REGULAR

Licensed/Certified/Registered 7/11/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142231 **End Date:** 2/7/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136751 **End Date:** 7/31/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

Survey ID: 0140150 **End Date:** 7/11/2022 **Type:** STANDARD **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139996 **End Date:** 6/8/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #47KH11 Served 6/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	7/11/22	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	7/11/22	Yes
83.45(3)	TOXIC SUBSTANCES	7/11/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	7/11/22	Yes

Survey ID: 0139185 **End Date:** 12/14/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (AN INNOVATIVE CARE SOUTH WINDS--0018496)

Date: 6/29/2022 **SOD #**47KH11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.37(2)(e)
FORFEITURE---83.47(2)(e)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (AN INNOVATIVE CARE SOUTH WINDS--0018496)

Date Complaint Received: 1/17/2023

Date Investigation Completed: 2/7/2023

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 11/30/2021

Date Investigation Completed: 12/14/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: ASPEN HOME (0013568)

Address: 6225 91ST AVE, KENOSHA, WI 53142

License Status: REGULAR

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

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AZALEA PLACE (0015745)

Address: 8322 14TH AVENUE, KENOSHA, WI 53143

License Status: REGULAR

Licensed/Certified/Registered 2/1/2016 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141478 **End Date:** 11/30/2022 **Type:** STANDARD **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136816 **End Date:** 7/15/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134925 **End Date:** 9/29/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (AZALEA PLACE--0015745)

Date Complaint Received: 9/21/2022

Date Investigation Completed: 11/30/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AZURA MEMORY CARE OF KENOSHA NORTH II (0015656)

Address: 4600 52ND AVE, KENOSHA, WI 53144

License Status: REGULAR

Licensed/Certified/Registered 7/20/2015 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142468 **End Date:** 12/15/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G50312 Served 3/15/2023

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

Survey ID: 0137064 **End Date:** 2/16/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #G50311 Served 8/23/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR	12/15/22	Yes
83.47(2)(e)	CHANGE OTHER EVACUATION DRILLS	12/15/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (AZURA MEMORY CARE OF KENOSHA NORTH II--0015656)

Date: 3/15/2023 **SOD #**G50312 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 8/23/2021 **SOD #**G50311 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (AZURA MEMORY CARE OF KENOSHA NORTH II--0015656)

Date Complaint Received: 11/11/2022 **Date Investigation Completed:** 12/15/2022

Subject Area(s)

STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED

SOD #

G50312

Date Complaint Received: 1/15/2021

Date Investigation Completed: 2/16/2021

Subject Area(s)

ADMINISTRATION

PHYSICAL ENVIRONMENT/SAFETY

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AZURA MEMORY CARE OF KENOSHA NORTH (0013412)

Address: 4600 52ND AVE, KENOSHA, WI 53144

License Status: REGULAR

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

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142561 **End Date:** 10/6/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QHJ11 Served 3/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION		
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS		
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141847 **End Date:** 7/1/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OVZG11 Served 1/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	3/21/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/21/22	Yes

Survey ID: 0139126 **End Date:** 3/4/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137959 **End Date:** 7/30/2021 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CFS412 Served 12/13/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	3/4/22	Yes
83.47(2)(d)	FIRE DRILLS	3/4/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	3/4/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137104 **End Date:** 2/19/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KKM911

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY		
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES		
83.12(6)	DOCUMENTATION REQUIREMENTS FOR WRITTEN REPORT		
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		

Survey ID: 0134947 **End Date:** 9/25/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (AZURA MEMORY CARE OF KENOSHA NORTH--0013412)

Date: 3/27/2023 **SOD #** QHZJ11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(i)
FORFEITURE---83.32(3)(k)
FORFEITURE---83.35(3)(d)

Date: 12/13/2021 **SOD #** CFS412 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 8/28/2021 **SOD #** KKM911 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (AZURA MEMORY CARE OF KENOSHA NORTH--0013412)

Date Complaint Received: 6/14/2022 **Date Investigation Completed:** 10/6/2022

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 3/8/2022 **Date Investigation Completed:** 7/1/2022

Subject Area(s)
ADMINISTRATION

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 1/5/2021 **Date Investigation Completed:** 2/16/2021

Subject Area(s)
PROGRAM SERVICES

Result SOD #
SUBSTANTIATED KKM911

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: BIRCH HOME (0012773)

Address: 1549 25TH AVE, KENOSHA, WI 53140

License Status: REGULAR

Licensed/Certified/Registered 8/1/2010 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BROOKDALE KENOSHA (0008939)

