

Provider Inspection Summary

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

Notes

Rock

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

The report is a PDF (Adobe Acrobat) document and includes a total of 86.00 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: AZURA MEMORY CARE BELOIT 12 (0013403)

Address: 2086 COLONY COURT, BELOIT, WI 53511

License Status: REGULAR

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

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0137234 **End Date:** 8/11/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #8UT412 Served 9/16/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(3)	TOXIC SUBSTANCES	10/31/21	Yes

Survey ID: 0136534 **End Date:** 5/24/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8UT411 Served 6/21/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(b)	POST RESIDENT RIGHTS, GRIEVANCE PROCEDURE	8/11/21	Yes
83.32(3)(g)	RIGHTS OF RESIDENTS: FREE OF PHYSICAL RESTRAINTS	8/11/21	Yes
83.46(4)(e)	ELECTRICAL OUTLETS	8/11/21	Yes
83.47(2)(b)	EXIT DIAGRAM	8/11/21	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)

83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	8/11/21	Yes
83.60(1)	TOTAL/OPENABLE WINDOW AREA	8/11/21	Yes
83.60(2)	INSECT-PROOF SCREENS ON OPENABLE WINDOWS	8/11/21	Yes

Enforcement History (AZURA MEMORY CARE BELOIT 12--0013403)

Date: 9/16/2021 **SOD #**8UT412 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 6/19/2021 **SOD #**8UT411 **Appealed:**

Sanctions

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

Facility Information

Facility Name: AZURA MEMORY CARE BELOIT 8 (0013407)

Address: 2096 COLONY COURT, BELOIT, WI 53511

License Status: REGULAR

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

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0137124 **End Date:** 8/19/2021 **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: Beloit Senior Living (0019192)

Address: 2250 E West Hart Road, Beloit, WI 53511

License Status: REGULAR

Licensed/Certified/Registered 4/4/2023 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142711 **End Date:** 4/4/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SUITES AT BELOIT (THE) (0017474)

Address: 2122 PIONEER DRIVE, BELOIT, WI 53511

License Status: REGULAR

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

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142547 **End Date:** 1/5/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7BFM11 Served 3/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS		
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW		
83.37(1)(g)	DISPOSITION OF MEDICATIONS		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		
83.38(1)(a)	PERSONAL CARE		
83.38(1)(g)	HEALTH MONITORING		
83.41(2)(c)	NUTRITION: MENUS		
83.41(3)(b)	FOOD SAFETY		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.43(1) ENVIRONMENT SAFE, CLEAN, AND
COMFORTABLE
83.44(2)(a) ROOMS CLEAN AND FREE FROM ODORS
83.47(2)(d) FIRE DRILLS

Survey ID: 0140549 End Date: 8/2/2022 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139832 End Date: 3/14/2022 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1T9T13 Served 6/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	8/2/22	Yes

Survey ID: 0137948 End Date: 11/29/2021 Type: OTHER Purpose: COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137816 End Date: 8/16/2021 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1T9T12 Served 11/19/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	3/14/22	No

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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: 0137444 **End Date:** 7/12/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KEVY11 Served 10/11/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	11/29/21	Yes
83.38(1)(g)	HEALTH MONITORING	11/29/21	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	11/29/21	Yes

Survey ID: 0136373 **End Date:** 5/12/2021 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1T9T11 Served 6/2/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	11/19/21	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	8/16/21	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	8/16/21	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	8/16/21	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	8/16/21	No
83.41(3)(b)	FOOD SAFETY	8/16/21	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 (SUITES AT BELOIT (THE)--0017474)

Date: 3/23/2023 **SOD #**7BFM11 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37(1)(i)

FORFEITURE---83.38(1)(g)

FORFEITURE---83.41(3)(b)

FORFEITURE---83.43(1)

Date: 6/13/2022 **SOD #**1T9T13 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.37(2)(d)

Date: 11/19/2021 **SOD #**1T9T12 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.37(2)(d)

Date: 10/11/2021 **SOD #**KEVY11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.35(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)

Date: 6/1/2021

SOD #1T9T11

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

FORFEITURE---83.32(3)(i)

FORFEITURE---83.35(3)(c)

Complaint History (SUITES AT BELOIT (THE)--0017474)

Date Complaint Received: 11/21/2022

Date Investigation Completed: 12/7/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 10/20/2022

Date Investigation Completed: 12/7/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/12/2021

Date Investigation Completed: 11/29/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 6/9/2021

Date Investigation Completed: 7/12/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

KEYVY11

PROGRAM SERVICES

SUBSTANTIATED

KEYVY11

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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: SV SOUTH BELOIT EAST II (0017753)

Address: 2775 KADLEC DR, BELOIT, WI 53511

License Status: REGULAR

Licensed/Certified/Registered 10/1/2020 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142365 **End Date:** 2/28/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142285 **End Date:** 1/6/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2B0J12 Served 2/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES		
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.29(2)	ADMISSION AGREEMENT		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED		
83.35(4)	RESIDENT SATISFACTION EVALUATION		
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION		

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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(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES
83.41(3)(b)	FOOD SAFETY
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE
83.44(1)(a)	ADEQUATE LAUNDRY APPLIANCES AVAILABLE
83.45(3)	TOXIC SUBSTANCES
83.46(1)(a)	COMFORTABLE AND SAFE TEMPERATURES
83.46(1)(b)	PORTABLE SPACE HEATERS PROHIBITED
83.48(3)(b)	SENSITIVITY TESTING PERFORMED
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT

