

Provider Inspection Summary

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

Ozaukee

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 62.00 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 CNA (NONAMBULATORY)

Facility Information

Facility Name: BELGIUM GARDENS (0012459)

Address: 432 S HERITAGE ST, BELGIUM, WI 53004

License Status: REGULAR

Licensed/Certified/Registered 8/1/2009 12:00:00AM

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

Survey History

Survey ID: 0141469 **End Date:** 12/1/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #PY2C12 Served 12/1/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	1/15/23	

Survey ID: 0140318 **End Date:** 4/28/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PY2C11 Served 7/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER	11/29/22	Yes
83.17(2)(a)	BACKGROUND CHECK		
	EMPLOYEES SCREENED FOR COMMUNICABLE	11/29/22	Yes
	DISEASE		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	11/29/22	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	11/29/22	Yes
83.25	CONTINUING EDUCATION	11/29/22	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)

83.37(1)(g)	DISPOSITION OF MEDICATIONS	11/29/22	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	11/29/22	
83.46(1)(f)	COMBUSTIBLES	11/29/22	Yes
83.47(2)(d)	FIRE DRILLS	11/29/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	11/29/22	Yes
83.47(3)	FIRE INSPECTION	11/29/22	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	11/29/22	Yes

Enforcement History (BELGIUM GARDENS--0012459)

Date: 7/29/2022 SOD #PY2C11 Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---83.17(1)
FORFEITURE---83.20(2)(a)-(d)
FORFEITURE---83.21(1)-(3)
FORFEITURE---83.25
FORFEITURE---83.37(1)(g)
FORFEITURE---83.44(1)(c)
FORFEITURE---83.47(2)(d)
FORFEITURE---83.47(2)(e)
FORFEITURE---83.47(3)

Complaint History (BELGIUM GARDENS--0012459)

Date Complaint Received: 12/2/2021 Date Investigation Completed: 4/28/2022

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: Excelcare Inc DBA Harrison Home (0019576)

Address: W72 N675 Harrison Ave, Cedarburg, WI 53012

License Status: PROBATIONARY

Licensed/Certified/Registered 6/9/2023 12:00:00AM

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

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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: HAMILTON HOUSE SENIOR LIVING INC (0017501)

Address: W76 N629 WAUWATOSA RD, CEDARBURG, WI 53012

License Status: REGULAR

Licensed/Certified/Registered 4/1/2020 12:00:00AM

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

Survey History

Survey ID: 0140259 **End Date:** 7/26/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136896 **End Date:** 8/4/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135055 **End Date:** 10/30/2020 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

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)

Complaint History (HAMILTON HOUSE SENIOR LIVING INC--0017501)

Date Complaint Received: 12/10/2021

Date Investigation Completed: 7/26/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 6/9/2021

Date Investigation Completed: 8/4/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 4/3/2021

Date Investigation Completed: 8/4/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 2/9/2021

Date Investigation Completed: 8/4/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 6/25/2020

Date Investigation Completed: 10/30/2020

Subject Area(s)

Result

SOD #

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: MCKINLEY PLACE (0014653)

Address: W56 N225 MCKINLEY BLVD, CEDARBURG, WI 53012

License Status: REGULAR

Licensed/Certified/Registered 7/11/2013 12:00:00AM

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

Survey History

Survey ID: 0141630 **End Date:** 12/14/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138208 **End Date:** 1/5/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VHS211 Served 1/6/2022

Deficiencies Cited
83.14(2)(a)

Subject Area
LICENSEE ENSURES FACILITY COMPLIES
WITH LAWS

Compliance
Verified
12/14/22

Corrected
Yes

Survey ID: 0137840 **End Date:** 11/22/2021 **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: 0136875 **End Date:** 6/23/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KC6G11 Served 8/2/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.25	CONTINUING EDUCATION	11/22/21	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	11/22/21	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	11/22/21	Yes

Enforcement History (MCKINLEY PLACE--0014653)

Date: 8/2/2021 **SOD #**KC6G11 **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 (MCKINLEY PLACE--0014653)

Date Complaint Received: 9/13/2021

Date Investigation Completed: 11/22/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 6/21/2021

Date Investigation Completed: 6/23/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 5/20/2021

