

## Provider Inspection Summary

For the period 4/24/2016 to 4/24/2019

### Notes

**This report includes Provider Inspection Summaries (Facility Profiles) for Residential Care Apartment Complexes in Racine County.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 15.00 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 4/24/2016 to 4/24/2019

Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** OAK PARK PLACE OF BURLINGTON (0016396)

**Address:** 1700 TEUT RD, BURLINGTON, WI 53105

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/14/2017 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0122890    **End Date:** 3/14/2017    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 4/24/2016 to 4/24/2019  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** PARKVIEW GARDENS 1 ASSISTED LIVING (0016959)

**Address:** 5321 DOUGLAS AVE, CALEDONIA, WI 53402

**License Status:** REGULAR

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

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0125081    **End Date:** 11/10/2017    **Type:** OTHER    **Purpose:** CHOW--DESK REVIEW

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 4/24/2016 to 4/24/2019  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** PARKVIEW GARDENS III (0016970)

**Address:** 5321 DOUGLAS AVE, CALEDONIA, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/28/2018 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0126073      **End Date:** 2/28/2018      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 4/24/2016 to 4/24/2019  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** PRIMROSE OF MT PLEASANT (0015195)

**Address:** 1775 N NEWMAN ROAD, MT PLEASANT, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/5/2015 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 4/24/16 to 4/24/19

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## Provider Inspection Summary

For the period 4/24/2016 to 4/24/2019  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** BAY POINTE AT THE ATRIUM (0016136)  
**Address:** 3950 N MAIN STREET, RACINE, WI 53402  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 7/18/2016 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0129186    **End Date:** 10/12/2018    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #BNCR11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.34(16)	TENANT RIGHTS		

**Survey ID:** 0127512    **End Date:** 7/19/2018    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0127335    **End Date:** 6/5/2018    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0124744    **End Date:** 9/5/2017    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 4/24/2016 to 4/24/2019

Residential Care Apartment Complex (CERTIFIED)

**Survey ID: 0124333**    **End Date: 7/5/2017**    **Type: STANDARD**    **Purpose: SURVEY**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID: 0123124**    **End Date: 3/14/2017**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID: 0120747**    **End Date: 7/18/2016**    **Type: INITIAL**    **Purpose: SURVEY**

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 4/24/2016 to 4/24/2019  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (BAY POINTE AT THE ATRIUM--0016136)

**Date Complaint Received: 8/28/2018**

**Date Investigation Completed: 10/12/2018**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
RESIDENT RIGHTS

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED

BNCR11

**Date Complaint Received: 7/19/2017**

**Date Investigation Completed: 9/5/2017**

Subject Area(s)

Result

SOD #

OTHER

NOT SUBSTANTIATED

**Date Complaint Received: 1/13/2017**

**Date Investigation Completed: 3/14/2017**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
RESIDENT RIGHTS

SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED

MF7M11  
MF7M11  
MF7M11

**Date Complaint Received: 1/3/2017**

**Date Investigation Completed: 3/14/2017**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 4/24/2016 to 4/24/2019  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** ELIZABETH GARDENS (0016018)

**Address:** 5111 WRIGHT AVE, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/27/2016 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0124555    **End Date:** 7/20/2017    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0120210    **End Date:** 4/27/2016    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 4/24/2016 to 4/24/2019  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** HOME HARBOR (0011173)  
**Address:** 1600 OHIO ST, RACINE, WI 53405  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 6/1/2006 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

<b>Survey ID:</b> 0129377	<b>End Date:</b> 11/29/2018	<b>Type:</b> OTHER	<b>Purpose:</b> COMPLAINT
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			
<b>Survey ID:</b> 0127404	<b>End Date:</b> 6/27/2018	<b>Type:</b> OTHER	<b>Purpose:</b> COMPLAINT
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			
<b>Survey ID:</b> 0127201	<b>End Date:</b> 5/9/2018	<b>Type:</b> OTHER	<b>Purpose:</b> COMPLAINT
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			
<b>Survey ID:</b> 0125739	<b>End Date:</b> 12/20/2017	<b>Type:</b> ABBREVIATED	<b>Purpose:</b> SURVEY/COMPLAINT
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			

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## Provider Inspection Summary

For the period 4/24/2016 to 4/24/2019  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (HOME HARBOR--0011173)

**Date Complaint Received: 3/7/2018**

**Date Investigation Completed: 5/9/2018**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 11/7/2017**

**Date Investigation Completed: 12/20/2017**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 4/24/2016 to 4/24/2019  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** RACINE COMMONS ASSISTED LIVING RCAC (0015618)  
**Address:** 8500 CORPORATE DR, RACINE, WI 53406  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 8/1/2015 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0124749    **End Date:** 9/6/2017    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0124258    **End Date:** 6/13/2017    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (RACINE COMMONS ASSISTED LIVING RCAC--0015618)

**Date Complaint Received:** 8/10/2017

**Date Investigation Completed:** 9/6/2017

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 4/27/2017

**Date Investigation Completed:** 6/13/2017

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 4/24/2016 to 4/24/2019  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** KILLARNEY KOURT (0017237)

**Address:** 8800 SHANNON LN, STURTEVANT, WI 53177

**License Status:** REGULAR

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

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0127343    **End Date:** 7/1/2018    **Type:** ABBREVIATED    **Purpose:** CHOW--DESK REVIEW

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 4/24/2016 to 4/24/2019  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** WATERFORD SENIOR LIVING (0012091)

**Address:** 301 S SIXTH ST, WATERFORD, WI 53185

**License Status:** REGULAR

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

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0129944    **End Date:** 3/13/2019    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0126906    **End Date:** 5/3/2018    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0124289    **End Date:** 6/21/2017    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0123269    **End Date:** 3/30/2017    **Type:** ABBREVIATED    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #YVGF11    Served 5/19/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	6/21/17	Yes
89.26(4)	ANNUAL REVIEW	6/21/17	Yes

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## Provider Inspection Summary

For the period 4/24/2016 to 4/24/2019  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (WATERFORD SENIOR LIVING--0012091)

**Date Complaint Received: 2/7/2019**

**Date Investigation Completed: 3/13/2019**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

**Date Complaint Received: 2/19/2018**

**Date Investigation Completed: 5/3/2018**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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