Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016959	A. BUILDING: _____ B. WING _____	C 03/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKVIEW GARDENS 1 ASSISTED LIVING	**5321 DOUGLAS AVE RACINE, WI 53402**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
U 000	INITIAL COMMENTS On 03/04/2026, Surveyor conducted an abbreviated survey and complaint investigation at Parkview Gardens I Assisted Living. One of 1 complaint was substantiated One deficiency was identified. Census: 44	U 000		
U 239	89.29(3)(c)1.b. ADMISSION & RETENTION OF TENANTS (3) TERMINATION OF CONTRACT. (c) Procedures for termination. 1.b. Notice of termination shall include the grounds for termination and information about how to file a grievance consistent with the termination and grievance policies and procedures containied in the service agreement. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 tenant's (Tenant 1's) 30-day notice included how to file a grievance consistent with the facility policy. Findings include: On 02/02/2026, the department received a complaint alleging a tenant was not allowed back to the facility when it was too soon for him/her to be assessed to be medically stable and ready for discharge. Complainant sent the department a copy of the 30-day notice that was sent regarding Tenant 1.	U 239		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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U 239	Continued From page 1 The letter stated " ...A request can be made to the department of health services to review this decision by sending a written request within 10 days of receipt of this statement to the department's regional office with a copy to Parkview Gardens. The request must provide an explanation of why the discharge should not take place ..." On 03/04/2026, at approximately 10:45 AM, Surveyors reviewed Tenant 1's records. Tenant 1 was admitted to the facility on 09/25/2023 and was his/her own person. Tenant 1's 30-day notice provided, dated 01/13/2026, contained incorrect language and did not provide the appropriate language to file an involuntary discharge review. The notice stated, "A request can be made to the department of health services to review this decision by sending a written request within 10 days of receipt of this statement to the...regional office." There was no information regarding how to appeal the involuntary discharge with the facility or information about their internal grievance policy. The 30-day notice provided to Tenant 1 was based on the Department's Community Based Residential Facility (CBRF) code and not consistent with residential care apartment complex code. On 03/04/2026, at 12:15 PM, Surveyor interviewed Executive Director (ED) A. ED A stated the facility has a template that is used for a 30-day notice. ED A confirmed that both the RCAC and CBRF use the same 30-day notice template. ED A confirmed that according to the regulations the wording is incorrect and stated s/he will create a separate 30-day notice template to be used by the RCAC.	U 239		