

Provider Inspection Summary

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

Walworth

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 34.00 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: RIDGESTONE VILLAGE LTD (310698)

Address: 1025 S SECOND ST, DELAVAN, WI 53115

License Status: REGULAR

Licensed/Certified/Registered 2/1/1999 12:00:00AM

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

Survey History

Survey ID: 0143018 **End Date:** 2/28/2023 **Type:** STANDARD **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #200511 Served 5/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		
83.38(1)(i)	BEHAVIOR MANAGEMENT		
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED		
83.45(3)	TOXIC SUBSTANCES		
83.62(1)(a)	WISCONSIN COMMERCIAL BUILDING CODE		

Survey ID: 0136929 **End Date:** 7/27/2021 **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)

Enforcement History (RIDGESTONE VILLAGE LTD--310698)

Date: 5/11/2023 **SOD #**200511 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.35(3)(d)

Complaint History (RIDGESTONE VILLAGE LTD--310698)

Date Complaint Received: 2/23/2023 **Date Investigation Completed:** 2/24/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	200511

Date Complaint Received: 2/9/2023 **Date Investigation Completed:** 2/24/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	200511

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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 LLC (0009613)

Address: 2220 BORG RD, DELAVAN, WI 53115

License Status: REGULAR

Licensed/Certified/Registered 2/1/2003 12:00:00AM

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

Survey History

Survey ID: 0142926 **End Date:** 4/11/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DQWL11 Served 5/4/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.18(2)	EMPLOYEE RECORDS AVAILABLE UPON REQUEST	4/11/23	Yes
83.60(3)	HABITABLE ROOM WINDOW COVERINGS	4/11/23	Yes

Survey ID: 0135227 **End Date:** 11/6/2020 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (ROSEWOOD MANOR LLC--0009613)

Date: 5/4/2023 **SOD #**DQWL11 **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)

Facility Information

Facility Name: VINTAGE ON THE PONDS (0018011)

Address: N4901 DAM ROAD, DELAVAN, WI 53115

License Status: REGULAR

Licensed/Certified/Registered 10/29/2020 12:00:00AM

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

Survey History

Survey ID: 0137482 **End Date:** 10/5/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137025 **End Date:** 6/28/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MPH911 Served 8/18/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	10/5/21	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	10/5/21	Yes
83.32(3)(m)	RIGHTS OF RESIDENTS: RECORDING AND FILMING	10/5/21	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/5/21	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	10/5/21	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: 0135859 **End Date:** 3/16/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135186 **End Date:** 10/29/2020 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (VINTAGE ON THE PONDS--0018011)

Date: 8/18/2021 **SOD #** MPH911 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.20(2)(a-d)
FORFEITURE---83.35(3)(d)

Complaint History (VINTAGE ON THE PONDS--0018011)

Date Complaint Received: 2/11/2021

Date Investigation Completed: 3/24/2021

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES
OTHER

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: FRONTIDA OF ELKHORN (0015732)

Address: 1550 COUNTRY CLUB PARKWAY, ELKHORN, WI 53121

License Status: REGULAR

Licensed/Certified/Registered 8/1/2016 12:00:00AM

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

Survey History

Survey ID: 0142539 **End Date:** 3/16/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141718 **End Date:** 9/20/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OXRJ11 Served 1/3/2023

Deficiencies Cited
83.38(1)(b)

Subject Area
SUPERVISION

Compliance
Verified
3/16/23

Corrected
Yes

Survey ID: 0140062 **End Date:** 6/30/2022 **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: 0139178 **End Date:** 12/8/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #W48K11 Served 4/7/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	6/30/22	Yes

Survey ID: 0135367 **End Date:** 12/9/2020 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135005 **End Date:** 9/16/2020 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JGZW13 Served 10/23/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	12/9/20	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	12/9/20	Yes
83.38(1)(b)	SUPERVISION	12/9/20	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 (FRONTIDA OF ELKHORN--0015732)

Date: 1/3/2023 **SOD #**OXRJ11 **Appealed:**

Sanctions

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

Date: 4/7/2022 **SOD #**W48K11 **Appealed:**

Sanctions

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

Date: 10/23/2020 **SOD #**JGZW13 **Appealed:**

Sanctions

OTHER SANCTION
FORFEITURE---83.32(3)(n)
FORFEITURE---83.35(1)(a)
FORFEITURE---83.38(1)(b)