Address: 10108 74TH ST, KENOSHA, WI 53142

License Status: REGULAR

Licensed/Certified/Registered 3/1/2001 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0143070 **End Date:** 1/27/2023 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ZYW212 Served 1/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(e)	OTHER EVACUATION DRILLS	1/27/23	Yes
83.59(4)(b)	DELAYED EGRESS: LOCKING DEVICE SIGN POSTED	1/27/23	Yes

Survey ID: 0141512 **End Date:** 6/9/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZYW211 Served 12/6/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	1/27/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137338 **End Date:** 5/6/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #55YN12 Served 9/28/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(b)	DOCUMENTATION OF INVESTIGATIONS OF INJURIES	11/12/21	
83.41(1)(b)	EQUIPMENT	11/12/21	
83.41(3)(b)	FOOD SAFETY	11/12/21	

Survey ID: 0135044 **End Date:** 10/2/2020 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #55YN11 Served 10/30/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	5/6/21	Yes

Enforcement History (BROOKDALE KENOSHA--0008939)

Date: 12/6/2022 **SOD #**ZYW211 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 10/30/2020 **SOD #**55YN11 **Appealed:**

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---83.20(2)(a)-(d)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (BROOKDALE KENOSHA--0008939)

Date Complaint Received: 3/2/2023

Date Investigation Completed: 5/24/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 1/11/2023

Date Investigation Completed: 1/27/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 8/23/2022

Date Investigation Completed: 1/27/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 3/23/2022

Date Investigation Completed: 6/9/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

ZYW211

Date Complaint Received: 4/23/2021

Date Investigation Completed: 5/6/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

55YN12

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 4/1/2021

Subject Area(s)

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Date Investigation Completed: 5/6/2021

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 3/10/2021

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY
ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 5/6/2021

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

55YN12

55YN12

Date Complaint Received: 12/22/2020

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Date Investigation Completed: 5/6/2021

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 8/11/2020

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES

Date Investigation Completed: 10/2/2020

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CASA DEL MARE (0017240)

Address: 3508 7TH AVE, KENOSHA, WI 53140

License Status: REGULAR

Licensed/Certified/Registered 11/1/2018 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141636 **End Date:** 12/7/2022 **Type:** STANDARD **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139828 **End Date:** 2/17/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2NJB11 Served 6/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	12/7/22	Yes
83.16(2)	RESIDENT CARE STAFF AT LEAST 18 YEARS OLD	12/7/22	Yes
83.25	CONTINUING EDUCATION	12/7/22	Yes
83.41(3)(b)	FOOD SAFETY	12/7/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139010 **End Date:** 10/28/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #63CD13 Served 3/18/2022

Deficiencies Cited
83.25

Subject Area
CONTINUING EDUCATION

Compliance
Verified

Corrected

Survey ID: 0136989 **End Date:** 3/10/2021 **Type:** OTHER **Purpose:** SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2I2612 Served 8/13/2021

Deficiencies Cited
83.38(1)(b)

Subject Area
SUPERVISION

Compliance
Verified

Corrected

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (CASA DEL MARE--0017240)

Date: 6/15/2022

SOD #2NJB11

Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

Date: 3/20/2022

SOD #63CD13

Appealed:

Decision: PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

Date: 8/13/2021

SOD #2I2612

Appealed:

Sanctions

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

Date: 6/4/2020

SOD #2I2611

Appealed:

Sanctions

FORFEITURE---83.47(2)(d)
FORFEITURE---83.47(2)(e)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CASA DEL MARE--0017240)

Date Complaint Received: 8/23/2022

Date Investigation Completed: 12/7/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 8/19/2022

Date Investigation Completed: 12/7/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 8/8/2022

Date Investigation Completed: 12/7/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 8/4/2022

Date Investigation Completed: 12/7/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 12/4/2020

Date Investigation Completed: 3/10/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 11/3/2020

Date Investigation Completed: 3/10/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 10/23/2020

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 3/10/2021

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	2I2612
NOT SUBSTANTIATED	

Date Complaint Received: 10/13/2020

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 3/10/2021

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	2I2612
NOT SUBSTANTIATED	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: Dayton Care Center (0018835)

Address: 521 59th Street, Kenosha, WI 53140

License Status: REGULAR

Licensed/Certified/Registered 5/2/2023 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142612 **End Date:** 1/24/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: EXCEL EAST (0019006)

Address: 1130 82ND STREET, KENOSHA, WI 53143

License Status: PROBATIONARY

Licensed/Certified/Registered 7/27/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142287 **End Date:** 2/8/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140285 **End Date:** 7/27/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Facility Information