Survey ID: 0141475 **End Date:** 8/25/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QSS12 Served 12/7/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	2/28/23	Yes
83.14(2)(h)	POSTING: LICENSE, DEFICIENCIES, REVOCATIONS	2/28/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	2/28/23	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	2/28/23	Yes
83.38(1)(g)	HEALTH MONITORING	2/28/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140784 End Date: 7/27/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2B0J11 Served 9/16/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.09(1)(e)	TREATMENT	1/6/23	Yes
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	1/6/23	No
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	1/6/23	No
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	1/6/23	Yes
83.35(1)(d)	RETAIN WRITTEN REPORT OF ASSESSMENT	1/6/23	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	1/6/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	1/6/23	No
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES	1/6/23	Yes
83.38(1)(a)	PERSONAL CARE	1/6/23	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	1/6/23	Yes
83.41(2)(c)	NUTRITION: MENUS	1/6/23	Yes
83.41(3)(b)	FOOD SAFETY	1/6/23	No
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	1/6/23	No
83.45(3)	TOXIC SUBSTANCES	1/6/23	No

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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: 0141131 End Date: 6/23/2022 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #V9SL13 Served 10/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.29(2)	ADMISSION AGREEMENT	1/6/23	No
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	1/6/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/6/23	No
83.35(4)	RESIDENT SATISFACTION EVALUATION	1/6/23	No
83.42(3)	ACCESS TO RESIDENT RECORDS	1/6/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	1/6/23	No
83.48(3)(b)	SENSITIVITY TESTING PERFORMED	1/6/23	No

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140007 End Date: 3/11/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QSS11 Served 7/1/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(f)	RIGHTS OF RESIDENTS: FREE OF CHEMICAL RESTRAINTS	8/25/22	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	8/25/22	No
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS	8/25/22	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	8/25/22	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	8/25/22	Yes
83.38(1)(a)	PERSONAL CARE	8/25/22	Yes
83.38(1)(b)	SUPERVISION	8/25/22	Yes
83.41(1)(a)	FOOD SUPPLY	8/25/22	Yes

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139009 End Date: 11/30/2021 Type: STANDARD Purpose: SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #V9SL12 Served 3/18/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.29(2)	ADMISSION AGREEMENT	1/26/23	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	1/26/23	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	1/26/23	Yes
83.35(4)	RESIDENT SATISFACTION EVALUATION	1/26/23	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	1/26/23	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	1/26/23	Yes
83.39(3)	HAND WASHING	1/26/23	Yes
83.41(2)(c)	NUTRITION: MENUS	1/26/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	1/26/23	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	1/26/23	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	1/26/23	Yes
83.48(3)(b)	SENSITIVITY TESTING PERFORMED	1/26/23	Yes
83.55(4)(a)	BATH AND TOILET AREAS: PRIVACY	1/26/23	Yes

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137282 **End Date:** 8/19/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #V9SL11 Served 9/23/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	11/23/21	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	11/23/21	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	11/23/21	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	11/23/21	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	11/23/21	No

Survey ID: 0134461 **End Date:** 8/10/2020 **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: 0134254 **End Date:** 5/28/2020 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #C4L011 Served 7/14/2020

<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	8/10/20	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	8/10/20	Yes
83.27(1)(a)	LIMITATION OF CAPACITY AS SHOWN ON LICENSE	8/10/20	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	8/10/20	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	8/10/20	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 (SV SOUTH BELOIT EAST II--0017753)

Date: 3/6/2023

SOD #QQSS12

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.14(2)(h)

FORFEITURE---83.37(1)(j)

FORFEITURE---83.38(1)(g)

Date: 2/23/2023

SOD #2B0J12

Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

NNAO EXTENDED

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.29

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35 (4)

FORFEITURE---83.35(1)

FORFEITURE---83.35(2)(d)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37 (3)(g)

FORFEITURE---83.41(3)(b)

FORFEITURE---83.43(1)

FORFEITURE---83.43(3)

FORFEITURE---83.48(3)(b)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 10/27/2022 **SOD #**V9SL13 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---83.35 (1)(a)

FORFEITURE---83.35 (3)(c)

FORFEITURE---83.35(4)

FORFEITURE---83.48(3)(b)

Date: 9/16/2022 **SOD #**2B0J11 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.35(1)(a)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.36(1)(b)

FORFEITURE---83.38(1)(a)

FORFEITURE---83.38(1)(c)

FORFEITURE---83.41(2)(c)

FORFEITURE---83.43(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)

Date: 7/1/2022 **SOD #**QQSS11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---83.32(3)(f)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.37(1)(j)
FORFEITURE---83.37(2)(d)
FORFEITURE---83.38(1)(a)
FORFEITURE---83.38(1)(b)

Date: 3/18/2022 **SOD #**V9SL12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35(1)(C)
FORFEITURE---83.35(3)(c)
FORFEITURE---83.44(2)(a)

Date: 9/23/2021 **SOD #**V9SL11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(h)

Date: 7/14/2020 **SOD #**C4L011 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
OTHER SANCTION
FORFEITURE---83.12(3)(a)
FORFEITURE---83.27(1)(a)
FORFEITURE---83.27(2)(e)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SV SOUTH BELOIT EAST II--0017753)