Date Investigation Completed: 6/23/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 1/13/2021

Date Investigation Completed: 6/23/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 10/20/2020

Date Investigation Completed: 6/23/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 8/24/2020

Date Investigation Completed: 6/23/2021

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)

Facility Information

Facility Name: FOREST HAVEN (0015119)

Address: 400 MARTIN DR, FREDONIA, WI 53021

License Status: REGULAR

Licensed/Certified/Registered 10/1/2015 12:00:00AM

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

Survey History

Survey ID: 0137126 **End Date:** 8/30/2021 **Type:** OTHER **Purpose:** SELF REPORT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135930 **End Date:** 3/26/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GM4711 Served 4/6/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	8/30/21	Yes
83.39(1)	INFECTION CONTROL PROGRAM	8/30/21	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	8/30/21	Yes

Enforcement History (FOREST HAVEN--0015119)

Date: 4/6/2021 **SOD #**GM4711 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---83.20(2)(a)-(d)

FORFEITURE---83.39(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)

Complaint History (FOREST HAVEN--0015119)

Date Complaint Received: 12/1/2020

Date Investigation Completed: 3/26/2021

Subject Area(s)

Result

SOD #

OTHER

SUBSTANTIATED

GM4711

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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: HILLTOP VIEW OF FREDONIA INC (0014821)
Address: 130 MEYER AVE, FREDONIA, WI 53021
License Status: REGULAR
Licensed/Certified/Registered 12/20/2013 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0142702 **End Date:** 1/31/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JNE811 Served 4/7/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.19	ORIENTATION		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.39(5)	PETS VACCINATED		
83.47(2)(d)	FIRE DRILLS		
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY		

Enforcement History (HILLTOP VIEW OF FREDONIA INC--0014821)

Date: 4/7/2023 **SOD #**JNE811 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.19
FORFEITURE---83.21 1-3

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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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: PINEVIEW (0019420)

Address: 219 LAWRENCE ST, FREDONIA, WI 53021

License Status: PROBATIONARY

Licensed/Certified/Registered 1/11/2023 12:00:00AM

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

Survey History

Survey ID: 0141990 **End Date:** 1/10/2023 **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: WOODLAND VIEW ESTATE (0011745)

Address: 348 S MILWAUKEE ST, FREDONIA, WI 53021

License Status: REGULAR

Licensed/Certified/Registered 10/1/2007 12:00:00AM

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

Survey History

Survey ID: 0136409 **End Date:** 6/3/2021 **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 CNA (NONAMBULATORY)

Facility Information

Facility Name: ANITAS GARDENS OF GRAFTON (0014942)

Address: 1777 W HIGHLAND DR, GRAFTON, WI 53024

License Status: REGULAR

Licensed/Certified/Registered 2/13/2014 12:00:00AM

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

Survey History

Survey ID: 0139176 **End Date:** 4/4/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136173 **End Date:** 5/5/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (ANITAS GARDENS OF GRAFTON--0014942)

Date Complaint Received: 2/8/2022

Date Investigation Completed: 4/4/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 7/26/2021

Date Investigation Completed: 4/4/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

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: Harvest Home Grafton (0019340)

Address: 1706 Washington Street, Grafton, WI 53024

License Status: PROBATIONARY

Licensed/Certified/Registered 12/14/2022 12:00:00AM

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

Survey History

Survey ID: 0141684 **End Date:** 12/13/2022 **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: ROSEWOOD MANOR (0016990)

Address: 1515 WASHINGTON ST, GRAFTON, WI 53024

License Status: REGULAR

Licensed/Certified/Registered 2/1/2019 12:00:00AM

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

Survey History

Survey ID: 0143312 **End Date:** 4/19/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WLCA11 Served 6/9/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.19	ORIENTATION	7/24/23	Yes
83.47(2)(d)	FIRE DRILLS	7/24/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	7/24/23	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	7/24/23	Yes

Survey ID: 0135836 **End Date:** 3/16/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/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)

Complaint History (ROSEWOOD MANOR--0016990)

Date Complaint Received: 3/9/2023

Date Investigation Completed: 4/19/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 2/23/2023

Date Investigation Completed: 4/19/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 9/8/2020

Date Investigation Completed: 3/16/2021

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)