Date: 6/30/2020 **SOD #**JGZW12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
OTHER SANCTION
FORFEITURE---83.35(1)(a)
FORFEITURE---83.35(3)(c)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(c)

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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 (FRONTIDA OF ELKHORN--0015732)

Date Complaint Received: 12/14/2022

Date Investigation Completed: 3/16/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 8/18/2022

Date Investigation Completed: 9/20/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

OXRJ11

Date Complaint Received: 9/24/2021

Date Investigation Completed: 12/8/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

W48K11

Date Complaint Received: 9/4/2020

Date Investigation Completed: 9/16/2020

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

JGZW13

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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: GARDENS AT RIDGESTONE LLC (THE) (0015097)

Address: 233 W EVERGREEN PKWY, ELKHORN, WI 53121

License Status: REGULAR

Licensed/Certified/Registered 7/1/2015 12:00:00AM

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

Survey History

Survey ID: 0140756 **End Date:** 9/8/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139785 **End Date:** 4/19/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VFJD11 Served 6/8/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(g)	DISPOSITION OF MEDICATIONS	9/8/22	Yes

Enforcement History (GARDENS AT RIDGESTONE LLC (THE)--0015097)

Date: 6/8/2022 **SOD #**VFJD11 **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)

Facility Information

Facility Name: JUST LIKE HOME IV (0010103)

Address: W5140 HWY A, ELKHORN, WI 53121

License Status: REGULAR

Licensed/Certified/Registered 4/1/2004 12:00:00AM

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

Survey History

Survey ID: 0135512 **End Date:** 1/25/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (JUST LIKE HOME IV--0010103)

Date Complaint Received: 12/1/2020

Date Investigation Completed: 1/25/2021

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: JUST LIKE HOME V (0015073)

Address: W5140 COUNTY ROAD A UNIT 1, ELKHORN, WI 53121

License Status: REGULAR

Licensed/Certified/Registered 7/1/2015 12:00:00AM

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

Survey History

Survey ID: 0140487 **End Date:** 7/9/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135453 **End Date:** 1/6/2021 **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: KINDREDHEARTS OF ELKHORN (0010415)

Address: 450 E GENEVA ST, ELKHORN, WI 53121

License Status: REGULAR

Licensed/Certified/Registered 5/1/2004 12:00:00AM

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

Survey History

Survey ID: 0142509 **End Date:** 1/20/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BBRN12 Served 3/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE		

Survey ID: 0140897 **End Date:** 7/21/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BBRN11 Served 10/6/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK		
83.25	CONTINUING EDUCATION		
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		
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)

83.48(8)(b)

SPRINKLER SYSTEM INSTALLATION AND
MAINTENANCE

Enforcement History (KINDREDHEARTS OF ELKHORN--0010415)

Date: 3/20/2023

SOD #BBRN12

Appealed:

Decision: PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---83.48(8)(b)

Date: 10/6/2022

SOD #BBRN11

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.25

Complaint History (KINDREDHEARTS OF ELKHORN--0010415)

Date Complaint Received: 6/3/2022

Date Investigation Completed: 7/21/2022

Subject Area(s)

ADMINISTRATION

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 AS (SEMIAMBULATORY)

Facility Information

Facility Name: SUNNYSIDE HOME (310561)
Address: 1 EASTOWN MANOR, ELKHORN, WI 53121
License Status: REGULAR
Licensed/Certified/Registered 6/1/1985 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0135736 **End Date:** 2/25/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135224 **End Date:** 11/12/2020 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WFND11 Served 11/29/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(1)(b)	TRAINING DOCUMENTATION REQUIREMENTS	2/25/21	Yes
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION	2/25/21	Yes
83.46(3)	PUBLIC WATER SUPPLY OR WELL WATER TEST	11/29/20	Yes
83.48(3)(b)	SENSITIVITY TESTING PERFORMED	11/29/20	Yes

Enforcement History (SUNNYSIDE HOME--310561)

Date: 11/30/2020 **SOD #**WFND11 **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 ANA (NONAMBULATORY)

Facility Information

Facility Name: WHISPERING WILLOWS (310585)

Address: W4517 WILLOW BEND RD, ELKHORN, WI 53121

License Status: REGULAR

Licensed/Certified/Registered 7/1/1993 12:00:00AM

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

Survey History

Survey ID: 0141682 **End Date:** 12/13/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140432 **End Date:** 6/28/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6KJH11 Served 9/26/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	12/13/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	12/13/22	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	12/13/22	Yes