Date Complaint Received: 7/26/2022

Date Investigation Completed: 7/27/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

2B0J11

Date Complaint Received: 7/19/2022

Date Investigation Completed: 7/27/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

2B0J11

PROGRAM SERVICES

SUBSTANTIATED

2B0J11

RESIDENT RIGHTS

SUBSTANTIATED

2B0J11

Date Complaint Received: 2/1/2022

Date Investigation Completed: 3/11/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

QQSS11

RESIDENT RIGHTS

SUBSTANTIATED

QQSS11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

QQSS11

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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: SV SOUTH BELOIT EAST (0017754)

Address: 2775 KADLEC DR, BELOIT, WI 53511

License Status: REGULAR

Licensed/Certified/Registered 10/1/2020 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142107 **End Date:** 12/28/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S66I12 Served 2/10/2023

<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		
83.14(2)(h)	POSTING: LICENSE, DEFICIENCIES, REVOCATIONS		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.34(2)(c)	WRITTEN REPORT OF RESIDENT ACCOUNT		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		
83.38(1)(c)	LEISURE TIME ACTIVITIES		
83.38(1)(h)	MEDICATION ADMINISTRATION		
83.39(1)	INFECTION CONTROL PROGRAM		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.46(1)(a)	COMFORTABLE AND SAFE TEMPERATURES
83.48(3)(b)	SENSITIVITY TESTING PERFORMED
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140428 End Date: 4/27/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S66I11 Served 8/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT	12/28/22	Yes
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	12/28/22	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	12/28/22	No
83.25	CONTINUING EDUCATION	12/28/22	Yes
83.28(7)	ADVANCED DIRECTIVES	12/28/22	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	12/28/22	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	12/28/22	No
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	12/28/22	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	12/28/22	Yes
83.35(4)	RESIDENT SATISFACTION EVALUATION	12/28/22	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	12/28/22	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	12/28/22	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	12/28/22	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	12/28/22	No
83.38(1)(c)	LEISURE TIME ACTIVITIES	12/28/22	No
83.38(1)(g)	HEALTH MONITORING	12/28/22	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	12/28/22	No
83.38(1)(k)	TRANSPORTATION	12/28/22	Yes
83.41(1)(a)	FOOD SUPPLY	12/28/22	Yes
83.41(2)(a)	NUTRITION: DIET	12/28/22	Yes
83.41(2)(c)	NUTRITION: MENUS	12/28/22	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)

83.48(3)(b)	SENSITIVITY TESTING PERFORMED	12/28/22	No
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	12/28/22	No

Survey ID: 0136787 **End Date:** 7/13/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134359 **End Date:** 7/24/2020 **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)

Enforcement History (SV SOUTH BELOIT EAST--0017754)

Date: 2/10/2023 **SOD #**S66I12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

NNAO EXTENDED

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37 (2)(d)

FORFEITURE---83.38(1)(c)

FORFEITURE---83.38(1)(h)

FORFEITURE---83.48(3)(b)

FORFEITURE---83.55(6)(b)

Date: 8/12/2022 **SOD #**S66I11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---50.09(1)(e)

FORFEITURE---83.12(2)(a)

FORFEITURE---83.25

FORFEITURE---83.32(3)(d)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.32(3)(i)

FORFEITURE---83.32(3)(n)

FORFEITURE---83.38(1)(g)

FORFEITURE---83.41(1)(a)

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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: 6/22/2020

SOD #Z7JO11

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

OTHER SANCTION

FORFEITURE---83.12(4)(b)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.37(2)(e)

Complaint History (SV SOUTH BELOIT EAST--0017754)

Date Complaint Received: 11/11/2022

Date Investigation Completed: 12/28/2022

Subject Area(s)

PROGRAM SERVICES

PROGRAM SERVICES

Result

SUBSTANTIATED

SUBSTANTIATED

SOD

S66I12

S66I12

Date Complaint Received: 3/9/2022

Date Investigation Completed: 4/27/2022

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD

S66I11

Date Complaint Received: 3/11/2021

Date Investigation Completed: 7/13/2021

Subject Area(s)

PROGRAM SERVICES

STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SV SOUTH BELOIT NORTH (0017756)

Address: 2027 COLONY COURT, BELOIT, WI 53511

License Status: REGULAR

Licensed/Certified/Registered 10/25/2019 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143071 **End Date:** 3/1/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GU6116 Served 5/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(h)	POSTING: LICENSE, DEFICIENCIES, REVOCATIONS		
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS		
83.45(3)	TOXIC SUBSTANCES		

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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: 0141482 **End Date:** 8/25/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GU6115 Served 12/7/2022

<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	3/1/23	No
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	3/1/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	3/1/23	Yes
83.39(1)	INFECTION CONTROL PROGRAM	3/1/23	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	3/1/23	No
83.45(3)	TOXIC SUBSTANCES	3/1/23	No

Survey ID: 0140109 **End Date:** 6/6/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ORJ411 Served 7/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	8/26/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139841 **End Date:** 3/15/2022 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GU6114 Served 6/13/2022

<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	8/25/22	Yes
83.25	CONTINUING EDUCATION	8/25/22	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	8/25/22	No
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES	8/25/22	Yes
83.41(3)(b)	FOOD SAFETY	8/25/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	8/25/22	Yes
83.45(3)	TOXIC SUBSTANCES	8/25/22	No
83.47(2)(d)	FIRE DRILLS	8/25/22	Yes