Facility Name: EXCEL NORTH (0019008)

Address: 5415 ADAMS ROAD, KENOSHA, WI 53144

License Status: PROBATIONARY

Licensed/Certified/Registered 7/27/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142295 **End Date:** 2/8/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140284 **End Date:** 7/27/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: EXCEL WEST (0018909)

Address: 1150 82ND STREET, KENOSHA, WI 53143

License Status: PROBATIONARY

Licensed/Certified/Registered 8/4/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142274 **End Date:** 2/20/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140368 **End Date:** 8/4/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HOME INSPIRED SENIOR LIVING (0018212)
Address: 1201 VILLAGE CENTRE DRIVE, KENOSHA, WI 53144
License Status: REGULAR
Licensed/Certified/Registered 8/26/2020 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139762	End Date: 5/17/2022	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0137557	End Date: 10/20/2021	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0136434	End Date: 5/26/2021	Type: STANDARD	Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0134747	End Date: 8/26/2020	Type: INITIAL	Purpose: CHOW--DESK REVIEW
Results: PROBATIONARY LICENSE ISSUED			

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (HOME INSPIRED SENIOR LIVING--0018212)

Date Complaint Received: 5/10/2022

Date Investigation Completed: 5/17/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 10/13/2021

Date Investigation Completed: 10/20/2021

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: KARE CENTER (0017066)

Address: 1202 60TH ST, KENOSHA, WI 53140

License Status: REGULAR

Licensed/Certified/Registered 4/3/2018 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140317 **End Date:** 7/20/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134548 **End Date:** 8/19/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: KENOSHA PLACE 2 (0017873)

Address: 5060 GREEN BAY RD, KENOSHA, WI 53144

License Status: REGULAR

Licensed/Certified/Registered 10/21/2019 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142005 **End Date:** 11/8/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WPWZ11 Served 2/1/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED		
83.46(1)(e)	WOOD BURNING STOVE OR FIREPLACE		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

Enforcement History (KENOSHA PLACE 2--0017873)

Date: 2/1/2023 **SOD #**WPWZ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (KENOSHA PLACE 2--0017873)

Date Complaint Received: 9/22/2022

Date Investigation Completed: 11/8/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: KENOSHA PLACE 3 (0018323)

Address: 5036 GREEN BAY ROAD, KENOSHA, WI 53144

License Status: REGULAR

Licensed/Certified/Registered 7/1/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141977 **End Date:** 1/25/2023 **Type:** OTHER **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140031 **End Date:** 6/20/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139689 **End Date:** 4/29/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VXIS11 Served 5/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	6/20/22	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	6/20/22	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	6/20/22	Yes
83.41(3)(b)	FOOD SAFETY	6/20/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136824 End Date: 6/18/2021 Type: INITIAL Purpose: SURVEY

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (KENOSHA PLACE 3--0018323)

Date: 6/2/2022 SOD #VXIS11 Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.37(2)(e)

Complaint History (KENOSHA PLACE 3--0018323)

Date Complaint Received: 2/11/2022 Date Investigation Completed: 4/21/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: KENOSHA PLACE (0016721)

Address: 5048 GREEN BAY RD, KENOSHA, WI 53144

License Status: REGULAR

Licensed/Certified/Registered 11/1/2018 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0136583 **End Date:** 6/18/2021 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: KENOSHA SENIOR LIVING (0015616)

Address: 3109 30TH AVE, KENOSHA, WI 53140

License Status: REGULAR

Licensed/Certified/Registered 7/1/2016 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0138933 **End Date:** 11/25/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #BYCO11 Served 3/10/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	11/25/21	

Survey ID: 0134929 **End Date:** 9/29/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (KENOSHA SENIOR LIVING--0015616)

Date Complaint Received: 3/15/2021

Date Investigation Completed: 11/25/2021

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: LAKESHORE HEALTH KENOSHA 1 (0017388)

Address: 6024 18TH AVE, KENOSHA, WI 53140

License Status: REGULAR

Licensed/Certified/Registered 4/1/2019 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: LAKESHORE HEALTH KENOSHA 2 (0017350)
Address: 5905 19TH AVE, KENOSHA, WI 53140
License Status: REGULAR
Licensed/Certified/Registered 4/1/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142899 **End Date:** 4/12/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142067 **End Date:** 9/22/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT
Results: ENFORCEMENT ACTION

Enforcement History (LAKESHORE HEALTH KENOSHA 2--0017350)

Date: 2/7/2023 **SOD #YXXN11** **Appealed:** No

Sanctions
ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Complaint History (LAKESHORE HEALTH KENOSHA 2--0017350)