Facility Information

Facility Name: VILLAGE POINTE COMMONS THE CRESTE (0016280)

Address: 201 WALNUT DR, GRAFTON, WI 53024

License Status: REGULAR

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

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

Survey History

Survey ID: 0140384 **End Date:** 8/3/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138062 **End Date:** 12/21/2021 **Type:** ABBREVIATED **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137886 **End Date:** 7/19/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #03U013 Served 12/3/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	12/21/21	Yes
83.47(3)	FIRE INSPECTION	12/21/21	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: 0136216 **End Date:** 4/27/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #03U012 Served 5/13/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.14(2)(h)	POSTING: LICENSE, DEFICIENCIES, REVOCATIONS	7/19/21	Yes
83.19	ORIENTATION	7/19/21	Yes
83.25	CONTINUING EDUCATION	7/19/21	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	7/19/21	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	7/19/21	
83.47(2)(d)	FIRE DRILLS	7/19/21	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	7/19/21	Yes
83.47(3)	FIRE INSPECTION	7/19/21	

Survey ID: 0135524 **End Date:** 1/22/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #03U011 Served 2/3/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	4/27/21	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	4/27/21	Yes
83.12(6)	DOCUMENTATION REQUIREMENTS FOR WRITTEN REPORT	4/27/21	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	4/27/21	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	4/27/21	Yes
83.38(1)(g)	HEALTH MONITORING	4/27/21	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	4/27/21	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 (VILLAGE POINTE COMMONS THE CRESTE--0016280)

Date: 12/3/2021 **SOD #03U013** **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.46(1)(c) 2nd

FORFEITURE---83.47(3) 3rd cite

Date: 5/13/2021 **SOD #03U012** **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.19

FORFEITURE---83.25

FORFEITURE---83.47(3) 2nd

Date: 2/3/2021 **SOD #03U011** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.15(3)(a)

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 (VILLAGE POINTE COMMONS THE CRESTE--0016280)

Date Complaint Received: 5/3/2022

Date Investigation Completed: 8/3/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 12/1/2020

Date Investigation Completed: 1/22/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

03U011

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

OTHER

SUBSTANTIATED

03U011

Date Complaint Received: 10/6/2020

Date Investigation Completed: 1/22/2021

Subject Area(s)

Result

SOD #

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: VILLAGE POINTE COMMONS THE SPIRE (0016281)

Address: 101 WALNUT CIRCLE, GRAFTON, WI 53024

License Status: REGULAR

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

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

Survey History

Survey ID: 0142724 **End Date:** 1/24/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y95L11 Served 4/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION		
83.47(2)(d)	FIRE DRILLS		

Survey ID: 0140385 **End Date:** 8/3/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137902 **End Date:** 12/2/2021 **Type:** OTHER **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: 0137146 **End Date:** 7/19/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XM7E13 Served 9/1/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	12/2/21	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	12/2/21	Yes
83.47(3)	FIRE INSPECTION	12/2/21	Yes

Survey ID: 0136219 **End Date:** 4/27/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XM7E12 Served 5/13/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(h)	POSTING: LICENSE, DEFICIENCIES, REVOCATIONS	7/19/21	Yes
83.19	ORIENTATION	7/19/21	Yes
83.25	CONTINUING EDUCATION	7/19/21	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	7/19/21	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	7/19/21	
83.47(2)(d)	FIRE DRILLS	7/19/21	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	7/19/21	
83.47(3)	FIRE INSPECTION	7/19/21	

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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: 0135587 End Date: 1/22/2021 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XM7E11 Served 2/11/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	4/26/21	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	4/26/21	Yes
83.12(6)	DOCUMENTATION REQUIREMENTS FOR WRITTEN REPORT	4/26/21	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	4/26/21	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	4/26/21	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 (VILLAGE POINTE COMMONS THE SPIRE--0016281)

Date: 4/11/2023 **SOD #**Y95L11 **Appealed:** **Decision:** PENDING

Sanctions

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

Date: 9/1/2021 **SOD #**XM7E13 **Appealed:**

Sanctions

ORDER TO COMPLY
ACCRUING FORFEITURE
FORFEITURE---83.46(1)(c) 2nd cite
FORFEITURE---83.47(2)(c) 2nd cite
FORFEITURE---83.47(3) 3rd cite
FORFEITURE---Final Accruing Forfeiture