Survey ID: 0137694 **End Date:** 10/7/2021 **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)

Survey ID: 0138141 **End Date:** 8/16/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GU6113 Served 1/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	3/3/22	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	3/3/22	Yes
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES	3/3/22	No
83.39(1)	INFECTION CONTROL PROGRAM	3/13/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	3/13/22	No
83.45(3)	TOXIC SUBSTANCES	3/3/22	No

Survey ID: 0136582 **End Date:** 6/1/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GU6112 Served 6/24/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.39(1)	INFECTION CONTROL PROGRAM	8/16/21	No

Survey ID: 0135885 **End Date:** 3/18/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GU6111 Served 3/31/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.39(1)	INFECTION CONTROL PROGRAM	6/1/21	No

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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: 0134710 End Date: 9/2/2020 Type: STANDARD Purpose: SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134346 End Date: 6/17/2020 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JWG211 Served 7/27/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	9/2/20	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	9/2/20	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	9/2/20	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	9/2/20	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 (SV SOUTH BELOIT NORTH--0017756)

Date: 12/7/2022 **SOD #**GU6115 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.35(1)(C)

FORFEITURE---83.37 (2)(d)

FORFEITURE---83.39(1)

FORFEITURE---83.45 (3)

Date: 7/12/2022 **SOD #**ORJ411 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 6/13/2022 **SOD #**GU6114 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.37(3)(g)

FORFEITURE---83.45 (3)

Date: 1/5/2022 **SOD #**GU6113 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.39(1)

Date: 6/24/2021 **SOD #**GU6112 **Appealed:**

Sanctions

ORDER TO COMPLY

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)

Date: 3/30/2021 **SOD #**GU6111 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 7/23/2020 **SOD #**JWG211 **Appealed:** No

Sanctions
OTHER SANCTION

Complaint History (SV SOUTH BELOIT NORTH--0017756)

Date Complaint Received: 4/19/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 6/6/2022

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
SUBSTANTIATED	ORJ411

Date Complaint Received: 1/4/2022

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 8/16/2021

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	GU6113

Date Complaint Received: 9/15/2021

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 10/7/2021

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

Date Complaint Received: 2/22/2021

Subject Area(s)
OTHER

Date Investigation Completed: 3/18/2021

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	GU6111

Date Complaint Received: 5/26/2020

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 6/17/2020

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	JWG211

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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: SV SOUTH BELOIT TERRACE (0017749)

Address: 2771 IVA COURT, BELOIT, WI 53511

License Status: REGULAR

Licensed/Certified/Registered 10/1/2020 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142760 **End Date:** 2/16/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #705414 Served 4/14/2023

<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		
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN		
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN		
83.38(1)(a)	PERSONAL CARE		
83.38(1)(c)	LEISURE TIME ACTIVITIES		
83.38(1)(g)	HEALTH MONITORING		
83.39(3)	HAND WASHING		
83.41(1)(c)	DISHWASHING		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.41(3)(b)	FOOD SAFETY
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE
83.45(1)(e)	ELECTRICAL, MECHANICAL, WATER SUPPLY
83.48(1)(a)	SMOKE DETECTION SYSTEM
83.48(3)(b)	SENSITIVITY TESTING PERFORMED

Survey ID: 0141453 End Date: 8/26/2022 Type: OTHER Purpose: SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #705413 Served 12/1/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	2/16/23	No
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	2/16/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	2/16/23	No
83.41(1)(c)	DISHWASHING	2/16/23	No
83.42(1)	RESIDENT RECORD MAINTAINED	2/16/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	2/16/23	No
83.48(1)(a)	SMOKE DETECTION SYSTEM	2/16/23	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	2/16/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139693 **End Date:** 3/1/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #705412 Served 6/2/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	8/26/22	Yes
83.46(1)(f)	COMBUSTIBLES	8/26/22	Yes

Survey ID: 0138289 **End Date:** 12/8/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #705411 Served 1/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	3/1/22	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	3/1/22	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	3/1/22	No
83.39(1)	INFECTION CONTROL PROGRAM	3/1/22	Yes
83.41(3)(b)	FOOD SAFETY	3/1/22	Yes
83.45(3)	TOXIC SUBSTANCES	3/1/22	Yes
83.46(1)(f)	COMBUSTIBLES	3/1/22	No

Survey ID: 0137848 **End Date:** 11/29/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137742 **End Date:** 10/7/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9ZA311 Served 11/15/2021

<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	11/29/21	Yes

Survey ID: 0137297 **End Date:** 9/14/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137175 **End Date:** 6/16/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JFZC15 Served 9/7/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(a)	REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN	9/14/21	Yes
83.38(1)(b)	SUPERVISION	9/14/21	Yes

Survey ID: 0136432 **End Date:** 4/27/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JFZC14 Served 6/16/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	6/16/21	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	6/16/21	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: 0135639 **End Date:** 1/27/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JFZC13 Served 2/17/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	4/27/21	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	4/27/21	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	4/27/21	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	4/27/21	Yes
83.55(4)(a)	BATH AND TOILET AREAS: PRIVACY	4/27/21	Yes

Survey ID: 0138818 **End Date:** 9/18/2020 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	1/27/21	No
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Survey ID: 0134384 **End Date:** 7/21/2020 **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)