Survey ID: 0133941 **End Date:** 5/28/2020 **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 ANA (NONAMBULATORY)

Enforcement History (WHISPERING WILLOWS--310585)

Date: 8/15/2022

SOD #6KJH11

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)

Facility Information

Facility Name: BURR OAK MANOR INC (310321)

Address: 264 WALWORTH ST, GENOA CITY, WI 53128

License Status: REGULAR

Licensed/Certified/Registered 7/1/1996 12:00:00AM

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

Survey History

Survey ID: 0142795 **End Date:** 4/4/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140904 **End Date:** 8/9/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2H5011 Served 10/3/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	4/4/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	4/4/23	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	4/4/23	Yes

Survey ID: 0135400 **End Date:** 12/18/2020 **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: 0135054 **End Date:** 10/21/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #99TW11 Served 11/3/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	12/18/20	Yes
83.38(1)(g)	HEALTH MONITORING	12/18/20	Yes

Enforcement History (BURR OAK MANOR INC--310321)

Date: 10/3/2022 **SOD #**2H5011 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a-d)

Date: 11/2/2020 **SOD #**99TW11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.12(5)(a)
FORFEITURE---83.38(1)(g)

Complaint History (BURR OAK MANOR INC--310321)

Date Complaint Received: 7/26/2022 **Date Investigation Completed:** 8/1/2022

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

Date Complaint Received: 10/8/2020 **Date Investigation Completed:** 10/21/2020

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	99TW11

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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: CASA MIA CARE CENTER (310324)

Address: W1043 ROSEWOOD RD, GENOA CITY, WI 53128

License Status: REGULAR

Licensed/Certified/Registered 11/1/1982 12:00:00AM

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

Survey History

Survey ID: 0142780 **End Date:** 3/24/2023 **Type:** INITIAL **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141853 **End Date:** 10/7/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VUV212 Served 1/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	3/24/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/24/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0140236 End Date: 4/26/2022 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VUV211 Served 7/26/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	10/7/22	Yes
83.33(1)(a)	GRIEVANCE PROCEDURE: INFORMATION REQUIRED	10/7/22	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	10/7/22	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/7/22	No
83.45(3)	TOXIC SUBSTANCES	10/7/22	Yes

Enforcement History (CASA MIA CARE CENTER--310324)

Date: 1/13/2023 SOD #VUV212 Appealed:

Sanctions

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

Date: 7/26/2022 SOD #VUV211 Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---

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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: BOULEVARD MANOR (310316)

Address: 945 LAKE GENEVA BLVD, LAKE GENEVA, WI 53147

License Status: REGULAR

Licensed/Certified/Registered 4/1/1983 12:00:00AM

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

Survey History

Survey ID: 0137220 **End Date:** 8/31/2021 **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: LAURAS HOME (310450)

Address: 945 LAKE GENEVA BLVD, LAKE GENEVA, WI 53147

License Status: REGULAR

Licensed/Certified/Registered 7/1/1991 12:00:00AM

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

Survey History

Survey ID: 0137218 **End Date:** 8/31/2021 **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: PINECREST (0013737)

Address: N3367 CTY RD NN, LAKE GENEVA, WI 53147

License Status: REGULAR

Licensed/Certified/Registered 8/1/2012 12:00:00AM

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

Survey History

Survey ID: 0136912 **End Date:** 7/27/2021 **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: SAGE MEADOW LAKE GENEVA (0018179)

Address: 6722 HIGHWAY 50 EAST, LAKE GENEVA, WI 53147

License Status: REGULAR

Licensed/Certified/Registered 6/1/2021 12:00:00AM

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

Survey History

Survey ID: 0142733 **End Date:** 3/28/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141101 **End Date:** 6/27/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RJY411 Served 10/24/2022

Deficiencies Cited
83.32(3)(i)

Subject Area
RIGHTS OF RESIDENTS: PROMPT AND
ADEQUATE TREATMENT

Compliance
Verified
3/28/23

Corrected
Yes

Survey ID: 0139575 **End Date:** 4/26/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135480 **End Date:** 1/22/2021 **Type:** STANDARD **Purpose:** SURVEY/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: 0133977 End Date: 6/12/2020 Type: OTHER Purpose: DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (SAGE MEADOW LAKE GENEVA--0018179)