Date: 5/13/2021 **SOD #**XM7E12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.19
FORFEITURE---83.25
FORFEITURE---83.47(3) 2nd cite

Date: 2/11/2021 **SOD #**XM7E11 **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 (VILLAGE POINTE COMMONS THE SPIRE--0016281)

Date Complaint Received: 1/5/2021

Date Investigation Completed: 1/22/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

XM7E11

PHYSICAL ENVIRONMENT/SAFETY

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: LUTHER MANOR AT RIVER OAKS (0009128)

Address: 11340 N CEDARBURG RD, MEQUON, WI 53092

License Status: REGULAR

Licensed/Certified/Registered 5/1/2001 12:00:00AM

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

Survey History

Survey ID: 0143017 **End Date:** 2/23/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4OZ411 Served 5/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19	ORIENTATION		
83.47(2)(e)	OTHER EVACUATION DRILLS		

Survey ID: 0137565 **End Date:** 10/1/2021 **Type:** OTHER **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: 0136812 **End Date:** 6/11/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QCM711 Served 7/22/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.13(3)(d)	POSTING ACTIVITY SCHEDULE	10/1/21	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	10/1/21	Yes
83.19	ORIENTATION	10/1/21	Yes
83.25	CONTINUING EDUCATION	10/1/21	Yes
83.45(1)(a)	EXTERIOR AREAS	10/1/21	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	10/1/21	Yes
83.59(6)(d)	RAMPS LEVEL FOR 5 FEET FROM DOORWAYS	10/1/21	Yes
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED	10/1/21	Yes

Enforcement History (LUTHER MANOR AT RIVER OAKS--0009128)

Date: 5/11/2023 **SOD #**4OZ411 **Appealed:** No

Sanctions

ORDER TO COMPLY
FORFEITURE---83.19 Orientation

Date: 7/22/2021 **SOD #**QCM711 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.19
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 CNA (NONAMBULATORY)

Complaint History (LUTHER MANOR AT RIVER OAKS--0009128)

Date Complaint Received: 11/8/2022

Date Investigation Completed: 2/23/2023

Subject Area(s)

Result

SOD #

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: NEWCASTLE PLACE (0018618)

Address: 12600 N PORT WASHINGTON RD, MEQUON, WI 53092

License Status: REGULAR

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

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

Survey History

Survey ID: 0143236 **End Date:** 3/2/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #T04211 Served 6/1/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES		
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		

Survey ID: 0138569 **End Date:** 1/27/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136617 **End Date:** 6/28/2021 **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)

Complaint History (NEWCASTLE PLACE--0018618)

Date Complaint Received: 10/6/2022

Date Investigation Completed: 3/2/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

T04211

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

T04211

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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: SENIOR LIVING MEQUON II (0018677)

Address: 6729 W MEQUON RD, MEQUON, WI 53092

License Status: REGULAR

Licensed/Certified/Registered 9/28/2022 12:00:00AM

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

Survey History

Survey ID: 0140855 **End Date:** 9/22/2022 **Type:** STANDARD **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140405 **End Date:** 7/13/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OCDN11 Served 8/9/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(f)	PRIVACY	9/22/22	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	9/22/22	Yes
83.14(2)(h)	POSTING: LICENSE, DEFICIENCIES, REVOCATIONS	9/22/22	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	9/22/22	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	9/22/22	Yes
83.29(2)	ADMISSION AGREEMENT	9/22/22	Yes
83.32(2)(b)	POST RESIDENT RIGHTS, GRIEVANCE PROCEDURE	9/22/22	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)

83.33(4)	POSTING OF LONG TERM CARE OMBUDSMAN PROGRAM	9/22/22	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	9/22/22	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	9/22/22	Yes
83.41(2)(c)	NUTRITION: MENUS	9/22/22	Yes
83.41(3)(b)	FOOD SAFETY	9/22/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	9/22/22	Yes
83.43(2)(b)	CLEAN, COMFORTABLE MATTRESS AND PAD	9/22/22	Yes
83.47(2)(d)	FIRE DRILLS	9/22/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	9/22/22	Yes
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	9/22/22	Yes