Survey ID: 0134331 End Date: 6/16/2020 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JFZC11 Served 7/21/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	9/18/20	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	9/18/20	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	9/18/20	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	9/18/20	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	9/18/20	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	9/18/20	No
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	9/18/20	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 (SV SOUTH BELOIT TERRACE--0017749)

Date: 4/14/2023

SOD #705414

Appealed:

Decision: PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(c)

FORFEITURE---83.37(2)(e)

FORFEITURE---83.38(1)(a)

FORFEITURE---83.38(1)(c)

FORFEITURE---83.38(1)(g)

FORFEITURE---83.41(1)(c)

FORFEITURE---83.41(3)(b)

FORFEITURE---83.43(1)

FORFEITURE---83.48(1)(a)

Date: 12/1/2022

SOD #705413

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

FORFEITURE---83.42(1)

Date: 5/31/2022

SOD #705412

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.37(3)(c)

FORFEITURE---83.46(1)(f)

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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: 1/13/2022 **SOD #**705411 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 11/11/2021 **SOD #**9ZA311 **Appealed:** No

Sanctions
ORDER TO COMPLY
ACCRUING FORFEITURE

Date: 9/7/2021 **SOD #**JFZC15 **Appealed:**

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

Date: 6/9/2021 **SOD #**JFZC14 **Appealed:**

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(d)

Date: 2/17/2021 **SOD #**JFZC13 **Appealed:**

Sanctions
ORDER TO COMPLY
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(3)(c)
FORFEITURE---83.37(2)(d)

Date: 9/29/2020 **SOD #**JFZC12 **Appealed:** No

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
OTHER SANCTION

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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: 7/21/2020

SOD #JFZC11

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

OTHER SANCTION

FORFEITURE---83.37(1)(k)

FORFEITURE---83.37(2)(d)

FORFEITURE---83.37(2)(e)

Date: 6/6/2020

SOD #RL8X11

Appealed:

Sanctions

OTHER SANCTION

FORFEITURE---50.09(1)(e)

FORFEITURE---83.22(3)

FORFEITURE---83.35(3)(b)

FORFEITURE---83.35(3)(c)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37(1)(k)

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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 (SV SOUTH BELOIT TERRACE--0017749)

Date Complaint Received: 1/19/2023

Date Investigation Completed: 1/26/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

705414

PROGRAM SERVICES

SUBSTANTIATED

705414

HCBS

SUBSTANTIATED

705414

Date Complaint Received: 1/10/2023

Date Investigation Completed: 1/26/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

705414

Date Complaint Received: 1/5/2023

Date Investigation Completed: 1/26/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

705414

PROGRAM SERVICES

SUBSTANTIATED

705414

RESIDENT RIGHTS

SUBSTANTIATED

705414

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

705414

Date Complaint Received: 7/7/2022

Date Investigation Completed: 8/26/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

705413

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

705413

Date Complaint Received: 2/15/2022

Date Investigation Completed: 3/1/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 11/12/2021

Date Investigation Completed: 12/8/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

705411

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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: 8/2/2021

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Date Investigation Completed: 9/24/2021

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

Date Complaint Received: 7/20/2021

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 9/24/2021

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

Date Complaint Received: 6/1/2021

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

Date Investigation Completed: 6/16/2021

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	JFZC15
NOT SUBSTANTIATED	

Date Complaint Received: 3/1/2021

Subject Area(s)
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 4/27/2021

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	JFZC14
SUBSTANTIATED	JFZC14

Date Complaint Received: 1/5/2021

Subject Area(s)
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 2/17/2021

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

Date Complaint Received: 7/20/2020

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 7/22/2020

<u>Result</u>	<u>SOD #</u>
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: SV SOUTH BELOIT WEST (0017752)

Address: 2156 HOUSE ST, BELOIT, WI 53511

License Status: REGULAR

Licensed/Certified/Registered 10/1/2020 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142407 **End Date:** 12/8/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #00KH13 Served 3/9/2023

<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		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.39(3)	HAND WASHING		
83.41(1)(c)	DISHWASHING		
83.45(5)	GARBAGE & REFUSE		

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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: 0140297 **End Date:** 4/21/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #00KH12 Served 7/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	12/8/22	No
83.39(3)	HAND WASHING	12/8/22	No
83.41(1)(c)	DISHWASHING	12/8/22	No
83.45(5)	GARBAGE & REFUSE	12/8/22	No
83.47(2)(d)	FIRE DRILLS	12/8/22	Yes

Survey ID: 0137588 **End Date:** 8/5/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #00KH11 Served 10/28/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.38(1)(a)	PERSONAL CARE	4/21/22	Yes

Survey ID: 0135462 **End Date:** 1/19/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134503 **End Date:** 8/12/2020 **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: 0134323 End Date: 6/25/2020 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0QK211 Served 7/21/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	8/12/20	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	8/12/20	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	8/12/20	Yes
83.37(2)(c)	MEDICATION ADMINISTRATION NOT SUPERVISED	8/12/20	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	8/12/20	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	8/12/20	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 (SV SOUTH BELOIT WEST--0017752)

Date: 3/9/2023 **SOD #**00KH13 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.32(3)(n)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.39(3)

FORFEITURE---83.41(1)(c)

FORFEITURE---83.45(5)

Date: 7/29/2022 **SOD #**00KH12 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

Date: 10/28/2021 **SOD #**00KH11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.38(1)(a)

