

Wisconsin Department of Health Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0016018</b>          | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R-C<br/>06/23/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ELIZABETH GARDENS</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5111 WRIGHT AVE<br/>RACINE, WI 53406</b> |                                                                                                                          |                                                                |
| (X4) ID<br>PREFIX<br>TAG                                     | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ID<br>PREFIX<br>TAG                                                                  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                       |
| {U 000}                                                      | <p><b>INITIAL COMMENTS</b></p> <p>On 06/23/2026, Surveyor conducted an abbreviated survey, verification visit and complaint investigation. As a result, the previous deficiency was recited, and no new deficiencies were identified. The complaint was unsubstantiated.</p> <p>Under statutory provisions of Wis. Stat. Ch. 50, a \$200 revisit fee will be assessed.</p> <p>Census: 27</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | {U 000}                                                                              |                                                                                                                          |                                                                |
| {U 253}                                                      | <p><b>89.34(2) TENANT RIGHTS</b></p> <p>Rights of tenants. A tenant of a residential care apartment complex shall have all the rights listed in this section. These rights in no way limit or restrict any other rights of the individual under the U.S. Constitution, civil rights legislation or any other applicable statute, rule or regulation. Tenant rights are all of the following:</p> <p>(2) <b>PRIVACY.</b> To have privacy in his or her independent apartment and when receiving supportive, personal or nursing services.</p> <p>This Rule is not met as evidenced by:<br/>Based on observations and interview, the provider did not ensure each tenants' right to privacy was protected. The provider had video cameras on the outdoor deck and 4-season room. This had the potential to affect 27 or 27 tenants.</p> <p>This is a repeat deficiency. See Statement of Deficiency T4EY11, dated 07/21/2021.</p> | {U 253}                                                                              |                                                                                                                          |                                                                |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

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| {U 253}                                                      | <p>Continued From page 1</p> <p>Findings include:</p> <p>On 06/23/2026 at 1:00 PM, Surveyor reviewed the camera views on Manager B's computer and observed the following:</p> <ul style="list-style-type: none"> <li>- A view of the 1st floor outdoor deck. Surveyor was able to observe a type of wicker chair in the camera view.</li> <li>- A view of the 1st floor 4-season room. Surveyor was able to observe 7 patio type chairs in the camera view.</li> </ul> <p>Surveyor toured the facility with Manager B. The deck was located on the north end of the facility. Surveyor observed a camera on the southeast wall of the deck.</p> <p>On 06/23/2026, Surveyor interviewed Manager B. Manager B reported they had moved the camera views from the previous survey. Manager B acknowledged the camera views for the deck and 4 season room had the potential to show tenants in a social aspect. Manager B reported the 4-season room was going to be removed as they were going to be building in the area. Manager B reported they would ensure the camera view on the deck was moved to only show the doorways and not any area a tenant would be visible in a social setting.</p> | {U 253}                                                                              |                                                                                                                          |  |                                                                |