

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 includes only facilities located within the City of WHITEWATER. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.

The report is a PDF (Adobe Acrobat) document and includes a total of 13.00 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 ANA (NONAMBULATORY)

Facility Information

Facility Name: FAIRHAVEN (310378)

Address: 435 W STARIN RD, WHITEWATER, WI 531901125

License Status: REGULAR

Licensed/Certified/Registered 9/1/1980 12:00:00AM

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

Survey History

Survey ID: 0139229 **End Date:** 4/7/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138409 **End Date:** 9/30/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2O4911 Served 1/24/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(1)-(3)	ALL EMPLOYEE TRAINING	4/7/22	Yes
83.25	CONTINUING EDUCATION	4/7/22	Yes

Enforcement History (FAIRHAVEN--310378)

Date: 1/21/2022 **SOD #**2O4911 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.21(1-3)
FORFEITURE---83.25

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: GLENWOOD AT MULBERRY (0017288)

Address: 1281 W MAIN ST, WHITEWATER, WI 53190

License Status: REGULAR

Licensed/Certified/Registered 11/1/2018 12:00:00AM

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

Survey History

Survey ID: 0135956 **End Date:** 3/30/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135389 **End Date:** 12/16/2020 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HPQH11 Served 1/7/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	3/30/21	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	3/30/21	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	3/30/21	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	3/30/21	Yes

Survey ID: 0134447 **End Date:** 8/5/2020 **Type:** OTHER **Purpose:** OTHER

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 (GLENWOOD AT MULBERRY--0017288)

Date: 1/7/2021 **SOD #**HPQH11 **Appealed:**

Sanctions

ORDER TO COMPLY

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

Complaint History (GLENWOOD AT MULBERRY--0017288)

Date Complaint Received: 11/27/2020

Date Investigation Completed: 12/16/2020

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 7/27/2020

Date Investigation Completed: 8/5/2020

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: HEARTHSTONE (310689)

Address: 426 W NORTH ST, WHITEWATER, WI 53190

License Status: REGULAR

Licensed/Certified/Registered 9/1/1998 12:00:00AM

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

Survey History

Survey ID: 0137179 **End Date:** 8/21/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136299 **End Date:** 5/5/2021 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1W3G13 Served 5/25/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(1)-(3)	ALL EMPLOYEE TRAINING	8/19/21	Yes
83.25	CONTINUING EDUCATION	8/19/21	Yes
83.28(1)	CBRF ASSESS EACH RESIDENT BEFORE ADMISSION	8/19/21	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	8/19/21	Yes
83.40	OXYGEN STORAGE	8/19/21	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	8/19/21	Yes
83.47(3)	FIRE INSPECTION	8/19/21	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 (HEARTHSTONE--310689)

Date: 5/24/2021 **SOD #**1W3G13 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.21(1-3)

FORFEITURE---83.25

FORFEITURE---83.47(2)(e)

Date: 7/31/2020 **SOD #**1W3G12 **Appealed:**

Sanctions

OTHER SANCTION

FORFEITURE---83.35(1)(c)

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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: JADE HOUSE (310430)

Address: 1541 W WALWORTH AVE, WHITEWATER, WI 53190

License Status: REGULAR

Licensed/Certified/Registered 10/1/1989 12:00:00AM

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

Survey History

Survey ID: 0142213 **End Date:** 2/2/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141462 **End Date:** 8/25/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8DIZ12 Served 12/7/2022

Deficiencies Cited
83.43(1)

Subject Area
ENVIRONMENT SAFE, CLEAN, AND
COMFORTABLE

Compliance
Verified
2/2/23

Corrected
Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0139959 **End Date:** 3/23/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8DIZ11 Served 6/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	8/25/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	8/25/22	No

Enforcement History (JADE HOUSE--310430)

Date: 12/7/2022 **SOD #**8DIZ12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.43(1)

Date: 6/27/2022 **SOD #**8DIZ11 **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: OUR HOUSE WHITEWATER MEMORY CARE (0013384)

Address: 945 E CHICAGO ST, WHITEWATER, WI 53190

License Status: REGULAR

Licensed/Certified/Registered 10/1/2011 12:00:00AM

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

Survey History

Survey ID: 0140788 **End Date:** 8/22/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5IE911 Served 9/19/2022

Deficiencies Cited
83.44(2)(a)

Subject Area
ROOMS CLEAN AND FREE FROM ODORS

Compliance
Verified
11/2/22

Corrected
Yes

Survey ID: 0139593 **End Date:** 4/27/2022 **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: 0138768 **End Date:** 10/14/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MNGH11 Served 2/22/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	4/27/22	Yes
83.25	CONTINUING EDUCATION	4/27/22	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	4/27/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/27/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	4/27/22	Yes

Enforcement History (OUR HOUSE WHITEWATER MEMORY CARE--0013384)

Date: 9/19/2022 **SOD #**5IE911 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 2/22/2022 **SOD #**MNGH11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.25

FORFEITURE---83.35(1)(a)

FORFEITURE---83.35(3)(d)

Complaint History (OUR HOUSE WHITEWATER MEMORY CARE--0013384)

Date Complaint Received: 10/7/2021 **Date Investigation Completed:** 10/14/2022

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: Pinnacle Assisted Living Services Kettle View (0018875)

Address: N8603 Duffin Rd, Whitewater, WI 53190

License Status: PROBATIONARY

Licensed/Certified/Registered 9/1/2022 12:00:00AM

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

Survey History

Survey ID: 0142817 **End Date:** 4/12/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141151 **End Date:** 10/26/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

Complaint History (Pinnacle Assisted Living Services Kettle View--0018875)

Date Complaint Received: 3/7/2023

Date Investigation Completed: 4/12/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: SAPPHIRE HOUSE (0011610)
Address: W7332 US HWY 12, WHITEWATER, WI 53190
License Status: REGULAR
Licensed/Certified/Registered 4/1/2007 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143120 **End Date:** 4/24/2023 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137050 **End Date:** 8/4/2021 **Type:** OTHER **Purpose:** DESK REVIEW
Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #XTF611 Served 8/20/2021

<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	8/25/21	Yes

Survey ID: 0136303 **End Date:** 5/7/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0135801 **End Date:** 2/25/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NBOM11 Served 3/16/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.58(1)(c)	SELF-CLOSING 1-3/4-INCH SOLID CORE WOOD DOOR	5/7/21	Yes
83.60(2)	INSECT-PROOF SCREENS ON OPENABLE WINDOWS	5/7/21	Yes

Enforcement History (SAPPHIRE HOUSE--0011610)

Date: 8/20/2021 **SOD #**XTF611 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 3/16/2021 **SOD #**NBOM11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (SAPPHIRE HOUSE--0011610)

Date Complaint Received: 2/1/2021 **Date Investigation Completed:** 2/24/2021

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/29/2020 **Date Investigation Completed:** 2/24/2021

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

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