Survey ID: 0137254 End Date: 9/20/2021 Type: INITIAL Purpose: CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (SENIOR LIVING MEQUON II--0018677)

Date: 8/9/2022 SOD #OCDN11 Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.29(2)
FORFEITURE---83.41(3)(b)

Complaint History (SENIOR LIVING MEQUON II--0018677)

Date Complaint Received: 4/1/2022 Date Investigation Completed: 7/13/2022

Subject Area(s)	Result	SOD #
PROGRAM SERVICES	SUBSTANTIATED	OCDN11

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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: SILVER SPRINGS (0012125)

Address: 11840 N SILVER AVE, MEQUON, WI 53097

License Status: REGULAR

Licensed/Certified/Registered 9/1/2008 12:00:00AM

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

Survey History

Survey ID: 0142608 **End Date:** 1/31/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #Z9QW11 Served 3/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	5/14/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	5/14/23	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)

Facility Information

Facility Name: TEROVA SENIOR LIVING OF MEQUON (0018247)

Address: 10995 N MARKET STREET, MEQUON, WI 53092

License Status: REGULAR

Licensed/Certified/Registered 10/1/2021 12:00:00AM

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

Survey History

Survey ID: 0140700 **End Date:** 9/7/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140061 **End Date:** 6/13/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MSP911 Served 7/8/2022

Deficiencies Cited
83.41(3)(b)

Subject Area
FOOD SAFETY

Compliance
Verified
8/22/22

Corrected

Survey ID: 0136371 **End Date:** 5/27/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135111 **End Date:** 10/26/2020 **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)

Complaint History (TEROVA SENIOR LIVING OF MEQUON--0018247)

Date Complaint Received: 12/21/2022

Date Investigation Completed: 5/31/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 11/22/2022

Date Investigation Completed: 5/31/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 7/14/2022

Date Investigation Completed: 9/7/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 12/21/2021

Date Investigation Completed: 6/13/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/23/2021

Date Investigation Completed: 6/13/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

MSP911

Date Complaint Received: 11/17/2021

Date Investigation Completed: 6/13/2022

Subject Area(s)

Result

SOD #

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)

Date Complaint Received: 3/11/2021

Date Investigation Completed: 5/27/2021

Subject Area(s)

Result

SOD #

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: ANITAS GARDENS (0011800)

Address: 117 E VAN BUREN, PORT WASHINGTON, WI 53074

License Status: REGULAR

Licensed/Certified/Registered 9/1/2007 12:00:00AM

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

Survey History

Survey ID: 0142708 **End Date:** 4/6/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142224 **End Date:** 1/18/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DTIP11 Served 2/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	4/6/23	
83.47(2)(e)	OTHER EVACUATION DRILLS	4/6/23	
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED	4/6/23	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (ANITAS GARDENS--0011800)

Date Complaint Received: 2/6/2023

Date Investigation Completed: 4/6/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/9/2022

Date Investigation Completed: 1/18/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

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: CORNERSTONE GROUP HOME (0012525)

Address: 1521 W 2ND AVE, PORT WASHINGTON, WI 53074

License Status: REGULAR

Licensed/Certified/Registered 10/1/2009 12:00:00AM

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

Survey History

Survey ID: 0136176 **End Date:** 5/5/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

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: ELLENS HOME PORT WASHINGTON (0012363)

Address: 1800 GRANITE RD, PORT WASHINGTON, WI 53074

License Status: REGULAR

Licensed/Certified/Registered 9/1/2009 12:00:00AM

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

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: EVELYN'S CBRF (0016595)

Address: 336 MICHAEL COURT, PORT WASHINGTON, WI 53074

License Status: REGULAR

Licensed/Certified/Registered 8/1/2018 12:00:00AM

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

Survey History

Survey ID: 0142566 **End Date:** 1/31/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #426611 Served 3/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.47(2)(d)	FIRE DRILLS	5/11/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	5/11/23	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	5/11/23	Yes
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	5/11/23	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)

Facility Information

Facility Name: HARBOR COVE I CBRF (0016553)