Date: 7/20/2020 **SOD #**0QK211 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

OTHER SANCTION

FORFEITURE---83.32(3)(h)

FORFEITURE---83.37(2)(e)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SV SOUTH BELOIT WEST--0017752)

Date Complaint Received: 11/10/2022

Date Investigation Completed: 12/8/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

00KH13

Date Complaint Received: 3/23/2021

Date Investigation Completed: 8/5/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

00KH11

Date Complaint Received: 12/30/2020

Date Investigation Completed: 1/19/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WILLOWICK BELOIT (0016999)

Address: 1971 CRANSTON RD, BELOIT, WI 53511

License Status: REGULAR

Licensed/Certified/Registered 12/21/2017 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143078 **End Date:** 3/1/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #515112 Served 5/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY		
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES		
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED		
83.47(2)(d)	FIRE DRILLS		

Survey ID: 0140557 **End Date:** 8/2/2022 **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)

Survey ID: 0140441 **End Date:** 5/16/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #515111 Served 8/15/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(a)	COMMUNICATION		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		

Survey ID: 0138000 **End Date:** 12/17/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137815 **End Date:** 10/28/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #V4GL11 Served 11/19/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(3)(b)	FOOD SAFETY		

Survey ID: 0137689 **End Date:** 10/6/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TIQ011 Served 11/9/2021

<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	12/17/21	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: 0136798 **End Date:** 7/14/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136335 **End Date:** 5/19/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136245 **End Date:** 4/21/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QOCI11 Served 5/18/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	7/14/21	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	7/14/21	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	7/14/21	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 (WILLOWICK BELOIT--0016999)

Date: 8/15/2022

SOD #5I5111

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

Date: 11/8/2021

SOD #TIQ011

Appealed: No

Sanctions

ORDER TO COMPLY

ACCRUING FORFEITURE

Date: 5/18/2021

SOD #QOCI11

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

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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 (WILLOWICK BELOIT--0016999)

Date Complaint Received: 12/28/2022

Date Investigation Completed: 2/21/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

5I5112

Date Complaint Received: 5/9/2022

Date Investigation Completed: 5/16/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

5I5111

RESIDENT RIGHTS

SUBSTANTIATED

5I5111

Date Complaint Received: 10/8/2021

Date Investigation Completed: 11/19/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

V4GL11

Date Complaint Received: 5/5/2021

Date Investigation Completed: 5/19/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WILLOWICK MOMENTS (0018180)

Address: 3024 SOUTH BARTELLS DRIVE, BELOIT, WI 53511

License Status: REGULAR

Licensed/Certified/Registered 9/2/2020 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0141373 **End Date:** 11/2/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140573 **End Date:** 8/15/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139257 **End Date:** 3/31/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134820 **End Date:** 9/2/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (WILLOWICK MOMENTS--0018180)

Date Complaint Received: 9/22/2022

Date Investigation Completed: 11/2/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 6/3/2022

Date Investigation Completed: 8/15/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 1/4/2022

Date Investigation Completed: 3/31/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/24/2021

Date Investigation Completed: 3/31/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

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)

Facility Information

Facility Name: WILLOWICK (0017877)

Address: 2240 CRANSTON RD, BELOIT, WI 53511

License Status: REGULAR

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

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143135 **End Date:** 5/4/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8V5811 Served 5/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(g)	DISPOSITION OF MEDICATIONS	7/6/23	Yes

Survey ID: 0138696 **End Date:** 1/27/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138028 **End Date:** 11/15/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #BMC611 Served 12/20/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(1)(b)	EQUIPMENT	2/25/22	Yes
83.41(2)(c)	NUTRITION: MENUS	2/25/22	Yes
83.41(3)(b)	FOOD SAFETY	2/25/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137141 **End Date:** 8/19/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136921 **End Date:** 7/26/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135702 **End Date:** 2/12/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QQQB11 Served 3/5/2021

Deficiencies Cited

83.37(1)(k)

83.37(2)(d)

Subject Area

MEDICATION ERROR OR ADVERSE REACTION

DOCUMENTATION OF MEDICATION

ADMINISTRATION

Compliance

Verified

7/26/21

1/27/22

Corrected

Withdrawn

Yes

Enforcement History (WILLOWICK--0017877)

Date: 12/21/2021 **SOD #**BMC611 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 3/2/2021 **SOD #**QQQB11 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

ORDER TO COMPLY

FORFEITURE---83.37(1)(k)

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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 (WILLOWICK--0017877)

Date Complaint Received: 4/17/2023

Date Investigation Completed: 5/4/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 1/26/2022

Date Investigation Completed: 1/27/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 10/28/2021

Date Investigation Completed: 11/15/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 10/14/2021

Date Investigation Completed: 11/15/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

BMC611

Date Complaint Received: 8/11/2021

Date Investigation Completed: 9/1/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 3/12/2021

Date Investigation Completed: 7/26/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 1/26/2021

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 2/12/2021

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

Date Complaint Received: 8/25/2020

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 2/12/2021

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	QQQB11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CA (AMBULATORY)

Facility Information

Facility Name: Woods Crossing (0018858)

