

## Provider Inspection Summary

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

Kenosha

### Notes

**This report includes Provider Inspection Summaries (Facility Profiles) for Residential Care Apartment Complexes in Kenosha County.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 7.00 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  
Residential Care Apartment Complex (CERTIFIED)

#### Facility Information

**Facility Name:** CASA DEL MARE RCAC (0017239)  
**Address:** 3508 7TH AVE, KENOSHA, WI 53140  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/01/2018 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

#### Survey History

**Survey ID:** 0146000    **End Date:** 02/12/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141649    **End Date:** 12/13/2022    **Type:** STANDARD    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142562    **End Date:** 12/01/2022    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT/VV  
**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #R60Z13    Served 03/25/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.34(16)	TENANT RIGHTS	2/12/24	Yes

**This is Page 2 of 7 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 03/31/2021 to 03/30/2024

Residential Care Apartment Complex (CERTIFIED)

**Survey ID:** 0139827    **End Date:** 02/17/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #R60Z12    Served 06/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
89.23(4)(a)2	SERVICES		

#### Enforcement History (CASA DEL MARE RCAC--0017239)

**Date:** 03/27/2023    **SOD #**R60Z13    **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---89.34(16)

**Date:** 06/15/2022    **SOD #**R60Z12    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

***This is Page 3 of 7 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 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (CASA DEL MARE RCAC--0017239)

**Date Complaint Received: 07/07/2023**

**Date Investigation Completed: 02/12/2024**

Subject Area(s)  
ADMINISTRATION  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 08/23/2022**

**Date Investigation Completed: 12/01/2022**

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

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 08/04/2022**

**Date Investigation Completed: 12/13/2022**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 05/11/2022**

**Date Investigation Completed: 12/01/2022**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
R60Z13

**Date Complaint Received: 01/24/2022**

**Date Investigation Completed: 02/17/2022**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 11/17/2021**

**Date Investigation Completed: 02/17/2022**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

***This is Page 4 of 7 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 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** CEDARHURST OF KENOSHA (0017779)  
**Address:** 8351 SHERIDAN ROAD, KENOSHA, WI 53143  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/2020 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142256    **End Date:** 02/16/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139460    **End Date:** 01/19/2022    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (CEDARHURST OF KENOSHA--0017779)

**Date Complaint Received:** 10/13/2022

**Date Investigation Completed:** 02/16/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**This is Page 5 of 7 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 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** CELEBRE PLACE (0014239)  
**Address:** 1870 27TH AVE, KENOSHA, WI 53140  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/01/2012 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0139490    **End Date:** 01/13/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 6 of 7 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 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** LIBRARY TERRACE APARTMENTS (0015730)  
**Address:** 7905 36TH AVENUE, KENOSHA, WI 53142  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/01/2015 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0139994    **End Date:** 06/20/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 7 of 7 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.***