

## Provider Inspection Summary

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

### Notes

**This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Kewaunee County. The report is a PDF (Adobe Acrobat) document and includes a total of 19.00 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.**

**If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.**

## Provider Inspection Summary

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

Adult Day Care Center

### Facility Information

**Facility Name:** JOURNEYS CLUB ADULT DAY CENTER (0014004)

**Address:** 700 HERITAGE RD, LUXEMBURG, WI 54217

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2012 12:00:00AM

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

### Survey History

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

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** Denmark Family Living House 1 (0019121)

**Address:** N1142 Irish Road, Denmark, WI 54208

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0143991    **End Date:** 08/17/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140731    **End Date:** 09/12/2022    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

**Results:** LICENSE/CERT/REGISTRATION ISSUED

### Complaint History (Denmark Family Living House 1--0019121)

**Date Complaint Received:** 02/13/2023

**Date Investigation Completed:** 08/17/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** Denmark Family Living House 2 (0019122)

**Address:** N1148 Irish Road, Denmark, WI 54208

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0143993    **End Date:** 08/17/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140733    **End Date:** 09/12/2022    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

**Results:** LICENSE/CERT/REGISTRATION ISSUED

### Complaint History (Denmark Family Living House 2--0019122)

**Date Complaint Received:** 02/13/2023

**Date Investigation Completed:** 08/17/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** ROCKLEDGE AFH (0010470)

**Address:** 201 RONALD ST, LUXEMBURG, WI 54217

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/14/2004 12:00:00AM

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

### Survey History

**Survey ID:** 0138432    **End Date:** 01/20/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** AUTUMNS JOURNEY ASSISTED LIVING LLC (0017475)

**Address:** 500 BAY RD, ALGOMA, WI 54201

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0144712      **End Date:** 11/02/2023      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** Sycamore Lodge Senior Living LLC Algoma (0019407)

**Address:** 1505 Washington St, Algoma, WI 54201

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/02/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0143279    **End Date:** 06/02/2023    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** ABRIDGE CARE COTTAGE OF KEWAUNEE (0018628)

**Address:** 1100 BAUMEISTER DR, KEWAUNEE, WI 54216

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/26/2021 12:00:00AM

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

#### Survey History

**Survey ID:** 0145372    **End Date:** 11/01/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #KYQW11 Served 01/26/2024

<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	4/16/24	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	4/16/24	Yes
83.38(1)(g)	HEALTH MONITORING	4/16/24	Yes

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**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0142802    End Date: 11/09/2022    Type: OTHER    Purpose: COMPLAINT**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #XEW11    Served 04/18/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.18(2)	EMPLOYEE RECORDS AVAILABLE UPON REQUEST	6/2/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	6/2/23	Yes
83.46(4)(c)	ELECTRICAL PROTECTION	6/2/23	Yes
83.47(4)(b)	FIRE EXTINGUISHERS: LOCATIONS	6/2/23	Yes

**Survey ID: 0137102    End Date: 08/26/2021    Type: ABBREVIATED    Purpose: CHOW--DESK REVIEW**

**Results:** PROBATIONARY LICENSE ISSUED

**Enforcement History (ABRIDGE CARE COTTAGE OF KEWAUNEE--0018628)**

**Date: 01/26/2024    SOD #KYQW11    Appealed:**

Sanctions

ORDER TO COMPLY  
 FORFEITURE---83.37 1k  
 FORFEITURE---83.38 1g

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (ABRIDGE CARE COTTAGE OF KEWAUNEE--0018628)

**Date Complaint Received: 09/20/2023**

**Date Investigation Completed: 11/01/2023**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
KYQW11

**Date Complaint Received: 08/01/2023**

**Date Investigation Completed: 11/01/2023**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
KYQW11  
KYQW11  
KYQW11

**Date Complaint Received: 09/08/2022**

**Date Investigation Completed: 11/06/2022**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
XEW11  
XEW11

**Date Complaint Received: 04/19/2022**

**Date Investigation Completed: 11/09/2022**

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

Result  
SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
XEW11  
XEW11  
XEW11

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** LINDEN MANOR (410404)

**Address:** 1204 FOURTH ST, KEWAUNEE, WI 54216

**License Status:** REGULAR

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

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

#### Survey History

**Survey ID:** 0141545    **End Date:** 12/05/2022    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138204    **End Date:** 01/05/2022    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #KZJ511    Served 01/06/2022

<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	12/5/22	Yes

#### Enforcement History (LINDEN MANOR--410404)

**Date:** 01/06/2022    **SOD #**KZJ511    **Appealed:** No

Sanctions

ORDER TO COMPLY

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

#### Facility Information

**Facility Name:** SILVER LEAF MANOR (410310)  
**Address:** 1310 LINCOLN ST, KEWAUNEE, WI 54216  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/01/1995 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