Date Complaint Received: 3/17/2023

Date Investigation Completed: 4/12/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 8/22/2022

Date Investigation Completed: 9/22/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: LAKESHORE HEALTH KENOSHA 3 (0017349)

Address: 1834 60TH ST, KENOSHA, WI 53140

License Status: REGULAR

Licensed/Certified/Registered 4/1/2019 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LEGACY AT ST JOSEPHS (THE) (0017767)

Address: 9244 29TH AVE, KENOSHA, WI 53143

License Status: REGULAR

Licensed/Certified/Registered 11/5/2020 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142243 **End Date:** 12/7/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #XXBI11 Served 2/21/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT	4/8/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	4/8/23	Yes

Survey ID: 0134942 **End Date:** 10/5/2020 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (LEGACY AT ST JOSEPHS (THE)--0017767)

Date Complaint Received: 4/29/2022

Date Investigation Completed: 12/7/2022

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LIBRARY TERRACE SUITES (0015729)

Address: 7924 36TH AVENUE, KENOSHA, WI 53142

License Status: REGULAR

Licensed/Certified/Registered 7/1/2015 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139991 **End Date:** 6/20/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138126 **End Date:** 11/8/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LDVO11 Served 1/5/2022

Deficiencies Cited

83.55(6)(b)

Subject Area

BATH AND TOILET AREAS: WATER
TEMPERATURE

Compliance

Verified

6/20/22

Corrected

Yes

Enforcement History (LIBRARY TERRACE SUITES--0015729)

Date: 1/5/2022

SOD #LDVO11

Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (LIBRARY TERRACE SUITES--0015729)

Date Complaint Received: 3/21/2023

Date Investigation Completed: 5/18/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: LINDEN HOME (0012809)

Address: 3216 29TH ST, KENOSHA, WI 53144

License Status: REGULAR

Licensed/Certified/Registered 8/1/2010 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0137329 **End Date:** 9/15/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: MOORE & ASSOCIATES INC (0016960)

Address: 2217 56TH ST, KENOSHA, WI 53140

License Status: REGULAR

Licensed/Certified/Registered 10/31/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142955 **End Date:** 2/15/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6B6J13 Served 5/4/2023

<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		

Survey ID: 0139484 **End Date:** 12/7/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6B6J12 Served 5/9/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	2/15/23	Yes
83.25	CONTINUING EDUCATION	2/15/23	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	2/15/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	2/15/23	No
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	2/15/23	Yes
83.47(2)(d)	FIRE DRILLS	2/15/23	Yes

Enforcement History (MOORE & ASSOCIATES INC--0016960)

Date: 5/4/2023 **SOD #6B6J13** **Appealed: No**

Sanctions

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

Date: 5/9/2022 **SOD #6B6J12** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25
FORFEITURE---83.47(2)(d)

Complaint History (MOORE & ASSOCIATES INC--0016960)

Date Complaint Received: 9/7/2021

Date Investigation Completed: 12/7/2021

Subject Area(s)

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: NORTH POINT SENIOR LIVING (0016740)

Address: 3109 12TH ST, KENOSHA, WI 53144

License Status: REGULAR

Licensed/Certified/Registered 6/16/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0135220 **End Date:** 11/24/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (NORTH POINT SENIOR LIVING--0016740)

Date Complaint Received: 10/21/2020

Date Investigation Completed: 11/24/2020

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PARKSIDE MANOR (0018350)

Address: 6300 67TH STREET, KENOSHA, WI 53142

License Status: REGULAR

Licensed/Certified/Registered 1/28/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142887 **End Date:** 4/17/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141870 **End Date:** 12/27/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0HU711 Served 1/17/2023

<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	4/17/23	Yes
83.38(1)(b)	SUPERVISION	4/17/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142288 **End Date:** 11/18/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G91711 Served 2/24/2023

Deficiencies Cited

83.32(3)(d)

Subject Area

RIGHTS OF RESIDENTS: FREE OF
MISTREATMENT

Compliance
Verified

Corrected

Survey ID: 0139379 **End Date:** 4/20/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137750 **End Date:** 9/22/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135800 **End Date:** 2/9/2021 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (PARKSIDE MANOR--0018350)

Date: 2/24/2023 **SOD #**G91711 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---500.00

Date: 1/17/2023 **SOD #**0HU711 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(b)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (PARKSIDE MANOR--0018350)

Date Complaint Received: 1/31/2023

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 4/17/2023

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 1/9/2023

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 4/17/2023

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/20/2022

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 12/27/2022

Result
SUBSTANTIATED

SOD #
0HU711

Date Complaint Received: 12/2/2022

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Date Investigation Completed: 12/27/2022