Address: 333 W WALTERS ST, PORT WASHINGTON, WI 53024

License Status: REGULAR

Licensed/Certified/Registered 3/1/2018 12:00:00AM

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

Survey History

Survey ID: 0141224 **End Date:** 11/2/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140060 **End Date:** 7/6/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134383 **End Date:** 7/30/2020 **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)

Complaint History (HARBOR COVE I CBRF--0016553)

Date Complaint Received: 4/12/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 7/6/2022

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 7/16/2020

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 7/30/2020

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: HARBOR COVE II MEMORY CARE (0016552)
Address: 333 W WALTERS ST, PORT WASHINGTON, WI 53024
License Status: REGULAR
Licensed/Certified/Registered 3/1/2018 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0140063 **End Date:** 7/6/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137147 **End Date:** 8/31/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (HARBOR COVE II MEMORY CARE--0016552)

Date Complaint Received: 5/31/2022

Date Investigation Completed: 7/6/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 9/21/2020

Date Investigation Completed: 8/31/2021

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 AA (AMBULATORY)

Facility Information

Facility Name: HIGHLAND (0014294)

Address: 3987 HIGHLAND DR, PORT WASHINGTON, WI 53074

License Status: REGULAR

Licensed/Certified/Registered 9/19/2012 12:00:00AM

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

Survey History

Survey ID: 0141520 **End Date:** 12/6/2022 **Type:** ABBREVIATED **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 CNA (NONAMBULATORY)

Facility Information

Facility Name: LINCOLN VILLAGE (0015962)

Address: 1330 W LINCOLN AVE, PORT WASHINGTON, WI 53074

License Status: REGULAR

Licensed/Certified/Registered 2/1/2017 12:00:00AM

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

Survey History

Survey ID: 0141428 **End Date:** 11/22/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139355 **End Date:** 2/2/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KV2P11 Served 4/26/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.06	CERTAIN ADMISSIONS TO FACILITIES	11/22/22	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	11/22/22	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	11/22/22	Yes
83.47(2)(d)	FIRE DRILLS	11/22/22	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 (LINCOLN VILLAGE--0015962)

Date: 4/26/2022 **SOD #** KV2P11 **Appealed:**

Sanctions
ORDER TO COMPLY
FORFEITURE---83.36(1)(a)
FORFEITURE---83.47(2)(d) 2nd cite

Complaint History (LINCOLN VILLAGE--0015962)

Date Complaint Received: 9/27/2022 **Date Investigation Completed:** 11/22/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	

Date Complaint Received: 7/25/2022 **Date Investigation Completed:** 11/22/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	

Date Complaint Received: 1/25/2022 **Date Investigation Completed:** 2/2/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	KV2P11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	KV2P11

Date Complaint Received: 5/10/2021 **Date Investigation Completed:** 2/2/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	KV2P11
PROGRAM SERVICES	SUBSTANTIATED	KV2P11

Date Complaint Received: 2/19/2021 **Date Investigation Completed:** 2/2/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
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: NORPORT GROUP HOME (310490)

Address: 411 E NORPORT DR, PORT WASHINGTON, WI 53074

License Status: REGULAR

Licensed/Certified/Registered 1/1/1983 12:00:00AM

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

Survey History

Survey ID: 0138754 **End Date:** 2/15/2022 **Type:** ABBREVIATED **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 AS (SEMIAMBULATORY)

Facility Information

Facility Name: OAK COURT GROUP HOME (310491)

Address: 1265 OAK CT, PORT WASHINGTON, WI 53074

License Status: REGULAR

Licensed/Certified/Registered 2/1/1996 12:00:00AM

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

Survey History

Survey ID: 0139268 **End Date:** 4/11/2022 **Type:** ABBREVIATED **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 CNA (NONAMBULATORY)

Facility Information

Facility Name: PORT HAVEN (0012186)

Address: 334 S GARFIELD AVE, PORT WASHINGTON, WI 53074

License Status: REGULAR

Licensed/Certified/Registered 1/16/2008 12:00:00AM

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

Survey History

Survey ID: 0141550 **End Date:** 12/7/2022 **Type:** ABBREVIATED **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 CNA (NONAMBULATORY)

Facility Information

Facility Name: PORT OF HOPE (0019419)