Address: E401 23rd Street, Brodhead, WI 53520

License Status: REGULAR

Licensed/Certified/Registered 3/7/2023 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142400 **End Date:** 3/7/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AZURA MEMORY CARE CLINTON (0013406)
Address: 805 SUE LANE, CLINTON, WI 53525
License Status: REGULAR
Licensed/Certified/Registered 8/1/2011 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142575 **End Date:** 3/23/2023 **Type:** OTHER **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139974 **End Date:** 3/31/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1CL912 Served 6/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	3/23/23	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	3/23/23	Yes
83.35(1)(b)	SOURCES USED FOR ASSESSMENT INFORMATION	3/23/23	Yes
83.35(2)	TEMPORARY SERVICE PLAN	3/23/23	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	3/23/23	Yes
83.38(1)(b)	SUPERVISION	3/23/23	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	3/23/23	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	3/23/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139020 **End Date:** 3/14/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138385 **End Date:** 9/28/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LN3P11 Served 1/24/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.31(4)(a)	NOTICE OF FACILITY INITIATED DISCHARGES	3/14/22	Yes

Survey ID: 0138123 **End Date:** 9/15/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1CL911 Served 1/4/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	3/14/22	Yes
83.29(2)	ADMISSION AGREEMENT	3/14/22	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	3/14/22	No
83.38(1)(b)	SUPERVISION	3/14/22	No
83.38(1)(i)	BEHAVIOR MANAGEMENT	3/14/22	No
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	3/14/22	No
83.60(1)	TOTAL/OPENABLE WINDOW AREA	3/14/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (AZURA MEMORY CARE CLINTON--0013406)

Date: 6/28/2022 **SOD #**1CL912 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---83.32(3)(d)

FORFEITURE---83.35(2)

FORFEITURE---83.37(1)(i)

FORFEITURE---83.38(1)(b)

FORFEITURE---83.55(6)(b)

Date: 1/20/2022 **SOD #**LN3P11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.31(4)(a)

Date: 1/4/2022 **SOD #**1CL911 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.38(1)(b)

FORFEITURE---83.38(1)(i)

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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 (AZURA MEMORY CARE CLINTON--0013406)

Date Complaint Received: 3/14/2022

Date Investigation Completed: 3/14/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

1CL912

Date Complaint Received: 9/23/2021

Date Investigation Completed: 9/28/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

LN3P11

Date Complaint Received: 9/9/2021

Date Investigation Completed: 9/15/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

1CL911

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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: WILLOWICK CLINTON (0015942)

Address: 306 OGDEN AVE, CLINTON, WI 53525

License Status: REGULAR

Licensed/Certified/Registered 1/9/2017 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0140559 **End Date:** 8/12/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139597 **End Date:** 3/14/2022 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #17ZB11 Served 5/19/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(a)	SELF-ADMINISTERED BY RESIDENT	8/12/22	Yes
83.41(1)(c)	DISHWASHING	8/12/22	Yes

Survey ID: 0138057 **End Date:** 12/22/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137770 **End Date:** 10/6/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #D9P911

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.09	BIENNIAL REPORT AND FEES	12/22/21	Yes

Survey ID: 0136811 **End Date:** 7/14/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135250 **End Date:** 11/17/2020 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134909 **End Date:** 9/16/2020 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #K9TN12 Served 9/30/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.29(3)(a)	REFUNDS RETURNED WITHIN 30 DAYS OF DISCHARGE	11/17/20	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 (WILLOWICK CLINTON--0015942)

Date: 11/15/2021 **SOD #**D9P911 **Appealed:** No

Sanctions

NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.09

Date: 9/30/2020 **SOD #**K9TN12 **Appealed:** No

Sanctions

OTHER SANCTION

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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 (WILLOWICK CLINTON--0015942)

Date Complaint Received: 2/4/2022

Date Investigation Completed: 3/14/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 1/26/2022

Date Investigation Completed: 3/14/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 7/2/2021

Date Investigation Completed: 7/14/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 11/10/2020

Date Investigation Completed: 11/17/2020

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 9/2/2020

Date Investigation Completed: 9/16/2020

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

K9TN12

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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: WILLOWICK MOMENTS CLINTON (0017456)

Address: 304 OGDEN AVE, CLINTON, WI 53525

License Status: REGULAR

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

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142047 **End Date:** 1/17/2023 **Type:** STANDARD **Purpose:** ADDITIONAL VV EVENT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6W5N11 Served 2/6/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY		
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(1)(g)	DISPOSITION OF MEDICATIONS		
83.37(1)(j)	PROOF-OF-USE RECORD		
83.41(3)(b)	FOOD SAFETY		
83.47(2)(d)	FIRE DRILLS		

Survey ID: 0136389 **End Date:** 5/26/2021 **Type:** STANDARD **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)

Enforcement History (WILLOWICK MOMENTS CLINTON--0017456)

Date: 2/6/2023 **SOD #**6W5N11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (WILLOWICK MOMENTS CLINTON--0017456)

Date Complaint Received: 11/22/2022

Date Investigation Completed: 1/4/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

6W5N11

Date Complaint Received: 4/29/2021

Date Investigation Completed: 5/11/2021

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: KELLY HOUSE (110260)

Address: 121 S 5TH ST, EVANSVILLE, WI 53536

License Status: REGULAR

Licensed/Certified/Registered 8/2/1990 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0140869 **End Date:** 9/22/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139682 **End Date:** 4/21/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LRP811 Served 5/31/2022

<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	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

Survey ID: 0134923 **End Date:** 9/22/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (KELLY HOUSE--110260)