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/5/2022

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 11/18/2022

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 8/29/2022

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

Date Investigation Completed: 11/18/2022

Result
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #
G91711

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 4/5/2022

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 12/27/2022

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 3/31/2022

Subject Area(s)
ADMINISTRATION

Date Investigation Completed: 4/20/2022

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 6/29/2021

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 9/22/2021

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 5/26/2021

Subject Area(s)
STAFF TRAINING AND PROFICIENCY
RESIDENT RIGHTS

Date Investigation Completed: 9/22/2021

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ROBIN WAY (0017360)

Address: 7377 88TH AVE, KENOSHA, WI 53142

License Status: REGULAR

Licensed/Certified/Registered 12/20/2019 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0138521 **End Date:** 9/17/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H3HL11 Served 1/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.35(4)	RESIDENT SATISFACTION EVALUATION		
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS		

Enforcement History (ROBIN WAY--0017360)

Date: 1/28/2022 **SOD #**H3HL11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: SYCAMORE HOME (0012772)

Address: 9211 66TH ST, KENOSHA, WI 53142

License Status: REGULAR

Licensed/Certified/Registered 8/1/2010 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: Time To Treasure CBRF (0018871)

Address: 4831 47th Ave, Kenosha, WI 53144

License Status: PROBATIONARY

Licensed/Certified/Registered 9/20/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140848 **End Date:** 9/20/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WILLOWBROOK ASSISTED LIVING (0017041)

Address: 3508 WASHINGTON RD, KENOSHA, WI 53144

License Status: REGULAR

Licensed/Certified/Registered 1/30/2019 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0137337 **End Date:** 9/28/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ADDISON OF PLEASANT PRAIRIE (THE) (0015999)

Address: 9651 PRAIRIE RIDGE BOULEVARD, PLEASANT PRAIRIE, WI 5315

License Status: REGULAR

Licensed/Certified/Registered 5/1/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141912 **End Date:** 12/14/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #95FQ11 Served 1/23/2023

Deficiencies Cited
83.12(5)(a)

Subject Area
NOTIFICATION: INCIDENT, INJURY, CHANGES

Compliance
Verified
3/24/23

Corrected
Yes

Survey ID: 0138276 **End Date:** 1/6/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137349 **End Date:** 9/22/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136874 **End Date:** 5/4/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7TER11 Served 7/30/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	9/22/21	Yes
83.38(1)(g)	HEALTH MONITORING	9/22/21	Yes

Survey ID: 0134887 **End Date:** 9/22/2020 **Type:** STANDARD **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (ADDISON OF PLEASANT PRAIRIE (THE)--0015999)

Date: 7/30/2021 **SOD #**7TER11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.17(1)
FORFEITURE---83.38(1)(g)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (ADDISON OF PLEASANT PRAIRIE (THE)--0015999)

Date Complaint Received: 3/18/2022

Date Investigation Completed: 12/14/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

95FQ11

Date Complaint Received: 12/16/2021

Date Investigation Completed: 1/6/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 8/27/2021

Date Investigation Completed: 9/22/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 7/19/2021

Date Investigation Completed: 9/22/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 7/9/2021

Date Investigation Completed: 9/22/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 6/30/2021

Date Investigation Completed: 9/22/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 2/25/2021

Date Investigation Completed: 5/4/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

7TER11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 2/4/2021

Date Investigation Completed: 5/4/2021

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CA (AMBULATORY)

Facility Information

Facility Name: AN INNOVATIVE CARE CBRF (0016870)

Address: 10628 22ND AVE, PLEASANT PRAIRIE, WI 53158

License Status: REGULAR

Licensed/Certified/Registered 7/9/2019 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

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

This is Page 62 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: WINDY OAKS (0016909)

Address: 11831 120TH CT, PLEASANT PRAIRIE, WI 53158

License Status: REGULAR

Licensed/Certified/Registered 3/1/2019 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ARCHWOOD SENIOR LIVING (0018008)

Address: 25025 75TH STREET, SALEM, WI 53168

License Status: REGULAR

Licensed/Certified/Registered 6/25/2021 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0136341 **End Date:** 5/20/2021 **Type:** STANDARD **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136170 **End Date:** 3/17/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XIU011 Served 5/7/2021

Deficiencies Cited
83.47(2)(d)

Subject Area
FIRE DRILLS

Compliance
Verified

Corrected

Survey ID: 0134579 **End Date:** 8/13/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (ARCHWOOD SENIOR LIVING--0018008)

Date: 5/5/2021 **SOD #**XIU011 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT

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