Address: 226 N SPRING ST, PORT WASHINGTON, WI 53074

License Status: PROBATIONARY

Licensed/Certified/Registered 1/11/2023 12:00:00AM

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

Survey History

Survey ID: 0141991 **End Date:** 1/10/2023 **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: CNC FAMILY LIVING LLC DBA DEKORA SPRINGS (0013618)

Address: 214 W DEKORA ST, SAUKVILLE, WI 53080

License Status: REGULAR

Licensed/Certified/Registered 6/1/2012 12:00:00AM

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

Survey History

Survey ID: 0142044 **End Date:** 2/2/2023 **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 CNA (NONAMBULATORY)

Facility Information

Facility Name: MILAN ESTATES (0013355)

Address: 715 MILAN DR, SAUKVILLE, WI 53080

License Status: REGULAR

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

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

Survey History

Survey ID: 0141818 **End Date:** 11/28/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WG1C11 Served 1/12/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	2/26/23	
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	2/26/23	
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	2/26/23	
83.43(2)(d)	CLEAN SHEETS, PILLOWCASES, AND TOWELS	2/26/23	
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	2/26/23	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141348 End Date: 8/8/2022 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OS4K12 Served 11/14/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(h)	POSTING: LICENSE, DEFICIENCIES, REVOCATIONS		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS		
83.42(2)	RESIDENT RECORDS SAFEGUARDED		
83.47(2)(d)	FIRE DRILLS		
83.47(2)(e)	OTHER EVACUATION DRILLS		
83.48(4)(f)	SMOKE DETECTOR IN NON-RESIDENT LIVING AREAS		

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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: 0139208 **End Date:** 1/6/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OS4K11 Served 4/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	8/8/22	No
83.19	ORIENTATION	8/8/22	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	8/8/22	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	8/8/22	Yes
83.25	CONTINUING EDUCATION	8/8/22	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	8/8/22	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	8/8/22	No
83.42(1)	RESIDENT RECORD MAINTAINED	8/8/22	Yes
83.42(2)	RESIDENT RECORDS SAFEGUARDED	8/8/22	No
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	8/8/22	Yes
83.47(2)(d)	FIRE DRILLS	8/8/22	No
83.47(2)(e)	OTHER EVACUATION DRILLS	8/8/22	No
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	8/8/22	Yes
83.48(4)(f)	SMOKE DETECTOR IN NON-RESIDENT LIVING AREAS	8/8/22	No

Survey ID: 0137056 **End Date:** 8/18/2021 **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 (MILAN ESTATES--0013355)

Date: 11/14/2022 **SOD #**OS4K12 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---83.17(2)(a) 2nd cite

FORFEITURE---83.35(5)(b) 2nd cite

FORFEITURE---83.47(2)(d) 2nd cite

FORFEITURE---83.47(2)(e) 2nd cite

FORFEITURE---83.48(4)(f) 2nd cite

Date: 4/12/2022 **SOD #**OS4K11 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---83.19

FORFEITURE---83.20(2)(a)-(d)

FORFEITURE---83.21(1)-(3)

FORFEITURE---83.25

FORFEITURE---83.47(2)(d)

FORFEITURE---83.47(2)(e)

FORFEITURE---83.48(3)

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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 (MILAN ESTATES--0013355)

Date Complaint Received: 11/1/2022

Date Investigation Completed: 11/28/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 10/6/2022

Date Investigation Completed: 11/28/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 3/29/2022

Date Investigation Completed: 8/8/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 12/14/2021

Date Investigation Completed: 1/6/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 7/12/2021

Date Investigation Completed: 8/18/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

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: 6/23/2021

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 8/18/2021

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 6/14/2021

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 8/18/2021

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 6/10/2021

Subject Area(s)

PROGRAM SERVICES

RESIDENT RIGHTS

RESIDENT RIGHTS

Date Investigation Completed: 8/18/2021

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: THIENSVILLE GROUP HOME (0018244)

Address: 213 W ALTA LOMA CIR, THIENSVILLE, WI 53092

License Status: REGULAR

Licensed/Certified/Registered 12/1/2020 12:00:00AM

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

Survey History

Survey ID: 0137212 **End Date:** 9/13/2021 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134790 **End Date:** 8/31/2020 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: STATEMENT OF DEFICIENCY ISSUED

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