Date: 10/24/2022 SOD #RJY411 Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(i)

Complaint History (SAGE MEADOW LAKE GENEVA--0018179)

Date Complaint Received: 6/17/2022 Date Investigation Completed: 6/27/2022

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
RJY411

Date Complaint Received: 2/8/2022 Date Investigation Completed: 4/21/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 1/6/2021 Date Investigation Completed: 1/22/2021

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: VILLAGE GLEN OF GENEVA CROSSING (0009329)

Address: 723 S CURTIS ST, LAKE GENEVA, WI 53147

License Status: REGULAR

Licensed/Certified/Registered 11/16/2003 12:00:00AM

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

Survey History

Survey ID: 0139590 **End Date:** 4/26/2022 **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: GOLDEN YEARS ASSISTED LIVING RESIDENCE (310402)

Address: 270 RIDGE RD, WALWORTH, WI 53184

License Status: REGULAR

Licensed/Certified/Registered 4/19/1994 12:00:00AM

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

Survey History

Survey ID: 0143176 **End Date:** 5/4/2023 **Type:** INITIAL **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142360 **End Date:** 2/15/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141221 **End Date:** 7/21/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #D01Y12 Served 11/3/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	2/15/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	2/15/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	2/15/23	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)

Enforcement History (GOLDEN YEARS ASSISTED LIVING RESIDENCE--310402)

Date: 11/3/2022 **SOD #**D01Y12 **Appealed:**

Sanctions

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

Date: 5/21/2020 **SOD #**D01Y11 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

OTHER SANCTION
FORFEITURE---83.25
FORFEITURE---83.37(2)(e)

Complaint History (GOLDEN YEARS ASSISTED LIVING RESIDENCE--310402)

Date Complaint Received: 4/18/2023 **Date Investigation Completed:** 5/3/2023

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 6/13/2022 **Date Investigation Completed:** 7/21/2022

Subject Area(s)
RESIDENT RIGHTS

Result SOD #
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: INSPIRATION MINISTRIES (310343)

Address: N2270 HWY 67, WALWORTH, WI 53184

License Status: REGULAR

Licensed/Certified/Registered 9/1/1987 12:00:00AM

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

Survey History

Survey ID: 0142424 **End Date:** 3/6/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141539 **End Date:** 9/12/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IJ6J12 Served 12/8/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	3/6/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	3/6/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	3/6/23	Yes

Survey ID: 0140022 **End Date:** 6/14/2022 **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: 0139579 **End Date:** 2/8/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IJ6J11 Served 5/17/2022

<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	9/12/22	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	9/12/22	No
83.21(1)-(3)	ALL EMPLOYEE TRAINING	9/12/22	No
83.25	CONTINUING EDUCATION	9/12/22	Yes
83.29(2)	ADMISSION AGREEMENT	9/12/22	Yes
83.35(2)	TEMPORARY SERVICE PLAN	9/12/22	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	9/12/22	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	9/12/22	Yes
83.37(2)(a)	SELF-ADMINISTERED BY RESIDENT	9/12/22	Yes
83.45(3)	TOXIC SUBSTANCES	9/12/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	9/12/22	Yes
83.47(3)	FIRE INSPECTION	9/12/22	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	9/12/22	Yes
83.48(3)(b)	SENSITIVITY TESTING PERFORMED	9/12/22	Yes

Survey ID: 0138466 **End Date:** 1/25/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137819 **End Date:** 10/12/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RORD11 Served 12/20/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.09	BIENNIAL REPORT AND FEES	1/25/22	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: 0137327 **End Date:** 9/13/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (INSPIRATION MINISTRIES--310343)

Date: 12/9/2022 **SOD #**IJ6J12 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a)-(d)
FORFEITURE---83.21(1)-(3)

Date: 5/17/2022 **SOD #**IJ6J11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a)-(d)
FORFEITURE---83.21 (1)-(3)
FORFEITURE---83.25

Date: 12/20/2021 **SOD #**RORD11 **Appealed:** **Decision:** PENDING

Sanctions

NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.09

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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 (INSPIRATION MINISTRIES--310343)

Date Complaint Received: 7/5/2022

Date Investigation Completed: 9/12/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 1/14/2022

Date Investigation Completed: 2/7/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

OTHER

NOT SUBSTANTIATED

Date Complaint Received: 8/18/2021

Date Investigation Completed: 9/13/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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