

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 Marquette County. The report is a PDF (Adobe Acrobat) document and includes a total of 17.00 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

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

Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: CATHOLIC CHARITIES CENTRAL (0009552)
Address: 230 CENTRAL AVE, MONTELLO, WI 53949
License Status: REGULAR
Licensed/Certified/Registered 02/24/2002 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0140322 **End Date:** 07/22/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137863 **End Date:** 08/04/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OSVY11 Served 12/01/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(o)	HOME NOT BE USED FOR OTHER BUSINESS	7/22/22	Yes
88.09(2)(a)8	TRAINING DOCUMENTATION	7/22/22	Yes

Enforcement History (CATHOLIC CHARITIES CENTRAL--0009552)

Date: 12/01/2021 **SOD #**OSVY11 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: CATHOLIC CHARITIES SIESTA DRIVE (0009553)
Address: 140 SIESTA DR, MONTELLO, WI 53949
License Status: REGULAR
Licensed/Certified/Registered 02/24/2002 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0140214 **End Date:** 07/22/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137678 **End Date:** 08/04/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZUSJ11 Served 11/08/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.09(2)(a)8	TRAINING DOCUMENTATION	7/22/22	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	7/22/22	Yes

Enforcement History (CATHOLIC CHARITIES SIESTA DRIVE--0009553)

Date: 11/08/2021 **SOD #**ZUSJ11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: METTA HOMES (0014349)

Address: N3497 HWY K, MONTELLO, WI 53949

License Status: REGULAR

Licensed/Certified/Registered 10/09/2012 12:00:00AM

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

Survey History

Survey ID: 0143745 **End Date:** 07/17/2023 **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

Adult Family Home

Facility Information

Facility Name: METTA HOMES (0014534)

Address: W3490 FOREST TRAIL, MONTELLO, WI 53949

License Status: REGULAR

Licensed/Certified/Registered 03/13/2013 12:00:00AM

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

Survey History

Survey ID: 0136852 **End Date:** 07/22/2021 **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

Adult Family Home

Facility Information

Facility Name: OUR HOUSE III (0009455)

Address: N9211 CTY RD N, NESHKORO, WI 54960

License Status: REGULAR

Licensed/Certified/Registered 10/01/2001 12:00:00AM

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

Survey History

Survey ID: 0141837 **End Date:** 12/19/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DLUY11 Served 01/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(1)	SAFE PHYSICAL ENVIRONMENT	2/27/23	

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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: RESIDENCES ON FOREST LANE (THE) (0012609)
Address: 253 FOREST LANE, MONTELLO, WI 53949
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: 0143972 **End Date:** 07/28/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9HII11 Served 08/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(g)	DISPOSITION OF MEDICATIONS	10/21/23	Yes

Survey ID: 0140980 **End Date:** 10/04/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (RESIDENCES ON FOREST LANE (THE)--0012609)

Date Complaint Received: 04/14/2023

Date Investigation Completed: 07/28/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

9HII11

Date Complaint Received: 07/31/2022

Date Investigation Completed: 10/04/2022

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: OUR HOUSE II (0009454)

Address: N9211 CTY RD N, NESHKORO, WI 54960

License Status: REGULAR

Licensed/Certified/Registered 10/01/2002 12:00:00AM

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

Survey History

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Harris Villa Place (0019610)

Address: N6581 Villa Pkwy, Westfield, WI 53964

License Status: REGULAR

Licensed/Certified/Registered 10/04/2023 12:00:00AM

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

Survey History

Survey ID: 0144435 **End Date:** 10/04/2023 **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: MILL POND ONE (0013473)

Address: 507 S MARKET ST, WESTFIELD, WI 53964

License Status: REGULAR

Licensed/Certified/Registered 11/01/2011 12:00:00AM

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

Survey History

Survey ID: 0143971 **End Date:** 07/27/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q56U11 Served 08/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.31(4)(a)	NOTICE OF FACILITY INITIATED DISCHARGES		
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.38(1)(b)	SUPERVISION		

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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: 0143075 **End Date: 02/28/2023** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #8WTF11 Served 05/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(2)	TEMPORARY SERVICE PLAN	6/30/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	6/30/23	Yes
83.47(2)(d)	FIRE DRILLS	6/30/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	6/30/23	Yes

Survey ID: 0136087 **End Date: 04/23/2021** **Type: OTHER** **Purpose: SURVEY/COMPLAINT/VV**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (MILL POND ONE--0013473)

Date: 08/22/2023 **SOD #Q56U11** **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)

Complaint History (MILL POND ONE--0013473)

Date Complaint Received: 04/18/2023

Date Investigation Completed: 07/27/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

Q56U11

Date Complaint Received: 03/29/2023

Date Investigation Completed: 07/27/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

Q56U11

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 11/04/2022

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 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MILL POND TWO (0013474)

Address: 515 S MARKET ST, WESTFIELD, WI 53964

License Status: REGULAR

Licensed/Certified/Registered 11/01/2011 12:00:00AM

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

Survey History

Survey ID: 0143901 **End Date:** 07/27/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JPMD12 Served 08/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(g)	DISPOSITION OF MEDICATIONS		
83.38(1)(b)	SUPERVISION		

Survey ID: 0142251 **End Date:** 10/27/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JPMD11 Served 02/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(3)(b)	POST HOUSE RULES, RESIDENT RIGHTS, GRIEVANCES	7/27/23	Yes
83.25	CONTINUING EDUCATION	7/27/23	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	7/27/23	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)

83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	7/27/23	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	7/27/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	7/27/23	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	7/27/23	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	7/27/23	Yes
83.47(2)(d)	FIRE DRILLS	7/27/23	Yes
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT	7/27/23	Yes

Survey ID: 0139088 End Date: 02/07/2022 Type: OTHER Purpose: COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #39FG13 Served 03/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	5/13/22	
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	5/13/22	

Survey ID: 0136158 End Date: 04/21/2021 Type: STANDARD Purpose: COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #39FG12 Served 05/04/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	2/7/22	Yes
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	2/7/22	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 (MILL POND TWO--0013474)

Date: 08/11/2023 **SOD #**JPMD12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 02/22/2023 **SOD #**JPMD11 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.25
FORFEITURE---83.28 4a
FORFEITURE---83.35 3d
FORFEITURE---83.47 2d

Date: 05/03/2021 **SOD #**39FG12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.15(3)(a)
FORFEITURE---83.32(3)(k)

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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 (MILL POND TWO--0013474)

Date Complaint Received: 03/28/2023

Date Investigation Completed: 07/27/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

JPMD12

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 07/05/2022

Date Investigation Completed: 10/27/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 06/11/2021

Date Investigation Completed: 02/07/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

39FG13

Date Complaint Received: 04/05/2021

Date Investigation Completed: 04/21/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

39FG12

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 04/02/2021

Date Investigation Completed: 04/21/2021

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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