#### Survey History

**Survey ID:** 0141547    **End Date:** 12/05/2022    **Type:** OTHER    **Purpose:** DESK REVIEW  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138220    **End Date:** 01/05/2022    **Type:** OTHER    **Purpose:** DESK REVIEW  
**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ERNC11    Served 01/06/2022

<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	12/5/22	Yes

#### Enforcement History (SILVER LEAF MANOR--410310)

**Date:** 01/06/2022    **SOD #**ERNC11    **Appealed:** No

Sanctions  
ORDER TO COMPLY

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** AUTUMN FIELDS (0015388)

**Address:** E426 CO RD SS, LUXEMBURG, WI 54217

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2016 12:00:00AM

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

#### Survey History

**Survey ID:** 0143783    **End Date:** 07/26/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140413    **End Date:** 08/10/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139656    **End Date:** 03/08/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #FYGZ11    Served 05/26/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	8/10/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/10/22	Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (AUTUMN FIELDS--0015388)

Date: 05/26/2022 SOD #FYGZ11 Appealed:

Sanctions

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

### Complaint History (AUTUMN FIELDS--0015388)

Date Complaint Received: 02/13/2023

Date Investigation Completed: 07/26/2023

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES

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

Date Complaint Received: 10/27/2021

Date Investigation Completed: 03/08/2022

Subject Area(s)  
ADMINISTRATION  
STAFF TRAINING AND PROFICIENCY

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

Date Complaint Received: 08/06/2021

Date Investigation Completed: 03/08/2022

Subject Area(s)  
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	FYGZ11

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** HELPING HEARTS ASSISTED LIVING LLC (0015336)

**Address:** 143 SCHOOL CREEK TRL, LUXEMBURG, WI 54217

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2014 12:00:00AM

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

#### Survey History

**Survey ID:** 0145169    **End Date:** 12/21/2023    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #DT3P11    Served 01/04/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	2/18/24	Yes

**Survey ID:** 0137005    **End Date:** 08/12/2021    **Type:** ABBREVIATED    **Purpose:** SURVEY/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** PINE TREE CBRF (0012647)

**Address:** 324 ROBIN LN, LUXEMBURG, WI 54217

**License Status:** REGULAR

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

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

#### Survey History

**Survey ID:** 0143846    **End Date:** 05/26/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #PB7311    Served 08/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	9/21/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	9/21/23	Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** Sycamore Lodge Senior Living Luxemburg (0019416)

**Address:** 409 3rd Street, Luxemburg, WI 54217

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/06/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0144254    **End Date:** 09/12/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142383    **End Date:** 03/06/2023    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

### Complaint History (Sycamore Lodge Senior Living Luxemburg--0019416)

**Date Complaint Received:** 04/11/2023

**Date Investigation Completed:** 09/12/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

### Facility Information

**Facility Name:** CONCORD AT KEWAUNEE (THE) (0019034)  
**Address:** 625 4TH ST, KEWAUNEE, WI 54216  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/20/2022 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0143774    **End Date:** 07/26/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143307    **End Date:** 04/17/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #CWB811    Served 06/09/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	7/26/23	Yes
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	7/26/23	Yes
89.23(3)(b)	SERVICES	7/26/23	Yes
89.27(4)	SERVICE AGREEMENT	7/26/23	Yes

**Survey ID:** 0141685    **End Date:** 12/02/2022    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Provider Inspection Summary**

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

**Enforcement History (CONCORD AT KEWAUNEE (THE)--0019034)**

**Date:** 06/09/2023      **SOD #** CWB811      **Appealed:** No

Sanctions  
 ORDER TO COMPLY

**Complaint History (CONCORD AT KEWAUNEE (THE)--0019034)**

<b>Date Complaint Received:</b> 02/12/2024	<b>Date Investigation Completed:</b> 04/23/2024	
<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	
<b>Date Complaint Received:</b> 11/15/2023	<b>Date Investigation Completed:</b> 04/23/2024	
<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
<b>Date Complaint Received:</b> 02/21/2023	<b>Date Investigation Completed:</b> 04/17/2023	
<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	CWB811
RESIDENT RIGHTS	SUBSTANTIATED	CWB811
<b>Date Complaint Received:</b> 02/13/2023	<b>Date Investigation Completed:</b> 04/17/2023	
<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	
<b>Date Complaint Received:</b> 12/28/2022	<b>Date Investigation Completed:</b> 04/17/2023	
<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	CWB811

**This is Page 19 of 19 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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