Date: 5/31/2022 **SOD #**LRP811 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (KELLY HOUSE--110260)

Date Complaint Received: 9/11/2020

Date Investigation Completed: 9/22/2020

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: ST ELIZABETH MANOR (0012686)

Address: 111 COMMERCIAL DR, FOOTVILLE, WI 53537

License Status: REGULAR

Licensed/Certified/Registered 4/1/2010 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142808 **End Date:** 3/3/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141463 **End Date:** 8/26/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #251013 Served 12/7/2022

Deficiencies Cited
83.35(3)(d)

Subject Area
SERVICE PLANS UPDATED ANNUALLY OR ON
CHANGES

Compliance
Verified
3/3/23

Corrected
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: 0139891 **End Date:** 3/25/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #251012 Served 6/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	8/26/22	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	8/26/22	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	8/26/22	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	8/26/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/26/22	No
83.37(1)(g)	DISPOSITION OF MEDICATIONS	8/26/22	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	8/26/22	Yes
83.45(3)	TOXIC SUBSTANCES	8/26/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	8/26/22	Yes

Survey ID: 0136999 **End Date:** 8/10/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136667 **End Date:** 6/16/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6M1R11 Served 7/1/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	3/25/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136111 **End Date:** 4/28/2021 **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)

Survey ID: 0135240 **End Date:** 10/16/2020 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #251011 Served 12/1/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	3/25/22	No
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	3/25/22	Yes
83.25	CONTINUING EDUCATION	3/25/22	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	3/25/22	No
83.33(3)	ASSISTANCE WITH GRIEVANCE PROCEDURES	11/19/21	Withdrawn
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	3/25/22	No
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	3/25/22	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	3/25/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/25/22	No
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	3/25/22	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	3/25/22	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	3/25/22	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	3/25/22	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	3/25/22	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	11/19/21	Withdrawn
83.38(1)(c)	LEISURE TIME ACTIVITIES	11/19/21	Withdrawn
83.41(2)(c)	NUTRITION: MENUS	11/19/21	Withdrawn
83.41(3)(b)	FOOD SAFETY	3/25/22	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	3/25/22	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)

83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	3/25/22	Yes
83.45(3)	TOXIC SUBSTANCES	3/25/22	No
83.47(2)(d)	FIRE DRILLS	3/25/22	Yes
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	3/25/22	Yes

Survey ID: 0134392 **End Date:** 8/1/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134356 **End Date:** 7/1/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #UGLR11 Served 7/27/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(a)	REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN	7/30/20	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	7/30/20	Yes
83.38(1)(g)	HEALTH MONITORING	7/30/20	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 (ST ELIZABETH MANOR--0012686)

Date: 12/7/2022 **SOD #**251O13 **Appealed:** **Decision:** PENDING

Sanctions

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

Date: 6/21/2022 **SOD #**251O12 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.17(2)(a)
FORFEITURE---83.21(1)-(3)
FORFEITURE---83.35(1)(a)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.37(2)(e)
FORFEITURE---83.45(3)
FORFEITURE---83.47(2)(e)

Date: 7/1/2021 **SOD #**6M1R11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.14(2)(j)

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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: 12/1/2020

SOD #251011

Appealed: Yes

Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.20(a-d)

FORFEITURE---83.25

FORFEITURE---83.32(3)(h)

FORFEITURE---83.33(3)

FORFEITURE---83.36(1)(a)

FORFEITURE---83.37(2)(d)

FORFEITURE---83.59(2)(a)

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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 (ST ELIZABETH MANOR--0012686)

Date Complaint Received: 12/18/2022

Date Investigation Completed: 3/1/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 6/7/2022

Date Investigation Completed: 8/23/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 7/29/2021

Date Investigation Completed: 8/13/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 5/20/2021

Date Investigation Completed: 6/16/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

6M1R11

Date Complaint Received: 4/6/2021

Date Investigation Completed: 4/28/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 9/30/2020

Date Investigation Completed: 10/16/2020

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 9/16/2020

Date Investigation Completed: 10/16/2020

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

251O11

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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: 6/18/2020

Subject Area(s)

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 7/1/2020

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

UGLR11

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: NEXT INNING (THE) (0016500)

Address: 506 NORTH MAIN ST, ORFORDVILLE, WI 53576

License Status: REGULAR

Licensed/Certified/Registered 4/1/2018 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0140207 **End Date:** 6/9/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138897 **End Date:** 1/27/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7VG411 Served 3/7/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	6/9/22	Yes
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	6/9/22	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	6/9/22	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	6/9/22	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	6/9/22	Yes
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	6/9/22	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(1)(c)	GRIEVANCE PROCEDURE: COERCION PROHIBITED	6/9/22	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	6/9/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	6/9/22	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	6/9/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	6/9/22	Yes
83.46(1)(a)	COMFORTABLE AND SAFE TEMPERATURES	6/9/22	Yes

Enforcement History (NEXT INNING (THE)--0016500)

Date: 3/7/2022

SOD #7VG411

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.12(2)(a)
FORFEITURE---83.14(2)(j)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.32(3)(i)
FORFEITURE---83.32(3)(k)
FORFEITURE---83.33(1)(c)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(3)(a)

Complaint History (NEXT INNING (THE)--0016500)

Date Complaint Received: 11/19/2021

Date Investigation Completed: 1/27/2022

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD #

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